

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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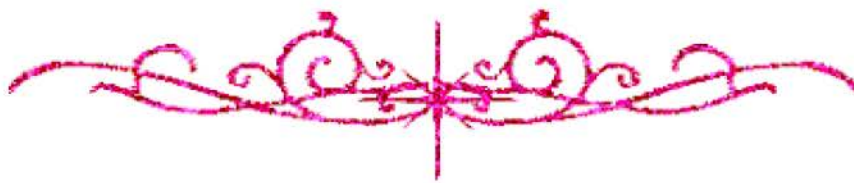
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بالرسالة صفحات
لم ترد بالأصل





Impact of variation of Pediatric Body Mass Index on Lower Respiratory Tract Infection of Children

A Thesis

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Contents

<i>Subject</i>	<i>Page No.</i>
List of Abbreviations	I
List of Tables	III
List of Figures	V
Introduction	1
Aim of work	5
Review of Literature	
• Chapter I: Ideal Pediatric Body Weight.....	6
• Chapter II: Lower respiratory tract infections in children (Pediatric Pneumonia).....	33
• Chapter III: Ideal Pediatric Body Weight Pediatric Body Mass Index	49
Patients and Methods	63
Results	69
Discussion	94
Summary	121
Conclusion	125
Recommendations	126
References	127
Arabic Summary	

List of Abbreviations

AECC	: American European Consensus Committee.
ARDS	: Acute Respiratory Distress
BMI	: Body Mass Index.
C dyn	: Dynamic Compliance.
CAP	: Community Acquired Pneumonia.
CDC	: Centers for Disease Control and Prevention.
CMV	: Cytomegalo Virus.
CRP	: C reactive Protein.
ED	: Emergency Department.
Embase	: Excerpta Medica Database.
EPIC	: Etiology of Pneumonia in the Community.
ESR	: Erythrocyte Sedimentation Rate.
GFR	: Glomerular Filtration Rate.
HPA	: Hypothalamo-Pituitary Adrenal Axis.
HSV	: Herpes Simplex Virus.
IBW	: Ideal Body Weight.
ICU	: Intensive Care Unit.
MARSA	: Mecillin Resistant Staph Aurius.
MDG	: Millenium Development Eradication Goal.
MDG 1	: First Millennium Development Goal.
MEDLINE	: Medical Literature Analysis and Retrieval. System Online.
NHANES	: National Health and Nutrition Examination Survey.
PARDS	: Pediatric Acute Respiratory Distress.
PMS	: Premenstrual Syndrome.
RSV	: Respiratory Syncitial Virus.

RTIS	: Respiratory Tract Infections.
SPSS	: Statistical Program of Social Science.
US	: United States.
VCV	: Volume Control Ventilation.
VHL	: Virtual Health Library.
WHO	: World Health Organization.

List of Tables

Table No.	Title	Page No.
1.	Diagnosing Pneumonia in the Presence of Cough	46
2.	Demographic and anthropometric measurements of study groups as regard type of patients.....	70
3.	Demographic and anthropometric measurements of study groups as regard clinical presentation.....	71
4.	Demographic and anthropometric measurements of study group as regard complications &ICU admission....	72
5.	Demographic and anthropometric measurements of study group as regard cost burden on person & community.....	73
6.	Percentage of gender in relation to each group.....	75
7.	Number & percentage of each type of pneumonia in relation to study groups.....	76
8.	Presence & degree of respiratory distress among each study group.....	77
9.	Need & duration of Mechanical ventilation among each study group.....	79
10.	Types of causative organisms among each study group, number of cases & percentage.....	81
11.	Frequency of complications and percentage among each study group.....	82

12. Types and frequency of complications and percentage among each study group.....	84
13. Duration of hospital admission among each group and percentage.....	86
14. Duration of paternal work absenteeism among study groups.....	88
15. Duration of maternal work absenteeism among study groups.....	90
16. Duration of school absenteeism among study groups.....	92

List of Figures

Fig. No.	Title	Page No.
1.	Examples of weight calculating formula	8
2.	Weight & height measurements for boys & girls at different age groups.....	9
3.	Relation between presence & degree of respiratory distress among each study group	30
4.	Radiological findings in respiratory distress	46
5.	Grades of respiratory distress.....	47
6.	Radiological findings in respiratory distress	47
7.	Classification of respiratory distress according to clinical presentation.....	48
8.	The CDC BMI for age growth charts.....	59
9.	Relation between presence & degree of respiratory distress among each study group	78
10.	Need & duration of Mechanical ventilation among each study group	80
11.	Frequency of complications and percentage among each study group	83
12.	Types and frequency of complications and percentage among each study group.....	85
13.	Duration of hospital admission among each group and percentage	87

14. Duration of paternal work absenteeism among study groups	89
15. Duration of maternal work absenteeism among study groups	91
16. Duration of school absenteeism among study group.....	93

Introduction

Abnormal pediatric body weight is a common public health problem among children within the community, for which the healthcare costs are gradually rising (*Breitfelde et al., 2011*). Pediatric overweight or underweight are considered as a growing worldwide problems that requires a great care & follow up due to its broad reflex on the medical systems for both children and adults (*Janssen et al., 2009*).

The prevalence of overweight among children and adolescents has rapidly increased. In the past Thirty years, pediatric obesity had doubled in children and tripled in adolescents worldwide (*Joe-Ann, 2019*).

There are usually vulnerable periods for weight gain through childhood and adolescence periods that also there is ideal time of opportunities for prevention & control of overweight & obesity (*Janssen et al., 2009*). Overweight in children and adolescents can result in a variety of adverse health outcomes, including type 2 diabetes, obstructive sleep apnea, hypertension, hyperlipidemia and metabolic syndrome. The best approach to face this problem is the prevention of increased weight gain (*Freedman et al., 2013*).