

protect children's population from side effects of numerous drugs.

**Aim:** To evaluate the use of medical preparation Asthmanol for BA and other respiratory obstructive diseases.

**Methods:** Medical preparation offered by us, Asthmanol, is composed from ecologically pure ingredients. Preparation Asthmanol has passed key stages of pharmaco-epidemiology. We collected data on sex, age, respiratory function and on asthma control questionnaire (ACQ).

**Results:** Of 255 children aged 5-16 years with BA were randomized 1:1 to receive Asthmanol or placebo. Symptomatic medications were provided as rescue medications to both groups. The values of respiratory function before beginning the treatment with Asthmanol were: FEV1 87,5±20,4 and FEF25-75 39,9±32,6. After treatment they were 88,7±13,8 and 58,7±19,5 respectively. We found a improvement in the asthma control questionnaire, with pre- and post values of 22±7,4 and 5,9±7 respectively. Statistically significant improvements were found for the BA group relative to placebo ( $p=0,047$ ).

**Conclusion:** The results of our study, according to GINA and PRACTALL EAACI/AAAAI guidelines, show that therapy with medication consisting of natural components is an effectiveness in asthmatic children. There was important improvement in the quality of life and in the control of asthma with Asthmanol.

### 1308

#### LUNG TUBERCULOSIS IN CHILDREN-FOLLOW UP

S.M. Radulovic<sup>1</sup>, O. Adžovic<sup>1</sup>, N. Mandić<sup>2</sup>

<sup>1</sup>Department of Pulmonology, Institute for the Disease of Children, Montenegro Clinical Center,

<sup>2</sup>Private Pediatric Practise Doktorica Mica, Podgorica, Montenegro

**Introduction:** It is estimated that two to three million of people die from TBC every year, hundred thousand children out of that number. Problems dealing with TBC are multiplied with AIDS appearance, drug resistency, infections with multiresistant tbc species, possible changeability of virulency. Eradication and decreased morbidity by the end of 20th century is not realized.

**Methods:** Retrospective analysis of hospitalized patients in the period 1999-2003 and prospective follow up in the period 2004-January 2010. Distribution of patients is followed according to sex, age, contact with tbc, vaccinal status and clinical features.

**Results:** In this period, 39 children are treated, 24 males (61,5%) and 15 females (38,5%). Data about contact 31 (79,5%), no BCG scar 27 (69%). 22 (56%) are diagnosed as primary TBC, in 4 (10,2%) patients Miliary TBC, in 6 (15,3%) TBC pleuritis, in 2 (5,1%) TBC meningitis, in 2 (5,1%) Phtisis pulmonum and in 3 (7,6%) TBC meningitis. In 2004. we had last patient diagnosed as Miliary TBC.

**Conclusion:** We always have to consider TBC and in 21st century it is not „forgotten disease“.

According to fact that we have not had hard forms of deseases since 2004, could we hope to decreased morbidity in total population and reach the level of morbidity in developed countries?

### 1309

#### THE ETIOLOGICAL VALUE OF LACTATE DEHYDROGENASE IN RESPIRATORY TRACT VIRAL INFECTIONS

G. Gradinariu<sup>1</sup>, M.L. Neamtu<sup>1,2</sup>

<sup>1</sup>Pediatric Clinic, Pediatric Hospital, <sup>2</sup>Lucian Blaga University, Sibiu, Romania

**Background:** Many tissues in the body contain lactate-dehydrogenase (LDH) including lungs, liver and muscles. Among five isozymes described, LDH-3 was discovered in the lungs. Interleukin 6(IL-6) is a pro-inflammatory cytokine secreted by T cells and macrophages and high serum values are suggestive for bacterial infections.

**Aims:** To evaluate LDH prognostic value as a marker for etiology of lower respiratory tract infections (LRTI); to monitorise LDH values variations during viral LRTI; to establish the correlations between "C" reactive protein (CRP) and LDH in viral LRTI.

**Methods:** Authors have analyzed all children admitted for acute LRTI (pneumonia, bronchiolitis, bronchitis) during 1 week period. The children were investigated at Day 0(D0) and Day 4(D4) of hospitalization: LDH, CRP, ASAT, ALAT, IL-6.

**Inclusion criteria:** Children less than 7 years of age, no liver disease (ALAT normal range), no