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COMPLICATIONS OF BRONCHIAL EXPLORATION IN CHILDREN WITH PENETRATION SYNDROME

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AIMS & OBJECTIVES: Pediatric accidentology study of syndrome penetration as part of the pediatric accidentology laboratory ACCIPED

METHODS: From July 2019 to July 2020, 34 cases of exploration after penetration syndrome, The parameters Studied were: age, gender, Nature of foreign body, Complications.

RESULTS: In this series, sex ratio is 1.6, average age is 2.87 years, nature in our context is dominated by vegetal (n= 13), metallic (n= 03), plastic (n=07), free bronchial tract (n=11), complications during exploration are as follows: inhalation at the time of induction (n=01), pneumothorax per exploration (n=03), laryngospamus post exploration (n=01), acute respiratory distress syndrome(n=02), all of its complications required invasive ventilation.

CONCLUSIONS: After any penetration syndrome endoscopic bronchial exploration is essential in children Interventional endoscopy, in intensive care or in the operating room, is in full development, the anesthetic management requires an experienced team in order to avoid and control serious complications in pediatric intensive care.

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INCIDENCE AND OUTCOME OF PEDIATRIC ARDS: RETROSPECTIVE COMPARISON BETWEEN THE BERLIN DEFINITION AND THE PALICC CRITERIA

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AIMS & OBJECTIVES: Aim was to compare incidence and outcomes of pediatric acute respiratory distress syndrome (pARDS) according to Berlin definitions and Pediatric Acute Lung Injury Consensus Conference (PALICC) criteria.

METHODS: Data of all admitted patients (1 month to 14 years) to our Pediatric Intensive Care Unit over a 30-months period (July 2017–Dec 2019) were reviewed for presence of any respiratory distress at admission or during PICU stay. Patients with significant cardiac L-R shunt were excluded. PALICC and Berlin criteria were retrospectively applied to these patients. Collected data including criteria, severity and outcome. Patients was classified in 2 groups: the “PALICC only group” and the “Berlin with or without PALICC”.

RESULTS: A total of 568 admissions was recorded during the study period: Among them, 359 (63%) were identified had respiratory distress at admission or during PICU stay. A total of 87 childrens (15,3%; 95%) fulfilled definition of pARDS with either of the two PALICC and BERLIN criteria. 81 children (93,1%) fulfilled PALICC criteria and only 47 childrens (54%) fulfilled BERLIN definition. Statistical Agreement between two definitions was moderate (Kappa: 0,59; 95%, observed agreement 88%). More patients had severe ARDS in the “Berlin with or without PALICC group” as compared to the “PALICC only” group (61,7% vs. 25,2%). There was no difference regarding the duration of mechanical ventilation (8 vs. 10 days) but there was a non trend to increased mortality in the BERLIN group [36,1% vs. 22,1%].

CONCLUSIONS: Compared to the Berlin definition, PALICC criteria seems to identify more patients with pARDS with more severe severity in “Berlin with or without PALICC” group with no difference in outcome.