



ÇOCUKLARDA ALT SOLUNUM YOLU ENFEKSİYONLARI

Prof. Dr. Ergin ÇİFTÇİ

Ankara Üniversitesi Tıp Fakültesi
Çocuk Enfeksiyon Hastalıkları Bilim Dalı

www.erginciftci.com

10 Mart 2026

SORU

Alt Solunum Yolu Enfeksiyonları

5 Yaşında erkek hasta öksürük ve ateş yakınması ile getiriliyor
Ateşi 39.5°C
Solunum sayısı: 30/dk
Sol altta solunum sesleri azalmış
Herpes labialis var

En olası tanı nedir?

- A. Larenjit
- B. Trakeit
- C. Bronşit
- D. Bronşiyolit
- E. Pnömoni



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ENFEKSİYON

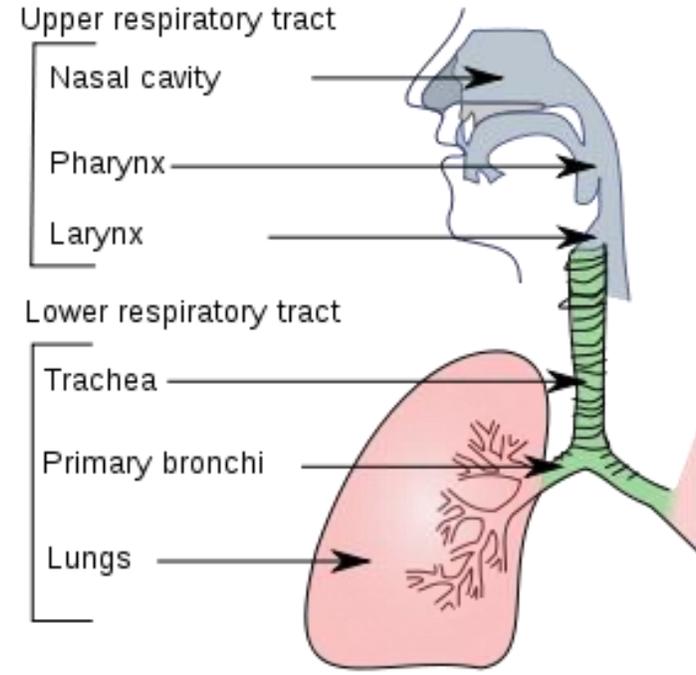
Trakea

Bronş

Bronşiyol

Alveol

ENFEKSİYON



ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

OSKÜLTASYON

Krepitan ral

Solunum seslerinde azalma

Bronşial solunum sesi

Frotman

Sibilan ronküs



OSKÜLTASYON

Oskültasyon bulgusu olmayan durumlar

Sadece sırttan dinlenen hastalar

Küçük lobar pnömoniler

Ağlayan çocuk

Hızlı ve yüzeysel soluyan küçük bebekler

İnterstisiyel pnömoni

Ciddi bronkokonstriksiyon olan hasta

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Akciğer grafisi çeker misiniz?

- A. Evet
- B. Hayır



HİMM...HEVESİNİZ KUR...
SAĞINIZDA KALMIŞ...

EVET...DENKLEŞ...
TİREMEDİK RÖNTGEN
PARASINI...

BUNU KİM YAPTI?...

DAYIĞLU
PAVİR POİRT'DE
ÇİZDİ...



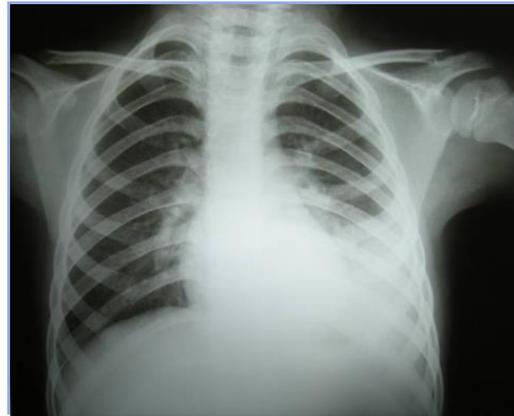
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ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

AKCİĞER GRAFİSİ

Her hastada çekilmesi şart değildir

Pnömoni tanısını kesinleştirir

Etkeni kesin olarak göstermez

Öykü ve klinik bulgular eşliğinde olası etken grubunun tahmin edilmesini sağlayabilir

AKCİĞER GRAFİSİ

Bazı hastalarda mutlaka grafi çekilmelidir

Tanı kesin değilse

Hastalık şiddetliyse

Komplikasyon şüphesi varsa

Yineleyen enfeksiyon durumunda

ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

AKCİĞER GRAFİSİ

Her hastada çekilmesi şart değildir

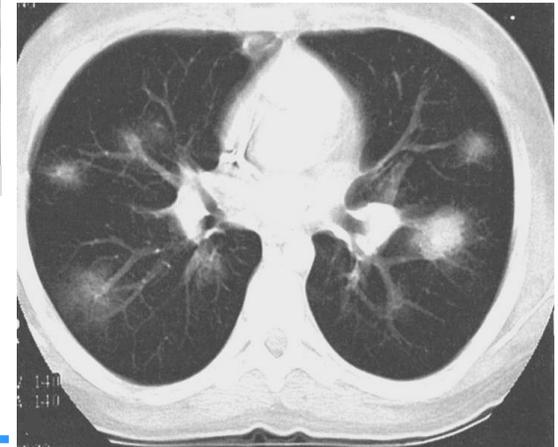
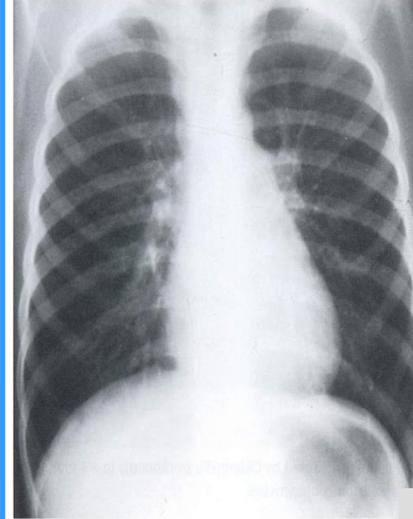
Pnömoni olan her hastada radyolojik bulgu yoktur

Hastalığın erken aşamasında

Dehidrate hastalarda

Nötropenik hastalarda

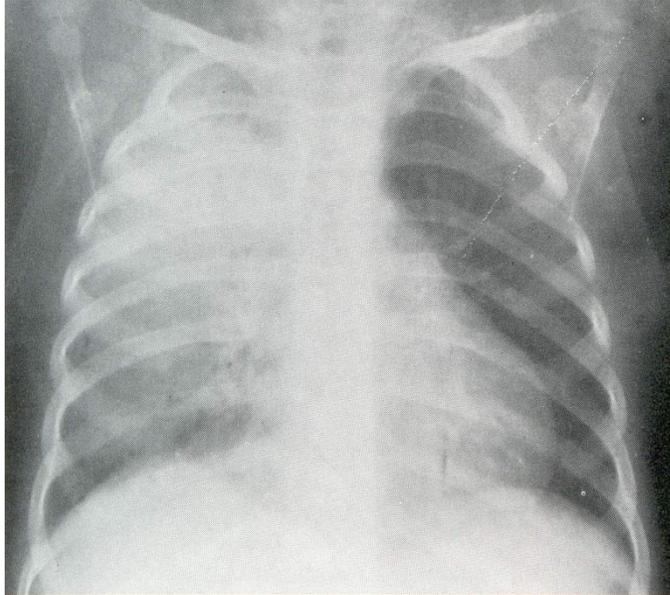
AKCİĞER GRAFİSİ



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Pnömoni

AKCİĞER GRAFİSİ



PNÖMONİ



İPH



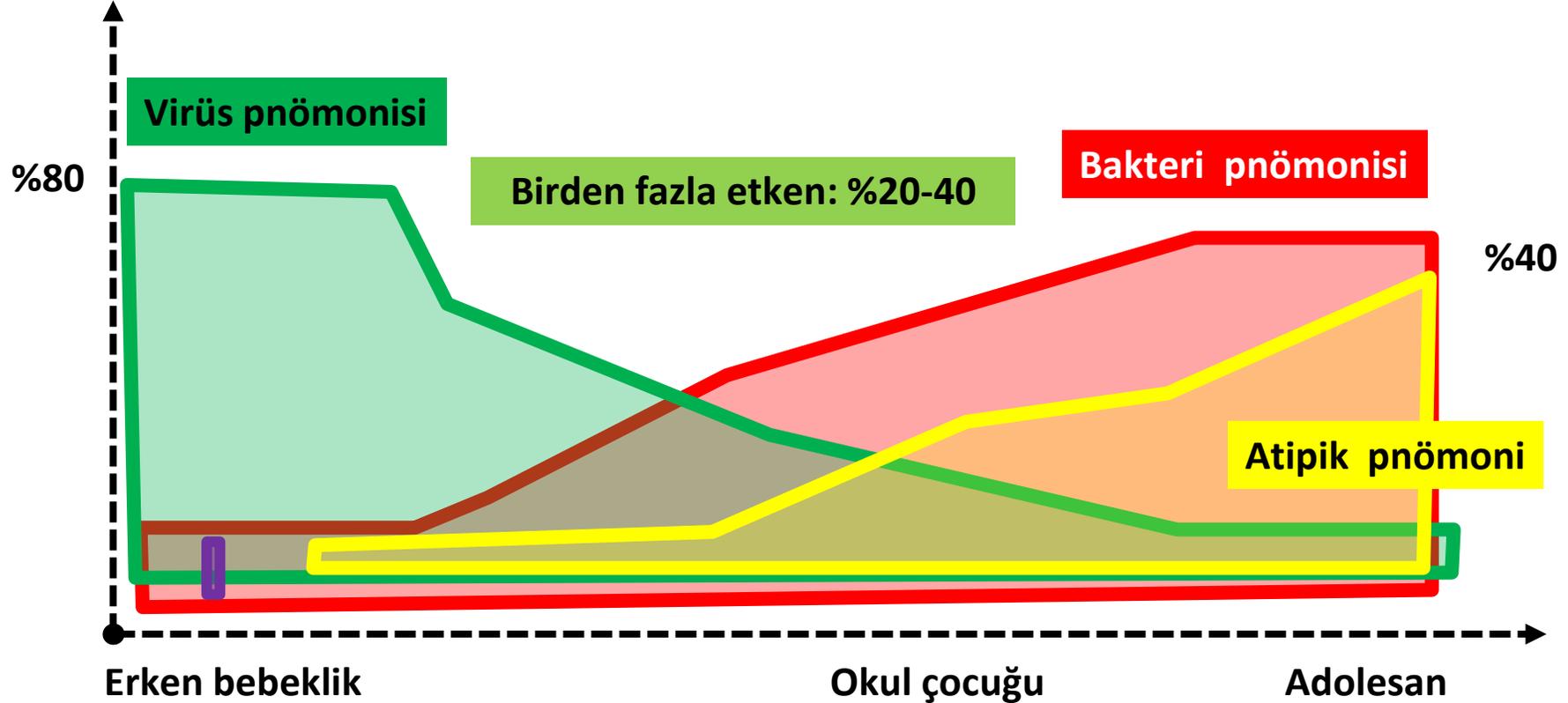
SLE

Akciğer grafisindeki her infiltrasyon enfeksiyona bağlı değildir.

ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

ETKENLER



ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

AYAKTAN HASTADA AMPİRİK ANTİMİKROBİYAL TEDAVİ

	OLASI BAKTERİ PNÖMONİSİ	OLASI ATİPİK PNÖMONİ	OLASI İNFLUENZA PNÖMONİSİ
< 5 yaş	Amoksisilin 90 mg/kg/gün, 2 doz Amoksisilin-klavulonat	Azitromisin Klaritromisin Eritromisin	Oseltamivir
≥ 5 yaş	Amoksisilin 90 mg/kg/gün, 2 doz Amoksisilin-klavulonat ± Makrolid	Azitromisin Klaritromisin Eritromisin Doksisiklin (>7 yaş)	Oseltamivir Zanamivir (>7 yaş)



ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

YATAN HASTADA AMPİRİK ANTİMİKROBİYAL TEDAVİ

	OLASI BAKTERİ PNÖMONİSİ	OLASI ATİPİK PNÖMONİ	OLASI İNFLUENZA PNÖMONİSİ
Tam aşılı Hib, SP Penisilin direnci düşük oranda	Ampisilin veya Penisilin G Seftriakson veya Sefotaksim TK-MRSA şüphesi varsa Vankomisin veya Klindamisin eklenmelidir.	Azitromisin Klaritromisin Eritromisin Doksisiklin (>7 yaş) Levofloksasin	Oseltamivir Zanamivir (>7 yaş)
Hib, SP aşısı eksik Penisilin direnci yüksek oranda	Seftriakson veya Sefotaksim Levofloksasin TK-MRSA şüphesi varsa Vankomisin veya Klindamisin eklenmelidir	Azitromisin Klaritromisin Eritromisin Doksisiklin (>7 yaş) Levofloksasin	Oseltamivir Zanamivir (>7 yaş)

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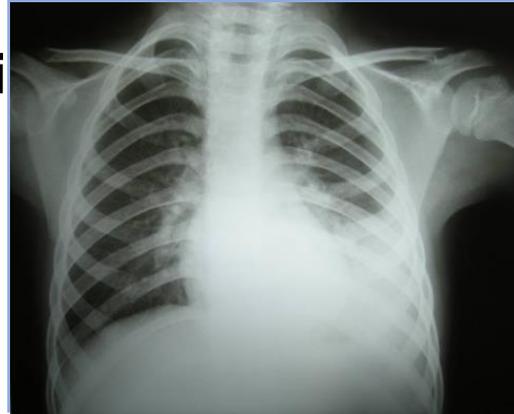
Herpes labialis var

Hastaya **seftriakson** başlandı

Hastanın ateşi sürüyor

Ne düşünürsünüz?

- A. Akciğer apsesi
- B. Ampiyem
- C. Endokardit
- D. Menenjit
- E. İlaç ateşi



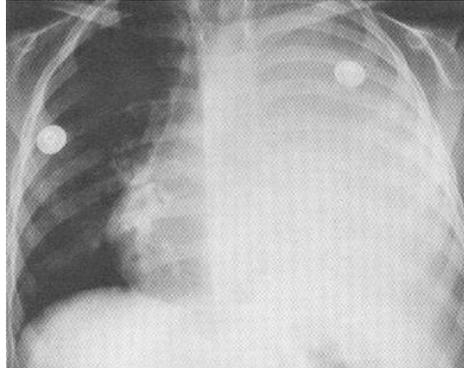
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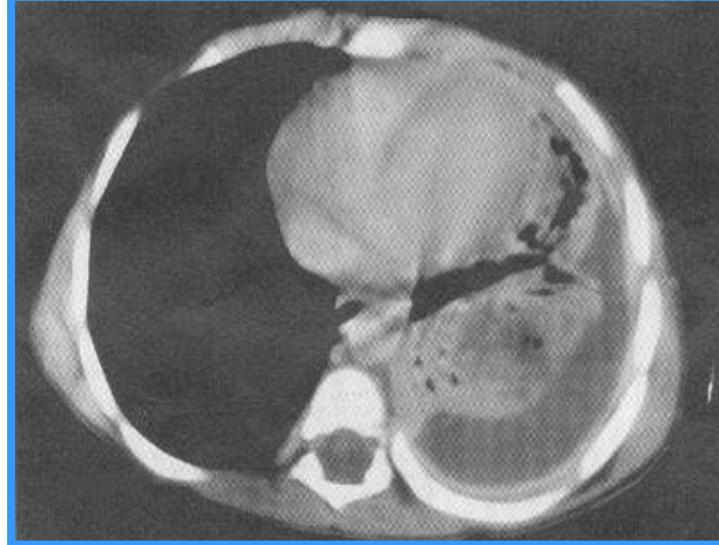
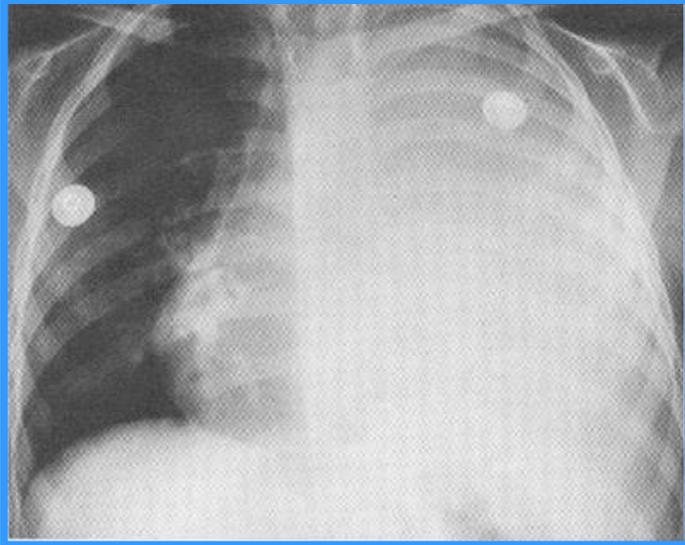
- A. Akciğer apsesi
- B. **Ampiyem**
- C. Endokardit
- D. Menenjit
- E. İlaç ateşi



ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

AYAKTAN HASTADA AMPİRİK ANTİMİKROBİYAL TEDAVİ



The Eagle Effect Revisited: Efficacy of Clindamycin, Erythromycin, and Penicillin in the Treatment of Streptococcal Myositis

Dennis L. Stevens, Amy E. Gibbons,
Roberta Bergstrom, and Virginia Winn

From the Infectious Disease Service, Department of
Medicine, Veterans Administration Medical Center, Boise,
Idaho; and the Department of Medicine, University of
Washington, Seattle, Washington

We investigated the relative efficacies of penicillin, clindamycin, and erythromycin in a mouse model of myositis due to *Streptococcus pyogenes*. Penicillin was ineffective unless given at the time of bacterial injection, and treatment delays of 2 h reduced its efficacy such that survival was no better than that of untreated control animals ($P > .05$). Survival of erythromycin-treated mice was greater than that of both penicillin-treated mice and untreated controls, but only if treatment was begun within 2 h. Mice receiving clindamycin, however, had survival rates of 100%, 100%, 80%, and 70% even if treatment was delayed 0, 2, 6, and 16.5 h, respectively. Thus, clindamycin demonstrated superior efficacy to penicillin among all the various treatment groups ($P < .05$). Our results corroborate the failure of penicillin in this model of streptococcal infection and suggest that, unlike penicillin, the efficacy of clindamycin is not adversely altered by the "Eagle effect."

Dr. Harry Eagle Is Dead at 86; Formulated Cell-Growth Medium

By BRUCE LAMBERT

Dr. Harry Eagle, a medical scientist whose many discoveries included a method for growing cells in test tubes (his) was a breakthrough for biological research, died on Friday at United Hospital in Port Chester, N.Y., where he was admitted three weeks ago. He was 86 years old and lived in Monroeville, N.Y.

He died of cancer, said Arthur Ostrow, a spokesman for the Albert Einstein College of Medicine, from which Dr. Eagle was retired.

Dr. Eagle's career included association posts at several major academic, research and government institutions. In 1947, President Ronald Reagan awarded him the National Medal of Science, the country's highest scientific honor.

His best-known achievement was his formulation in 1953 of the essential compounds needed to sustain the reproduction of human and other mammalian cells in the laboratory, a mixture that became known as Eagle's growth medium. Its development was

penicillin prevents germs when taken soon after exposure to infection.

Dr. Eagle published widely in scientific journals. Among his many honors, he was the Waterford International Biomedical Award and Eli Lilly Award in Bacteriology and citations from the American Association of Medical Colleges and the American Society of Cell Biology.

He was a past president of the Society of American Microbiologists, the American Association of Immunology and the Society of Experimental Biology and Medicine. He was also a former chairman of the Cold Spring Harbor Laboratory.

Dr. Eagle was born in New York City and grew up in Baltimore. He graduated from Johns Hopkins University in 1923 and its medical school in 1927.

A Career in Yearning

For most of the next 20 years he did teaching and research at Johns Hopkins. He was the director of its Venereal Disease Research Laboratory and Laboratory of Experimental Therapeutics. He was also a commanding officer in the United States Public Health Service program at Johns Hopkins.

From 1947 until 1963 Dr. Eagle worked at the National Institutes of Health. He served as the scientific director of the National Cancer Institute from 1947-61, then chief of the Experimental Therapeutics Section of the National Microbiological Institute from 1961-70 and chief of the Cell Biology Laboratory of the National Institute of Allergy and Infectious Diseases from 1970-81.

He joined the Albert Einstein College of Medicine in the Bronx in 1981 and became a professor and chairman of its cell biology department, founding chairman of its Biological Sciences Division, associate dean for Scientific Affairs and founding director of its Cancer Research Center.

He retired as the center's director in 1988 but remained active until his illness last year.

Surviving are his wife of 44 years, the former Hope Whaley; a daughter,



Dr. Harry Eagle

Walter Wells Sr., 64, Insurance Executive

Walter Thomas Wells Sr., who was a leading executive in the marine insurance industry, died on Friday at his home in Moraga, Calif. He was 64 years old.

He died of cancer, his family said.

Mr. Wells retired earlier this year as the senior vice president and longest-serving employee of the Marine Office of America Corporation, a division of Centennial Insurance and the largest marine insurance company in North America.

Born in Brooklyn, Mr. Wells grew up in Ridgewood, N.J. He started as Marine as an underwriter trainee in 1950 at its Manhattan office. He took a leave to study at the New York State Maritime Academy and after graduation served as a lieutenant in the United States Navy from 1952 to 1954.

After returning to Marine, he held a series of posts, including senior ocean cargo underwriter, vice president of business production at the home office and director of recruiting and training.

Surviving are his wife of 42 years, the former Jean Lane; three sons, W. Thomas Jr. of Berkeley, Calif., John C. of Lafayette, Calif., and Peter E. of

A medical scientist, inventor, teacher and writer.

led to opening the way to new research on viruses, genetic defects and cancer.

Other major contributions included his discovering that blood clotting is an enzyme process; developing a treatment for arsenic poisoning; analyzing the best conditions for penicillin treatment; and describing the metabolic differences between normal and malignant cells. He advanced cancer chemotherapy and helped find a cure for African sleeping sickness.

He was also on a four-member team that developed long-term storage for life-saving sera, which previously were perishable. The new process employed freeze-drying.

In the 1940's he devised a diagnostic test for syphilis and worked on new

Clindamycin in the treatment of group G β -haemolytic streptococcal infections

A. Pillai^a, S. Thomas^{b,*}, C. Williams^a

^aDumfries and Galloway Royal Infirmary, Dumfries, DG1 4AP, UK

^bWycombe Hospital, Buckinghamshire, UK

Journal of Infection (2005) 51, e207-e211

Abstract We report a case of severe streptococcal cellulitis in a healthy 47 year old male, where the sole microbial isolate was a β -haemolytic group G *Streptococcus*. Treatment failure with high dose penicillin was observed despite in vitro sensitivity. The addition of clindamycin resulted in dramatic clinical improvement. This may indicate an Eagle-type effect (whereby antibiotics exhibit paradoxically reduced bactericidal activities at high drug concentrations), in group G β -haemolytic infections. Although well documented with group A streptococcal infections, this phenomenon has not been fully recognised with group G β -haemolytic streptococcal infections. This may have important implications for clinical management.

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ALT SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

TEDAVİ SÜRESİ

Genellikle **10-21 gün** tedavi verilir
(Klinik düzelmeden ve ateş düştükten sonra
5-7 gün daha olmalı)

Hastanın ateşi ve solunum güçlüğü
düzeldikten **24-48 saat** sonra **oral**
tedaviye geçilebilir

ANKARA ÜNİVERSİTESİ TIP FAKÜLTESİ MECMUASI Cilt 54, Sayı 1, 2001

17-21

ÇOCUKLUK ÇAĞININ TOPLUMDAN EDİNİLMİŞ
PNOMONİSİNDE SEFUROKSİM VE SEFUROKSİM
AKSETİL İLE ARDIŞIK TEDAVİ

Ergin Çiftçi*

TEDAVİ SÜRESİ

S. pneumonia, H. influenzae... **7-10 gün**

M. pneumoniae **10 gün**

S. aureus **7-28 gün**

Etkeni saptanamayan ağır pnömoni **2-3 hafta**

SOLUNUM YOLU ENFEKSİYONLARI

Pnömoni

AMPİRİK ANTİBİYOTİK SÜRESİ

Amoxicillin for 3 or 5 Days for Chest-Indrawing Pneumonia in Malawian Children

Amy-Sarah Ginsburg, M.D., M.P.H., Tisungane Mvalo, M.M.E.D., Evangelyn Nkwopara, M.S.,
Eric D. McCollum, M.D., Melda Phiri, M.B., B.S., Robert Schmicker, M.S., Jun Hwang, M.S.,
Chifundo B. Ndamala, Dip., Ajib Phiri, M.D., Norman Lufesi, M.Phil., and Susanne May, Ph.D.

N Engl J Med 2020;383:13-23.

CONCLUSIONS

In HIV-uninfected Malawian children, treatment with amoxicillin for chest-in-drawing pneumonia for 3 days was noninferior to treatment for 5 days. (Funded by the Bill and Melinda Gates Foundation; ClinicalTrials.gov number, NCT02678195.)

Türkiye'de Strep-A vakalarında artış uyarısı

Prof. Dr. Ergin Çiftçi, dünyada olduğu gibi Türkiye'de de hem "Strep A" bakterisi kaynaklı enfeksiyonlarda hem de hastalığın ağır klinik tabloya yol açan formlarında artış yaşandığını bildirdi.

Burcu Çalık Göçümlü | 27.01.2023

