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 $87,5 \pm 20,4$ and FEF25-75 $39,9 \pm 32,6$. After treatment they were $88,7 \pm 13,8$ and $58,7 \pm 19,5$ respectively. We found a improvement in the asthma control questionnaire, with pre- and post values of $22 \pm 7,4$ and $5,9 \pm 7$ 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

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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 diseases 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

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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

muscle involvement (ASAT normal value), IL-6 normal range. Exclusion criteria: subjects aged more than 7 years diagnosed with bacterial LRTI.

Results: Among 88 included children, 68 subjects had viral etiology and 20 children had bacterial cause (based on IL-6 low level). The LDH mean value in viral LRTI was higher than bacterial LDH mean values, not only for D0, but also for D4, without statistical correlation. There is no significant correlation between LDH mean value in D0 and D4 in viral LRTI (p value 0,150). The authors didn't find correlations between LDH and CRP mean values or between IL-6 and CRP.

Conclusions: LDH isn't a sensitive marker for etiological diagnosis of LRTI.

1310

RESPIRATORY SYNCYTIAL VIRUS BRONCHIOLITIS IN CHILDREN WITH ACUTE LUNG INJURY IS ASSOCIATED WITH A HIGH INCIDENCE OF CONCOMITANT BACTERIAL PNEUMONIA

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Objective: Concomitant bacterial pneumonia (CBP) in children with respiratory syncytial virus (RSV) bronchiolitis is considered to be low and the use of antibiotics is generally discouraged. Our experience however suggested that this incidence is higher in children with RSV and acute lung injury (ALI). Our objective was to determine the incidence of CBP in children mechanically ventilated for RSV and ALI.

Methods: We conducted a retrospective chart review of all patients with RSV and ALI requiring mechanical ventilation and admitted to the PICU of a tertiary care medical center from 2004 - 2009. All patients were identified in the PICU database and were screened for ALI. Composite diagnosis of CBP was made using 4 criteria:

- 1) Trachea aspirate cultures at/near the time of intubation,
- 2) Chest radiograph,
- 3) Blood culture,
- 4) WBC abnormality.

Results: A total of 95 patients were included. Fifty-five (57.9%) were diagnosed as having CBP; 26 (27.4%) met two criteria (possible CBP) and 29 (30.5%) > 2 criteria (probable CBP). In infants with CBP a lower oxygenation index, a longer length of stay and less ventilator free days were observed. All children with CBP and 97% of patients without CBP received antibiotics.

Conclusion: A high incidence of CBP was observed in children with RSV and ALI requiring mechanical ventilation. The use of empiric antibiotics for pending culture results may be justified in this specific patient group.

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RESPIRATORY SYNDROME AT THE ONSET OF IDIOPATHIC PULMONARY HEMOSIDEROSIS IN CHILDREN

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Background: Idiopathic pulmonary hemosiderosis (IPH) is a rare, chronic pulmonary disease with etiology still unknown and a dual symptomatology, sanguine and respiratory, that is evolving especially alternative and as a result many error of interpretation can appear.

Methods: We conducted a retrospective and prospective study, collecting cases of IPH from Romanian Pediatric Clinics, diagnosed between 1958 and 2009.

Results: We found 42 cases diagnosed with IPH, but only 4 cases presented predominantly respiratory syndrome at the onset (9,5%), 3 of those being first interpreted as primary pulmonary tuberculosis and treated as such. 17 cases (40,4%) presented both syndromes at the beginning and 21 cases (50%) presented predominantly anemic symptomatology. Dry cough and dyspnea were the principal symptoms of the functional respiratory syndrome in our cases (13 cases, respectively, 12 cases). Dyspnea was associated, more frequently, with severe anemia due to hemosiderin deposition from pulmonary hemorrhages. Haemoptysis was the principal physical respiratory sign and it was present in only 11 cases at the beginning of the disease. Its intensity varied from haemoptoic sputum until normal macroscopic sputum, with positive hemosiderin-laden macrophages at the histological exam. We also had two cases of false