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Introduction In recent years, an increase in the number of cases of pneumonia with pouring and its gravity has been observed in Spain. The objective of this study is to describe the clinical features, epidemiology and treatment of patients admitted to this disease in the Pediatric Intensive Care Unit (UCIP) of a children's hospital. Retrospective material and patient study method which, between January 2005 and May 2006, have entered the Children's UCIP Children's Hospital Jesús de Madrid with the diagnosis of portion with pouring. Results supplied 63 NiA's. The most frequent etiology was streptococcus pneumoniae. In 65% of cases, the effusion satisfied the characteristics of Empiema, and in 33% it was an exudate. In all patients with C-reactive protein (PCR) 170 mg / l satisfied the Empiet criteria (p 10,000 / iá%l. It has less than 5,000 total neutrophils make this pathology more unlikely, since only 8% of patients would have fulfilled this situation. PCR values 15 mm. In almost 80% of cases, treatment with fibrinotics was necessary. The doses of Urocinase differing by existing scientific evidence at any time. As the British Thoracic Society¹³ recommendations, the doses used were 10,000 IU in children under 1 year and 40,000 for those over one year. E 'was observed that patients with exudate were significantly better prognosis than those who presented empies regarding the number of doses of fibrinolytic activity, the number of days with the drainpipe and spent diets in a UCIP. Inically thoracoscopy with debridement has been performed in 3 cases (5%). In two of them it has been executed as a rescue treatment when they had weeks of antibiotics and the drainage tube. In the other case, it was executed as early treatment with good evolution. Some studies^{14,15} suggest that early surgical approach through ToroCoscropy could be useful; However, there are no well-designed studies that compare both baby treatments that allow you to draw conclusions about topic^{13,16}. A meta-hallysis has discovered that the remaining surgical treatment of a hospital stay and a lower more low dose of antibiotic to conservative treatment, even if the number of complications is the similar¹⁷.The use of routine techniques, such as that of C-reactive protein, which could help to differentiate a complicated pneumonia by another that is not, and the use of other not so widely used in clinical techniques, such as CPR, able to drive the etiologic diagnosis, one of the limitations of our study is that it is retrospective, which makes the possibility of bias due to loss of cases. © Because it is a referral hospital, not a given child population, it is not possible to calculate or incidence in the population childhood, nor © if it is increasing or not, although the increase in the number of cases included in our UCIP seems to suggest that the prevalence is increasing. Another existing limitation is the lack of data on pneumococcal serotypes. In conclusion, although it would be necessary to expand the study, the data obtained indicate that the blood-reactive protein values help to distinguish between simple and empyema paraneumonic exudate. These have evolved worse, they need more doses of fibrinolytics and require more hospitalization time. Copyright Á © 2008. SPAIN ASSOCIATION Pediatrics Pediatrics

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