

COMORBID INFECTIONS IN YOUNG CHILDREN: CLINICAL FEATURES AND ANALYSIS OF OBSERVATIONS

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Background: Comorbid infections significantly complicate clinical outcomes and prognosis in pediatric populations. In young children, the coexistence of multiple infectious diseases can pose unique diagnostic and therapeutic challenges, impacting morbidity and mortality rates.

Objective: To analyze clinical features and observational data of comorbid infections in young children, identifying common patterns and complications associated with simultaneous infectious diseases.

Methods: This observational study included children aged 1 month to 5 years, hospitalized with confirmed multiple infectious diseases. Clinical presentations, laboratory data, hospitalization duration, complications, and treatment outcomes were analyzed retrospectively.

Results: A total of 120 young children with confirmed comorbid infections were included. The most common co-infections observed were respiratory syncytial virus (RSV) and bacterial pneumonia (45%), influenza and otitis media (30%), and gastroenteritis combined with rotavirus and bacterial pathogens (25%). Clinically, patients exhibited prolonged fever (85%), respiratory distress (70%), and dehydration (60%). Laboratory findings frequently showed elevated leukocyte counts (75%), elevated CRP levels (68%), and electrolyte imbalances (50%). Complications included severe pneumonia (40%), acute otitis media with perforation (15%), and significant electrolyte disturbances requiring intravenous correction (25%).

Conclusion: Comorbid infections in young children frequently present with severe clinical symptoms, necessitating prolonged hospital stays and aggressive therapeutic interventions. Early recognition and comprehensive management are critical to improving patient outcomes and minimizing complications.

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