

BRONCHIOLITIS

Bronchiolitis is an infection of the small breathing tubes (bronchioles) that lead to the lung. Bronchiolitis is not the same as bronchitis, which is an infection in the large breathing tubes (bronchi). Bronchiolitis is usually seen in infants and young toddlers. It is not usually seen in older children or adults.

A virus causes bronchiolitis. The most common virus is RSV (respiratory syncytial virus). Since RSV infection does not usually result in immunity, people can get it again; however, beyond the age of two, RSV usually causes just a bad cold. RSV is very contagious and spreads rapidly through childcare groups and families from October through April. Some studies suggest that babies who get RSV are more likely to have asthma in the future. Also, people with asthma who get RSV infection may trigger an asthma attack.

Babies with RSV have severe nasal congestion, usually followed by a worsening cough. There may be a mild fever at the beginning of the illness. Signs of trouble with RSV include:

- Poor feeding/decreased urine output
- Rapid breathing
- Grunting sound with breathing
- Tightening of chest or stomach muscles with breathing
- Wheezing (high pitched whistling sound with breathing out)
- Blue tint around mouth or fingers/toes
- Fever lasting more than two days, or over 104

The vast majority of patients with bronchiolitis recover well. Certain children are especially likely to have trouble with bronchiolitis:

- Infants under two months of age
- Infants who were premature and have not reached their “due date” yet
- Patients with lung diseases like cystic fibrosis or bronchopulmonary dysplasia (BPD)
- Patients with severe heart disease
- Patients with AIDS or other immunity problems
- Patients on chemotherapy or with organ transplants

Treatment for bronchiolitis is mostly supportive; that is, treatment is aimed at helping the patient breathe better. Since bronchiolitis is caused by a virus, antibiotics do not help. Medication to decrease wheezing is sometimes used, but is generally not helpful. Offer smaller but more frequent feedings and monitor urine production by counting wet diapers. (Expect at least three in 24 hours). Salt-water nose drops can thin the nasal mucus and make it easier to handle. Suction the nose of infants less than six months to clear the secretions.

Humidifiers may also help. Elevate the head 30 degrees for sleep (put a blanket or pillow under the mattress, not under the baby). Fever reduction with acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) may also make the child feel better, though the fever is not harmful. Do not use aspirin.

A minority of patients will need oxygen or fluids through an intravenous line in the hospital. Rarely, drugs are used to help hospitalized babies.

Certain patients at high risk for RSV bronchiolitis receive preventative treatments with monthly shots from October until April.