

Pediatric Bronchitis: The Scourge of Childhood

Bronchitis is a lower respiratory tract problem that is manifested by an inflammation and/or infection of airways which includes the trachea and larger air tubes that carry oxygen into the lungs. There are two kinds of bronchitis: acute (short-term) bronchitis and chronic (long-term) bronchitis.

Acute bronchitis is usually followed by a viral infection, primarily upsetting the nasal cavity, sinuses, and the throat and then extending to the larger bronchial airway passages. Other times, the patient may acquire a bacterial infection. This goes to show that the inflamed respiratory tract will be infested by bacteria.

Very young children, infants, children who are constantly exposed to smoke (such as parents who are smokers), and children afflicted with a pre-existing lung or heart disease are at risk of getting acute bronchitis.

On the other hand, chronic bronchitis is manifested by overproduction of bronchial mucus causing a productive cough. As the disease progresses from constant inflammation (which may exclude infection) can obstruct the flow of air into the lungs eventually causing difficulty in breathing and severe damage in the respiratory tract.

Chronic bronchitis is a category of COPD (chronic obstructive pulmonary disease). COPD is a respiratory problem that develops for a long time which will eventually hinder the patient from breathing normally causing difficulty in physical exertion and may require a supply of oxygen regularly.

Long-term contact and exposure with smokers is the main culprit of chronic bronchitis among children. Other predicaments that may cause the illness are allergies and air pollution.

To prevent children from acquiring this unfortunate disease, parents and/or guardians must teach proper hand washing to keep away from the spread of bacteria and viruses that causes bronchitis; reduce the incidence of exposure to air pollutants; and it is also recommended to get a flu vaccine. Quitting from cigarette smoking will very much help you and your loved ones from being afflicted with respiratory problems.

Both types of bronchitis have the same set of symptoms:

? easily tired
? wheezing
? difficulty in breathing which is worsened even by mild physical exertion
? chest aches
? cough with mucus (if the mucus is blood streaked, then it is advisable to consult your paediatrician)
? rales (abnormal sounds heard in the lungs through the use of a stethoscope)

Tests to diagnose bronchitis may include the use of pulse oxymetry, arterial blood gas, pulmonary lung function tests, chest x-ray, and sputum or mucus analysis and evaluation.

If left untreated or under treated, bronchitis may progress into other forms of respiratory ailments such as pneumonia, emphysema, right sided heart failure, and pulmonary hypertension.

In any case, when there are no other infections present in acute bronchitis, it is treated just like the common cold. Treatment may include intake of lots of fluids, complete rest, use of humidifiers, and medications like Tylenol for fever and pain. Bear in mind that aspirin is contraindicated with children due to its association with Reye's syndrome.

If the child is experiencing dry cough, then it is advisable to give cough suppressants for comfort's sake. But if the cough is productive (with mucus or sputum) then it is best if the sputum be expectorated naturally. This is because the cough helps to bring out the mucus and other irritants from the lungs. When coughing is restrained, the sputum or mucus build ups in the already obstructed airways and can become a hotbed for bacterial pneumonia.

To induce coughing, expectorants may be used. These medications assist the child afflicted with bronchitis by thinning out the mucus in the lungs. To make sure of what type of medication is best for your child, it is best to consult your pediatrician.

Antibiotics on the other hand are prescribed to battle bacteria-caused bronchitis. It is imperative that the patient take the medication regularly as prescribed to avoid relapses. Children below eight years old are generally prescribed with amoxicillin instead of tetracycline. Tetracycline is contraindicated because it tends to create a discoloration in the teeth that has yet to come out in children.

As for chronic bronchitis, treatment will depend on the stage of the disease. In

a child's case, a change into a healthy environment is best indicated in addition to supervised exercise. Medications may include bronchodilators, which relaxes the bronchial tubes allowing easy flow of air into the lungs. Anti-inflammatory medications are also utilized which reduces swelling in the respiratory tract. If, unfortunately, the disease advances the child may require supplemental oxygen.

In all cases of diseases, prevention is still better than the cure. Parents who are health conscious should quit smoking to both protect their own health as well as their children. Also avoid places that are heavily polluted and eat a lot of nutritious food. The flu vaccine may also help in preventing such illnesses that causes disruptions to day to day living. Just remember to stay healthy!