

ANALYSIS OF PEDIATRIC TRACHEOSTOMIES IN THE HOSPITAL OF LITHUANIAN UNIVERSITY OF HEALTH SCIENCES KAUNAS CLINICS

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Introduction. Tracheostomy is a much less common procedure in the pediatric intensive care unit, being performed in less 3% of patients. Children with tracheostomy have a higher risk of adverse events and mortality, which are largely secondary to their comorbidities rather than tracheostomy.

Research objectives. To analyze cases of pediatric tracheostomies in the Hospital of Lithuanian University of Health Sciences Kaunas Clinics in 2014-2018.

Materials and methods. A retrospective study was performed and the histories of patients diseases were analyzed. Statistical analysis of the data was performed using IBM SPSS 13.0 program. Work participants: Patients who underwent tracheostomy were treated in the Pediatric Surgery Department.

Results. The sample consisted of 64 patients. The majority of patients were 1 to 12 months old – 32,8% (n=21). All children were diagnosed with a pathology that developed respiratory failure and were an indication for the formation of a tracheostomy. 50% (n=32) cases had a constant need for artificial lung ventilation (ALV). Otorhinolaryngological diseases that caused respiratory failure accounted for 17,1% (n=11) cases. The outputs are known in 62 cases. It was found that 50% (n=31) subjects were still live with tracheostoma. All deaths were due to underlying disease.

Conclusion. The most common tracheostoma in children is formed at 1 to 12 months old. The most common indication for the formation of tracheostomy is respiratory failure, the constant need for ALV, caused by the underlying disease. Otorhinolaryngological causes accounted for 17,1% (n=11) in all cases. Complications after tracheostomy surgery occur in more than half of the patients, and the most common of these is lower respiratory tract infection. Half of the patients still live with tracheostoma. All patients deaths are associated with the underlying disease