Complicated influenza

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- Complication:
- 1- pulmonary
- 2- nonpulmonary

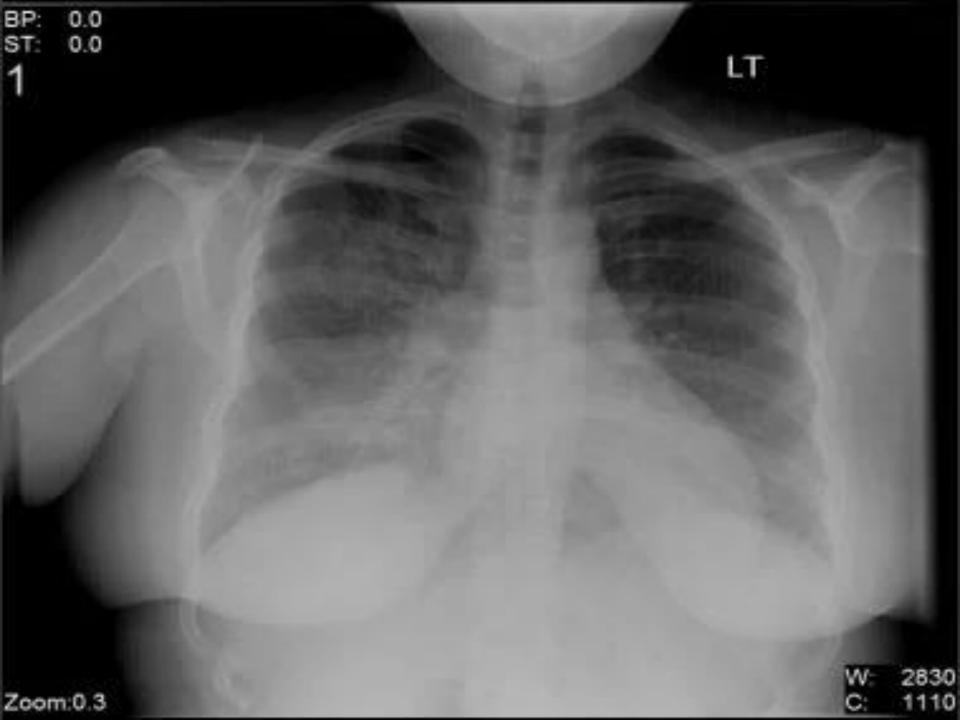
pneumonia

- Primary viral pneumonia
 - -First time in 1957-58

-Most occurs in cardiovascular – rheumatic heart with mitral stenosis- pulmonary disorders

- -Rapid progression after typical flu syndrome
- -Fever- cough- dyspnea- cyanosis

- Bilateral finding consistent with ARDS without consolidation
 - -Hypoxia in ABG
 - -Gr stain no bacteria
 - -Viral culture high titer
 - -Do not respond to antibiotics
 - -Mortality high
 - -In biopsy diffused hemorrhagic pneumonia



Secondary bacterial pneumonia

- Indistinguishable from occurring without flu
- Classic flu followed a period of improvement for 4-14 days then reappearance of fever
- Symptoms and signs of bacterial pneumonia
- Cough- sputum- and consolidation(physical exam and X-ray
- 2 common organisms pneumococcus and staph

- Recently community acquired MRSA has been appeared
- Prodromal flu syndrome may not be sever
- So fever pattern may not be biphasic
- Sometimes confuse with mycoplasma pneumonia
- Procalcitonin and PCR may distinguish viral and bacterial pneumonia

Pneumonia in immunosuppressed

common in children

- More in transplantation and leukemic patients
- More immunosuppression greater risk
- Also in HIV cases with low CD4 count

Other pulmonary complications

- **Bronchiolitis** (in type A,B) particularely in type 3 parainfluenza, RSV
- Croup in type A
- Acute exacerbation of COPD and asthma

nonpulmonary

- Myositis with tender legs and elevated CPK
 May interfere with walking
- Cardiac

-myocarditis and pericarditis ine type A,B

-some associations with MI

• Toxic shock syndrome

-with colonization and replication of toxin producing staph

- Guillain- barre after type A no definite etiologic relationship
- transverse myelitis
- encephalitis

Reye syndrome

With many viruses prominently influenza and varicella

change in mental status

lethargy to delirium, obtundation, seizure and respiratory arrest

CSF is normal

blood ammonia level increase in all patients exclusively in children using aspirin

Other NSAD are safe