Creche Syndrome

Keywords
Hits 2704
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Crèche syndrome (CS)

This is not a condition you will read about in medical textbooks or medical research magazines and literature. Yet CS is probably the most common chronic condition seen by pediatricians in private practice.

CS is not a diagnosis per sé but rather an acquired state of chronic illness due to being exposed to other children in close proximity like in daycare and crèches or even just older siblings.

CS's main victims are children under the age of 3 years old. The peak incidence would be children under 2 and then it flattens off towards 3 and then gets better as the children outgrow it.

CS's severity has much to do with the parent’s perception of how ill their child is. For instance if a parent cannot tolerate that an otherwise happy child in the above setting has got a recurrent phlegmy cough and runny nose then it will be 2 years of hell for them. Of cause there are certain signs and symptoms to look out for that may alert you to seek medical advice.

Definition of CS:
There is no exact definition for this condition but there are undoubtedly certain characteristic symptoms. CS is a condition of recurring wet cough and excessive upper respiratory snottiness and secretions in a setting as mentioned before in the age group of 0-3 years.

Children in daycares and crèches can get as many as 10 -20 upper airway infections per year. These are mainly common colds caused by viruses.

During each episode they could have 10-20 days of a runny nose and a cough as well as fever for the first 3 days (72hours).

This implies that they could have fever for between 30 and 60 days per year just from these viral infections. Furthermore the cough and snotty nose could persist from between 100 to 400 days per year!

In other words it might seem like your child has these symptoms the whole year long nonstop. That is why parents often say their child has never gotten better since they were last seen by the doctor but in fact the one infection has just run into the next.

This would just be the primary symptoms due to the viral infections and does not even take into account

should they get secondary complications due to these infections.

Complications could include:
•Acute otitis media (middle ear infection) and otitis media with effusion (glue ear)
•Acute or chronic sinusitis.
•Acute recurring bronchitis.
•Bronchiolitis.
•Pneumonia.

The above complications will require medical attention and antibiotics may be prescribed.

Signs to look out for that might require medical treatment:

Fevers that may not be associated with the signs of a common cold or that lasts longer than 3 days. Fever in a child that looks very ill and fevers that does not respond well to treatment. Fever that repeatedly spikes above 40 degrees Celsius. Children that look ill and lethargic between fever spikes.

Persistent vomiting. Could be from all the phlegm or it could be due to meningitis or gastroenteritis or urinary tract infections.

Poor feeding. Could be due to a sore throat or pneumonia or bronchiolitis or even middle ear infections.

A child in severe pain. Could be a sign of middle ear infection or meningitis.

Breathing difficulties. Children that are short of breath and breathing fast even between fever spikes. Labored and grunting breathing pattern. This could be due to pneumonia or bronchiolitis.

Contributing factors in CS that should be excluded:

Other underlying causes and contributing factors should be considered by the doctor and excluded if necessary.
Cigarette smoke exposure. Parents, grandparents and friends that smokes in the house. The smoke damages the mucous membranes in the airways which are the first line of defense against infectious agents like viruses and bacteria. Previously the child might not have got ill before placed in an environment like a crèche with a high load of infectious agents. There are tablets that any doctor would be happy to prescribe to anyone that wants to stop smoking.

Common allergies like hay fever, asthma and eczema should be taken into account especially if one of the parents have any of these conditions. Allergies all so damages the mucous membranes with an increased risk of infections. These allergies can be easily treated in most cases.

Children with recurrent serious infection should be investigated for immune deficiency disorders. This would usually be done in children that are recurrently admitted to hospital with pneumonia. These conditions are relatively rare but can be treated with intravenous Immunoglobulins.

Other conditions that predisposes children to recurrent respiratory infections should also be thought of and excluded if necessary.

These would also be rare conditions like cystic fibrosis (CF) and anatomical defects and conditions that impairs ciliary movement on the airways mucous membranes.

Treatment of CS:
Good nutrition is very important to prevent iron, zinc and vitamin deficiencies. If the child is a picky eater multivitamin supplementation should be considered all though there is little proof that these supplements makes a significant difference. I usually suggest that children should rather drink a no. 3 formula up to 3 years of age rather than cow's milk that does not supply all the required nutrients for brain development and building a strong immune system.

In government clinics children get 6 monthly oral vitamin A to boost their immune systems, all though that is aimed at children that might have a deficiency due to malnutrition.
There is evidence that Moducare, Ecchinaforce and Propolis may have a positive influence on boosting the immune system. These supplements may have a marginal benefit.

Probiotics seem to be the new kid on the block with lots of evidence that a person's microbioma plays a major role in regulating the immune system.

This is why it is recommended that babies should be born via the natural birth canal if possible and be breast fed for at least a year if possible. Except all the other immune boosting benefits of breast milk it helps to introduce and maintain the body's natural healthy balance of good micro bacteria called probiotics.

Antibiotics in CS are reserved for the complications of secondary bacterial infection as mentioned. Care should be taken not to prescribe it unnecessarily as this will damage the body's microbioma and in so doing compromise the immune system making the child even more susceptible to infections. This becomes a vicious cycle.

All courses of antibiotics should be accompanied by a course of probiotics like Reuterina or Interflora.
It might be of benefit for children in crèches to take probiotics on a daily basis to help boost their immune systems in a setting where they might receive repeated courses of antibiotics.

•So the moral of the story is that children in a crèche will get ill repeatedly for the first 2 - 3 years. They might seem to be never fully healthy.
•Care should be taken not to run to doctors unnecessarily and not to demand antibiotics from the doctor if he/she thinks it's not needed.

•If your child is ill try to keep them at home.
•Breast feed for as long as possible.
•Don't expose children to smoke. Stop smoking all together.
•Follow a healthy diet

Courtesy Dr Willem Smit (Paeditrician)

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