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Low cost innovative therapy in childhood pneumonia in developing countries

Background & Aim: Even with WHO recommended appropriate antibiotics, standard Low Flow (LF) oxygen by nasal prongs and good supportive care case-fatality-rate from severe pneumonia in many hospitals is more than 10%. We need to understand the role of non-invasive ventilation such as Bubble CPAP (BCPAP) compared to LF oxygen therapy in managing children with severe pneumonia and hypoxemia in such children beyond the newborn period in developing countries.

Methodology: We included RCTs conducted in developing countries where BCPAP was compared with LF oxygen therapy for the treatment of World Health Organization (WHO) defined severe pneumonia and hypoxemia.

Results: Children who received BCPAP therapy had significant reduction in treatment failure ($p<0.05$) and deaths ($p<0.05$) compared to those who received LF therapy. No significant difference of SAEs was observed between the groups.

Conclusion: The results of our data revealed that BCPAP therapy had the significant better outcome compared to LF therapy. Thus, bubble CPAP therapy should be considered as a part of standard of care for treating children under five with severe pneumonia and hypoxemia in developing countries where still the part of the standard of care of severe pneumonia is WHO standard LF oxygen therapy.

Biography

Mohammod Jobayer Chisti has been working in International Centre for Diarrhoeal Disease Research, Bangladesh, since 1998.

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