




LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

ALLSA CONGRESS 2010
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CASE ONE – DIFFICULT TO CONTROL ASTHMA

- 10 year male from local village
- Known asthmatic on treatment since 4 years of age .
- Also allergic rhinitis plus conjunctivitis.
- P/H Treated for eczema
- F/ H Mother had asthma
- Social: Stays in rural area-use open fire for cooking

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- Treatment for asthma—Inflammide 200ug bd
 - Beclometasone Nasal spray 50ug bd
 - Opticrom eye drops bd.
 - Child was well controlled and followed up in POPD.

Progress

- Autumn of 2009– started to have frequent hospital admissions for acute asthmatic attacks.
- Developing a barrel shape chest
- Nutritional parameters fine
- Inflammide increased to 400ug, short courses of oral steroids.
- Theophylline slow release added to Rx after the 3rd admission.
- Motivation for long acting salmeterol
- Investigations for TB , parasites and RVD

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- Started on salmeterol 25ug bd and later increased to 50ug.
 - Marked improvement in condition. Needs regular follow-up and assessment by pulmonologist



CASE NO TWO– ACUTE ASTHMATIC 1ST PRESENTATION

- 2 YEARS Referred from a district hospital with severe RDS.
- P/H No recurrent chest problems or symptoms of allergy
- F/H No allergy/ asthma/ TB
- Social: Stays in a rural village



Clinical Examination

- Well nourished baby
- Severe RDS with decreased saturation on oxygen
- Chest- decreased air entry, faint biphasic wheezing
- CVS – tachycardia ? Pulsus paradoxus
- CNS - Restless

Management

- Admitted to ICU as severe lower airway obstruction
- Hourly salbutamol+ atrovent nebulisations. IVI steroids. Antibiotics
- FBC– Increased WCC with elevated neutrophils. Slightly raised ESR

Progress

- Condition improved slightly that night
- CXR –minimal hyperinflation
- Following morning noted to be still having moderate to severe RDS.
- Very faint voice when crying.
- ENT consultation
- Bronchoscopy found laryngeal webs below the vocal cords– removed
- Immediate improvement of RDS.