



Childhood pneumonia and vitamin A

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ARTICLE INFO	ABSTRACT
Article type Review article Article history Received: 4 Jan 2014 Revised: 25 Jan 2014 Accepted: 4 Feb 2014 Keywords Children Pneumonia Retinol	One of the major causes of mortality in children younger than 5 years old is acute lower respiratory tract infections (ALRI). ALRI clinical features are cough, tachypnea, fever, coryza, chest retraction, crackles and wheeze. Increased white blood cell count with left shift might happen in pneumonia. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) might rise in children with respiratory tract infections. Vitamin A deficiency is associated with severe childhood infections. The effect of vitamin A supplementation in childhood pneumonia depends on the prevalence and the level of vitamin A deficiency in the population. Some studies confirmed that retinol levels were significantly higher after recovery from acute pneumonia compared to acute phase. But there were no significant association between serum retinol level and the clinical manifestation.

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Introduction

One of the major causes of mortality in children younger than 5 years old is acute lower respiratory tract infections (ALRI) (1). It is estimated that 156 million episodes of pneumonia happen in young children each year and about 4 million lead to death. Various studies in developing and developed countries around the world showed that viruses were the most common pathogens in acute lower respiratory tract infections (2). Bronchiolitis and pneumonia

are two clinical manifestations of ALRI (3). Distinguishing between these two clinical conditions might be difficult in young children and infants. Community-acquired pneumonia in children is responsible for 30 to 40% of childhood hospitalizations, which leads to death in 15 to 28% of cases (4). It is estimated that pneumonia is the cause of 20% of deaths happen in childhood, and a greater portion of it occurs in poor countries. Annually, 1.9 million deaths

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