



Most Common Symptoms of Respiratory Infections in Infants of Age 1-6 Months

Authors

Raghuram AS¹, Chidambaranathan S², Yogavalli S³

^{1,3}Postgraduate in RMMCH, ²Associate Professor in RMMCH

Abstract

Introduction: Respiratory distress due to acute respiratory infections (ARI) are responsible for 3.9 million deaths per year in young children according to World Health Organization (WHO).

Aim: To study the common symptoms of respiratory distress in infants with respiratory distress due to ARI during 1 - 6 months of life.

Methods: Infants of exclusive breast feeding age group who presented with respiratory distress according to WHO criteria for the first time are included in the study, case proforma with risk factors completed and appropriate investigations done. Results are analyzed.

Results: The study enrolled 100 infants with male predominance of which 82 were bronchiolitis, 18 were pneumonia.

Conclusion: cough and respiratory distress are the most common symptoms of respiratory distress followed by fever, coryza (62%) and poor feeding (55%).

Introduction

Acute respiratory infections (ARI) are a substantial cause of morbidity and mortality in children. They are perhaps the most common human illness. ARI is responsible for 3.9 million deaths worldwide¹. ARI is responsible for about 30-50% of visits to health facilities and for about 20-40% of admissions to hospitals. Hospital records from states with high infant mortality rate has 13% of deaths due to ARI¹. This study is done to evaluate the signs and symptoms of respiratory distress in infants of age 1 to 6 months.

Materials and Methods

This study was conducted in Department of Pediatrics, Rajah Muthiah Medical College and Hospital between January - 2015 to June - 2016.

Inclusion Criteria

Children with first episode of respiratory distress (due to respiratory infection) according to WHO criteria admitted during the above period in the age group of 1 to 6 months were included for the study.

Exclusion Criteria

- Children aged <1 month and >6 months
- Previous episodes of respiratory distress
- Children with respiratory distress due to non respiratory causes (sepsis, acidosis, cardiovascular and central nervous system causes).

A thorough clinical examination was done at the time of admission and management details were recorded into the proforma

Results

Total of 100 infants were included in the study. Incidence of respiratory distress was more common in 1-3 month age group (59). The most common cause of hospitalization in infants of 1-6 months age group was bronchiolitis. Males were commonly affected with respiratory distress with a male to female ratio of 1.3:1 irrespective of gestational age of infant.

Table 1 Symptoms with Regard to Gestational Age

Complaints	Gestational age	
	Preterm N=38	Term N=62
Cough	38	62
Coryza	23	39
Fever	24	38
Shortness of breath	38	62
Poor Feeding	29	26

Discussion

Most common symptom was respiratory distress and cough (100%) followed by fever & coryza (62%) and finally poor feeding (55%).

Iqbal et al, he studied among age group 2-12 months. He found that 91% had respiratory distress at the time of presentation and 32% had decreased feeding. Study conducted by Arif et al concluded that respiratory distress was consistent clinical feature. The results of our study are also consistent with previous studies where authors found that respiratory distress was the main presenting feature of respiratory infection.

Table 2: Other studies which correlate with our study is shown in below table

symptoms	Kabra SK et al	Kumar N et al	Present study
fever	82%	88%	62%
cough	98%	100%	100%
Poor feeding	42%	22%	55%

Summary

Cough and respiratory distress are the most common symptoms of respiratory distress in infants of age 1-6 months followed by fever, coryza and poor feeding.

References

1. Park, text book of preventive medicine, 23rd ed: M/s Banarsidos Bhanot publishers.
2. Iqbal S. M. J, Afzal M.F, Sultan M, AcuteBronchiolitis: Epidemiological and clinical study, ANNALS VOL 15. NO. 4, OCT-DEC. 2009 203-5.
3. Arif A, Tajammul A. Acute bronchiolitis-a clinical study. Pak Ped J 1998;22 :175-7.
4. Kabra SK, Broor S, Lodha R, Maitreyi RS, Ghosh M, Pandey RM, et al. Can we identify acute severe viral lower respiratory tract infection clinically? Indian Pediatric 2004; 41:245-49.
5. Kumar N, Singh N, Locham KK, Garg R, Sarwal D. Clinical evaluation of acute respiratory distress and chest wheezing in infants. Indian Pediatric 2002; 39:478-83.