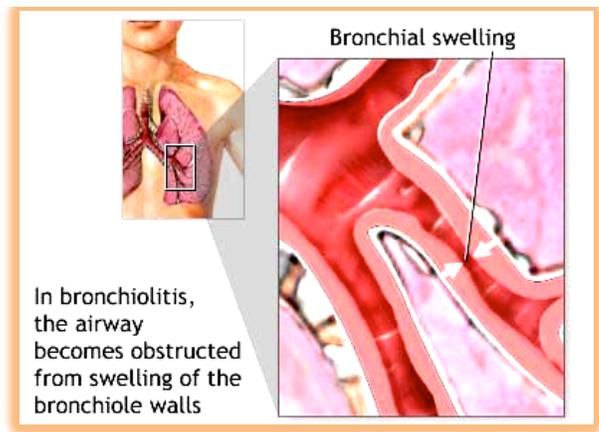


bronchiolitis

Bronchiolitis is a lung infection that causes wheezing especially in infants and children. Parainfluenza, influenza, adenoviruses and even mycoplasma can cause bronchiolitis, but most are caused by the respiratory syncytial virus (RSV). Because an infant's airways are so tiny, even small amounts of mucus cause significant blockage of the bronchioles. That's what causes wheezing and why your child might sound like an asthmatic.



Bronchiolitis looks like a cold at first with several days of runny nose and low-grade fever. The infection then moves into the chest. It would be great to figure out how to keep it from moving down into the chest, as many kids get the same virus and it goes away without causing any breathing problems. In fact 99% of kids get the RSV virus if monitored over 2 years. It is very contagious but variably symptomatic!!

Just because your child is wheezing now does not mean they will get asthma. The kids who wheeze with every cold have asthma. But if your child just has bronchiolitis, not only the virus, but other things like smoke, cat dander, dust and molds can irritate their lungs now. So eliminate any known irritants from your child's environment. Although we used to believe exposure to dirt, dust, smoke and mold promoted asthma, studies have now shown that kids with more "dirt" in their pillows were less likely to develop asthma. Healthy microbiota of the dust mites also promotes healthy lungs.

Bronchiolitis typically lasts about a week. Breathing is worse at night. After struggling all night parents bring their children into the office the next day and they frequently look great. Then they go home and have another bad night at home! This is common. The mucus seems to plug up the lungs while kids are lying down. For that reason, propping your child's head, even letting them sleep in the car seat (in the house) may help the breathing.

Mist also helps. So when you have one of those attacks at night, try taking your child in your arms into the shower with you. They may not like it and even object with bad crying and even vomit, but that will usually bring up some good mucus and make the breathing more comfortable for a few hours. Using a vaporizer may help as well. If it is a hot steam vaporizer, make sure it cannot burn your child. If you can, rig up some sheets to make a "mist tent."

If your child is too small to use an inhaler, we can use a home nebulizer machine (really just a low pressure compressor) to atomize the medicine. Holding it over your child's face for 20 minutes brings a lot of relief. Use it prior to feeding as well as prior to napping. Treatments can be given every 4 hours. They may make your child jittery but that wears off pretty quickly. Or you can stop the treatment (lasting 15 min) sooner (like after 10 min) next time. Between this and the mist tent most children do well while the virus gets out of their system. What we do in the hospital is not much different, so we encourage you to use these measures at home even though it is several nights of work for you.

Although no medicine kills the bronchiolitis viruses, premature infants with serious lung diseases can use a preventative medicine. Synagis, palivizumab, is a monoclonal antibody against RSV which protects the child just from RSV for just **that month**. It costs about \$5000 per season to treat one child, so it is used only in those at highest risk.

Call us if these warning signs are present:

- Your child is vomiting a lot and can't keep liquids down.
- Your child is tugging his or her ears, has ear pain, or prolonged fever over 102 degrees.
- Your child is breathing very fast, more than 50 breaths in 1 minute.
- You can see skin pull in-between the ribs of your child with each breath.
- Your child is more sleepy than usual, is urinating less, and has a dry mouth or cries without tears.
- Your child's skin develops a bluish color, especially around the lips or in the fingertips.

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