
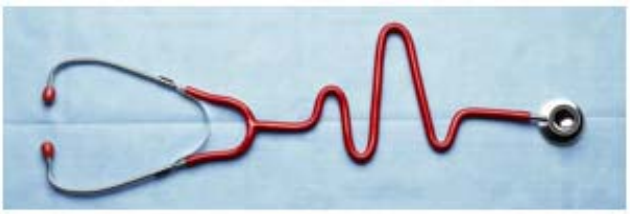

MainPage
About Us
News
PhotoAlbum
E-Learning
Services
Staff web sites
Conferences
Student
Researches
Courses
Files
Favorite Links
Awards

Research Details :

Research Title : *Hemolytic uremic syndrome associated with Streptococcus pneumoniae*

Hemolytic uremic syndrome associated with Streptococcus pneumoniae

Descriptipn : The hemolytic uremic syndrome (HUS) is characterized by the simultaneous occurrence of the triad of acute renal insufficiency, microangiopathic hemolytic anemia and thrombocytopenia. The HUS is the most common cause of acute renal failure in infants and young children in western countries. It could be classified into diarrhea positive, D+ (typical) or diarrhea negative, D- (atypical) HUS. In Europe and North America, the typical HUS is the most significant complication of infection by verocytotoxin (VT) producing Escherichia coli (VTEC), usually of serotypes O57: H7. While in some developing countries like Bangladesh, South Africa, and Zimbabwe, a severer form of (D+) HUS was reported following Shigella dysentery. The atypical (D-) HUS has a worse outcome and could be recurrent. It might be inherited in an autosomal dominant or recessive disorder, like factor H deficiency and hypocomplementemia or associated with other infections like Streptococcus pneumoniae (S. pneumoniae)1 or as a complication of using chemotherapy. The (D+) HUS was described in few studies from the Arab world.2 Similarly, familial HUS was described in children from Saudi Arabia,3 Kuwait, and Bedouin-Arab of Palestine. However, no case of S. pneumoniae-induced HUS was reported from the Arab world. The HUS associated with S. pneumoniae is a rare condition but well described in the literature as serious disease, which carries an increased risk of mortality and renal morbidity1,4,5 compared with (D+) HUS. Pediatricians should be aware that this combination could have devastating complications in the pediatrics population. A previously well 4-year-old boy was admitted with fever and impaired level of consciousness. He was treated initially with a 3-day course of oral azithromycin as a case of upper respiratory tract infection, before his presentation to us. However, he continued to be febrile and lethargic. On admission, he was drowsy, blood pressure 113/41 mm Hg, temperature 38OC, respiratory rate 30/minute and pulse 138 beats/minute. He looked very sick with labored breathing

Research Type : Article

Added Date : Sunday, March 16, 2008

Researchers :