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POSTER COMMUNICATION · PEDIATRICS

Profile of patients with acute bacterial pneumonia in a reference hospital in Abidjan

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English version of a poster presented in French.

KEY MESSAGES

1. La prévalence de la pneumopathie aiguë bactérienne chez les enfants hospitalisés est de 9,4%.
2. Les nourrissons âgés de 1 à 24 mois sont les plus touchés et présentent un risque accru de forme grave.
3. L'antibiothérapie irrationnelle et les bactéries isolées suggèrent une infection nosocomiale nécessitant un renforcement des mesures préventives.

ABSTRACT

Introduction. This study aims to analyze the profile of patients with acute bacterial pneumonia (ABP) in a hospital setting by determining prevalence, describing biological and radiological profiles of affected children, and identifying risk factors associated with ABP occurrence.

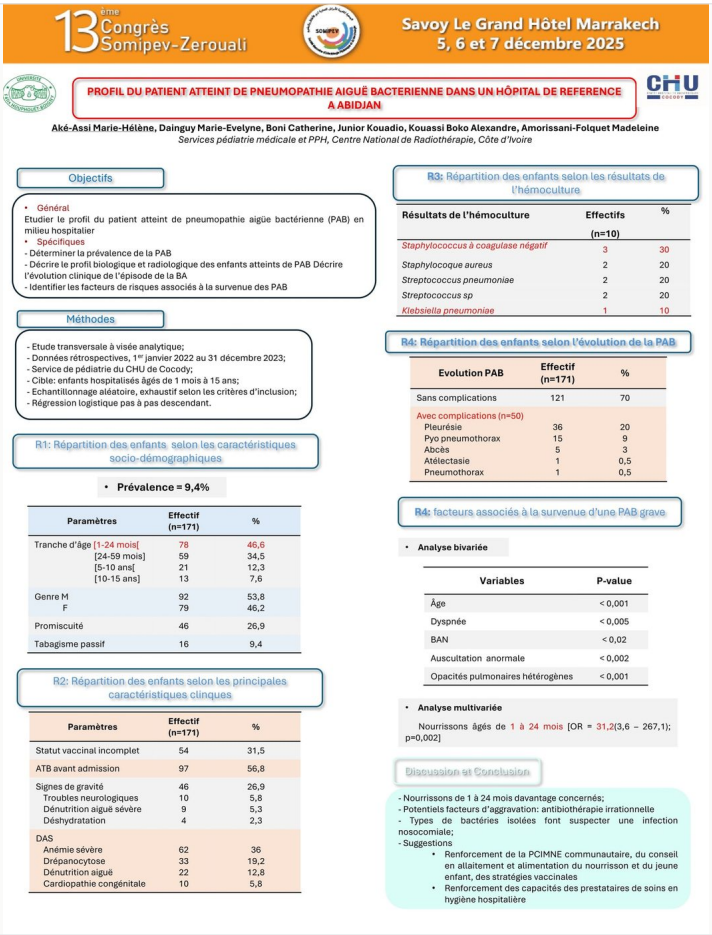
Materials and methods. This is a cross-sectional analytical retrospective study conducted from January 1, 2022, to December 31, 2023, in the pediatric department of CHU Cocody. The target population was hospitalized children aged 1 month to 15 years. Sampling was random and exhaustive according to inclusion criteria. Stepwise descending logistic regression was used.

Results. The prevalence of ABP was 9.4%. Most children were aged 1 to 24 months. Common clinical features included incomplete vaccination status and prior antibiotic therapy. Isolated bacteria included coagulase-negative Staphylococcus, Staphylococcus aureus, Streptococcus pneumoniae, Streptococcus sp, and Klebsiella pneumoniae. Evolution was without complications in 70% of cases, with complications such as pleurisy, pyopneumothorax, abscess, atelectasis, and pneumothorax. Factors associated with severe ABP were age, dyspnea, neonatal acute bronchitis, abnormal auscultation, and heterogeneous pulmonary opacities. Infants aged 1 to 24 months were particularly at risk.

Conclusion. Infants aged 1 to 24 months are more affected by ABP. Aggravating factors include irrational antibiotic therapy. The types of isolated bacteria suggest nosocomial infection. Recommendations include strengthening community prevention, breastfeeding and nutrition counseling, vaccination strategies, and healthcare providers' capacity in hospital hygiene.

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KEY FIGURE



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