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A retrospective study on the demographic profile, clinical course and management of children admitted with febrile seizures in a tertiary care hospital from 2010 to 2016

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Background: Febrile seizures (FS) occur in 4-5% of children and account for the majority of seizures seen in children in emergency rooms. Local clinical practice guidelines for FS were developed in 2004. We undertook this study to look at the demographic profile of children admitted with FS, review their clinical course, diagnostic evaluations, drug management, etiology of fever and neurological outcome. It is our hope that the information gained from this study would aid in the revision and adaptation of local clinical practice guidelines for FS.

Objective: Aim of this study was to describe the clinical profile, fever etiology, clinical course, diagnostics and neurological outcome of patients admitted with febrile seizures. Data gathered was compared with clinical practice guidelines.

Methodology: Retrospective descriptive study was done that reviewed hospital records of children admitted with febrile seizures over seven years.

Results: A total of 373 patients comprised the sample population. 89% were simple febrile seizures. Ages ranged from 3-91 months with the largest group in the 13-18 month old range. There was male preponderance and higher number of admissions during the rainy season. Family history was common, paternal side was dominant. The most common cause of fever was upper respiratory tract infection and systemic viral illness. CBC was done in all patients. EEG's were done in 27.35% of patients; 41% done in simple febrile seizures. Intravenous fluids and antipyretics were given and diazepam was ordered in all patients; antibiotics were given to 62.2% of patients. Patients with complex febrile seizure are more likely to be referred to subspecialist and/or have more laboratory and imaging tests. Neurological outcome was normal.

Conclusion: This study showed male preponderance, increased paternal family history and seasonal variation in FS. In spite of upper respiratory tract infection and systemic viral diseases being the most common cause of fever, majority of patients received antibiotics. There was noted deviation from approved clinical practice guidelines.

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Serum rheumatoid factor concentrations in deep venous thrombosis risk

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Risk of deep venous thrombosis (DVT) is increased in rheumatoid arthritis patients. We hypothesized a correlation between increased rheumatoid factor (RF) serum levels and DVT risk. We included 114 patients, which were quantified for serum RF concentrations. We monitored these patients for DVT development. We found that serum concentrations for RF \geq 90 IU/mL were most significantly correlated to DVT risk ($r=0.854$, $P<0.01$) compared to serum RF concentrations \leq 15 IU/mL ($r=0.125$, $P<0.005$). Thus, it can be concluded that the elevated serum RF levels increases deep venous thrombosis risk.

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