



Management al activității CPU, triaj și evaluare a pacienților critici, stabilizare post-resuscitare și tratamentul cazurilor severe, evaluare și tratament pentru pacienți cu afecțiuni respiratorii, "second-opinion" la pacienți cu astm sever /wheezing recurent / alte afecțiuni bronho-obstructive cronice, supervizarea rezidenților și training specific al acestora [coordonarea procedurilor și manevrelor practice], management al resurselor materiale și al echipamentelor medicale din CPU, elaborarea de protocoale locale de tratament.

bulevardul Lacul Tei 120, 020395, Bucuresti, România

11/02/2000 – 30/11/2012

**SEF DE LUCRARI – UMF CAROL DAVILA**

Activități de predare pentru studenții seriilor în limba română și în limba engleză, cercetare științifică [cercetare clinică, redactare de capitole de carte, elaborare articole medicale].

bulevardul Eroilor Sanitari numarul 8, 050474, Bucuresti, România

15/11/2010 – 02/05/2012

**COORDONATOR AL CLINICII DE PEDIATRIE – SPITALUL DE COPII MEDLIFE**

Evaluarea pacienților din ambulatoriul de specialitate, vizita clinică la pacienții internați în secția de pediatrie, alte activități clinice (diagnostic și tratament pentru cazurile dificile, „second-opinion” la pacienții internați în secția de ORL și chirurgie pediatrică), coordonarea secției de pediatrie, elaborarea de protocoale de activitate, instruirea asistentelor, evaluarea nevoilor de echipamente și consumabile, etc.

strada Zagazului nr7-8, 014261, Bucuresti, România

01/05/1999 – 21/02/2005

**ASISTENT MEDICAL PEDIATRIC – UMF ALFRED RUSȘI ȘOI**

Evaluarea și tratamentul pacienților din sala de urgență în secția de pediatrie, supervizarea rezidenților, activități de predare clinică și de predare teoretică și practică.

Bulevardul Lacul Tei 120, 020395, Bucuresti, România

## **EDUCAȚIE ȘI FORMARE PROFESIONALĂ**

01/05/1999 – 21/02/2005 – Bucuresti, România

**TEZA DE DOCTORAT – UMF Carol Davila**

"Rolul abordului intraosos în resuscitare la copil" / Teza de Doctorat în Pediatrie [aria de interes Medicina de Urgență Pediatrică] descrie o cale de acces vascular specială în cursul resuscitării cardio-pulmonare la copil.

**Domeniul (domeniile) de studiu**

- Pediatrie - Medicina de Urgenta

ISCED 8 - 844

01/12/1989 – 01/05/1994 – bulevardul Eroilor Sanitari numarul 8, Bucuresti, România

**MEDIC SPECIALIST IN PEDIATRIE – UMF Carol Davila**

rezidentiat în Pediatrie

**Domeniul (domeniile) de studiu**

- medicina

ISCED 7 - 758

15/09/1983 – 15/09/1989 – Bulevardul Eroilor Sanitari numărul 8, Bucuresti, România  
**MEDIC MD – UMF Carol Davila**

medicina - pediatrie

**Domeniul (domeniile) de studiu**

◦ medicina

ISCED 7 - 746

## **COMPETENȚE LINGVISTICE**

Limbă(i) maternă(e): **ROMÂNĂ**

Altă limbă (Alte limbi):

	COMPREHENSIUNE		VORBIT		SCRIS
	Comprehensiune orală	Citit	Exprimare scrisă	Conversație	
<b>ENGLEZĂ</b>	C2	C1	C1	C1	C1
<b>FRANCEZĂ</b>	B2	B1	B1	B1	B1

*Niveluri: A1 și A2 Utilizator de bază B1 și B2 Utilizator independent C1 și C2 Utilizator experimentat*

## **COMPETENȚE DIGITALE**

Social Media | Navigare Internet | Utilizare buna a programelor de comunicare(mail messenger skype)

## **PERMIS DE CONDUCERE**

Permis de conducere: B

## **COMPETENȚE ORGANIZATORICE**

### **Competențe organizatorice**

Am fost numit în 2007 coordonator al nou înființatului Compartiment de Primiri Urgențe al IOMC Alfred Rusescu (actualmente INSMC Alessandrescu-Rusescu). În această calitate am construit o echipă a CPU, printr-un proces de selecție și formare/instruire a unui grup de medici și asistente. Această echipă a fost organizată de așa manieră încât să poată răspunde la cele mai dificile scenarii de resuscitare pediatrică, în vederea triajului și stabilizării posibilelor urgente majore adresate IOMC. În acești 13 ani am fost capabili să rulăm un număr de peste 400 000 de prezentări în CPU. Aceasta strategie a fost una dintre cele mai importante modalități de a crește calitatea actului medical și cost-eficiența acestuia în IOMC prin rezolvarea, fără internare, a unui număr impresionant de prezentări. Ca o recunoaștere a calităților mele manageriale și profesionale a venit oferta de a conduce secția de pediatrie a primului spital privat din România [Life Memorial Hospital] în 2010. În aceasta poziție a trebuit să elaborez o abordare strategică și să definesc targetul populațional al potențialilor pacienți, să formez asistentele și medicii tineri în spiritul acestei noi exigente pe piața serviciilor medicale din România. După îndeplinirea parametrilor de performanță, asumați prin contractul de colaborare cu acest spital privat, am revenit cu un program full-time în IOMC Alfred Rusescu, în poziția de Șef al Disciplinei II Pediatrie, după pensionarea domnului Prof dr Gherghina Ion. Am păstrat colaborarea cu acest spital privat [acum relocat în Spitalul de Copii Medlife, unitate medicală exclusiv pediatrică] oferind consultații de pneumologie pediatrică în ambulatoriul integrat spitalului, în afara programului meu de la IOMC, o zi pe săptămână până în 2014. Din 2015 până la începutul anului 2018 am condus nou înființata Secție V cu profil de boli respiratorii, elaborând un plan de acțiune și monitorizare care a fost validat de rulajul mare de bolnavi și care a fost evaluat laudativ de către comisia de Accreditare a Spitalelor în iunie 2016. De la sfârșitul anului 2019 am revenit la conducerea acestei secții după o perioadă în care am activat în CPU.

Competențele de organizare și abilitatea de a construi o cooperare eficientă între diversele clinici de pediatrie din România au stat la baza acceptării mele în calitate de Consultant Senior pentru Biroul OMS România. În această calitate am participat la un program de evaluare al impactului Pandemiei COVID-19 asupra îngrijirilor furnizate mamei și copiilor în țara noastră, ca proiect pilot pentru Regiunea OMS Europa.

## **COMPETENȚE DE COMUNICARE ȘI INTERPERSONALE**

### **Competențe de comunicare și interpersonale**

De 30 ani am lucrat eficient în cadrul diverselor echipe medicale în care am fost delegat de către conducerea INSMC (în Compartimentul de Primiri Urgente, în Secția de Terapie Intensiva, în secția de Preșcolari, în Secția de Boli Respiratorii, etc). Am participat la stagii de perfecționare în clinici din străinătate, pentru scurte perioade de timp: prima dată 2 săptămâni la Wroxton College UK apoi 3 luni la Wilhelmina Kinderziekenhuis Utrecht, în Olanda și a treia oară 2 luni la Kosair Children's Hospital în Louisville, Kentucky, SUA. În clinicile unde mi-am desfășurat activitatea am avut rezultate foarte bune după cum reiese și din scrisorile de recomandare primite la absolvirea acestor stagii.

În România abilitățile mele profesionale și de comunicare au fost validate de către două societăți naționale în care am fost ales, prin vot, membru în conducerea acestora: Societatea de Pediatrie din România în 2013 (membru al Consiliului Național al SRPed) și Societatea Română de Pneumologie din 2010 (membru al Consiliului din 2010, reales în 2014 și președinte al secțiunii de Pneumologie pediatrică din 2020). Proiectul meu educațional „Spitalul Virtual pentru Copii” - SVC® înființat acum 3 ani a strâns peste 200.000 urmăritori și a fost recunoscut cu Premiul special la Gala COPAC 2018, cu premiul 1 la Competiția Europeană de Comunicare "Vaccine Champion", cu Titlul "Vaccine Hero 2019" de la Organizația Mondială a Sănătății, biroul Europa și cu titlul de „Medicul anului” la RoHealth Awards 2020.

Din decembrie 2020 am fost numit ca expert în cadrul CNCAV (Comitetului național de coordonare și activităților privind vaccinarea împotriva COVID-19).

## **COMPETENȚE DOBÂNDITE LA LOCUL DE MUNCĂ**

### **Competențe dobândite la locul de muncă**

Datorită formării mele chirurgicale din timpul studiilor universitare și din stagiatură am fost selectat pentru a deveni instructor PALS [Pediatric Advanced Life Support] în 1999 de către echipa coordonată de către Prof George Rodgers de la Kosair Children's Hospital și University of Louisville, Kentucky, absolvind cursul destinat instructorilor. Ulterior am fost recertificat la Erasmus University din Bruxelles, Belgia sub îndrumarea prof Florence Otte în 2007 [diploma EPLS 32-07-02866-04-08 a Comitetului European de Resuscitare].

În cursul acestor 15 ani de predare a cursului PALS [peste 60 de serii, peste 1500 de cursanți] am ajuns la un nivel de performanță ce a fost recunoscut de către comitetul de organizare al CIMU 2014 [Primul Congres Interdisciplinar de Medicină de Urgență] prin invitarea mea ca moderator al secțiunii "pacientul critic pediatric, secțiunea II" și CIMU 2015 [Al doilea Congres Interdisciplinar de Medicină de Urgență, Cluj]. În teza mea de doctorat am studiat o cale nouă de acces vascular la copilul critic, dezvoltând o strategie alternativă de obținerea unei căi de acces pe calea abordului intraosos.

În tot acest interval am publicat peste 70 de articole și capitole de tratate medicale, având 167 de referințe bibliografice citate, un h-index de 5 și un i-10 index de 4.

## **ALTE COMPETENȚE**

### **Alte competențe**

Hobby-urile mele sunt fotografia, muzica clasică (simfonică și opera) și drumețiile. În cursul pregătirii mele școlare am absolvit, în cursul ciclului gimnazial, cursurile Scolii de Arte Plastice nr 2 din București. Prin aceasta am dobândit calitățile necesare pentru a realiza prezentări ilustrate sugestiv, abilitate care m-a ajutat foarte mult în activitatea didactică.

## **PUBLICAȚII**

### **Safety of Adding Salmeterol to Fluticasone Propionate in Children with Asthma.**

N Engl J Med 375 (9), 840-9

<http://www.nejm.org/doi/full/10.1056/NEMo1606356> – 2016

Long-acting beta-agonists (LABAs) have been shown to increase the risk of asthma-related death among adults and the risk of asthma-related hospitalization among children. It is unknown whether the concomitant use of inhaled glucocorticoids with LABAs mitigates those risks. This trial prospectively evaluated the safety of the LABA salmeterol, added to fluticasone propionate, in a fixed-dose combination in children.

### **Epidemiological, diagnostic, clinical, and therapeutic aspects of Brucella bacteremia in children in southern Israel: A 7-year retrospective study (2005–2011)**

Vector-Borne and Zoonotic Diseases, 2015;15(3):195-201

<http://www.liebertpub.com/doi/abs/10.1089/vbz.2014.1726> – 2015

Our aim was to study the epidemiological, microbiological, diagnostic, clinical, therapeutic and outcome features of brucellosis in children <19 years of age in southern Israel during 2005–2011

## **Rett-like onset in late-infantile neuronal ceroid lipofuscinosis (CLN7) caused by compound heterozygous mutation in the MFSD8 gene and review of the literature data on clinical onset signs**

European Journal of Paediatric Neurology, 2015;19(1):78-86

<https://www.sciencedirect.com/science/article/abs/pii/S1090379814001214> - 2015

NCL should be suspected and MFSD8 genetic testing should also be considered in patients with Rett like phenotype at onset and negative MECP2 mutation. Such cases should be carefully and frequently re-evaluated in order to avoid delayed diagnosis and offer proper genetic advice to the family. In our knowledge, this might be the first case of CLN7 disease with Rett like onset described in the literature, which developed typical vLINCL clinical phenotype after age 5.5 years. A short review of the literature showing NCL onset modalities is presented.

## **Epidemiologic and microbiologic characteristics of occult bacteremia among febrile children in southern Israel, before and after initiation of the routine antipneumococcal immunization (2005-2012)**

Pediatrics & Neonatology 2016;57(5):378-384

<https://www.sciencedirect.com/science/article/pii/S1875957215001813> - 2016

Little is known about the incidence and dynamics of occult bacteremia (OB) among infants/young children following the introduction of pneumococcal conjugate vaccines (PCVs) into the national immunization program in Israel in 2009-2010. The aim of this study was to characterize the epidemiologic and microbiologic picture of OB among febrile infants/children aged 3-36 months in southern Israel, before and after PCVs introduction.

## **The adenoviral infections in children admitted to hospital with pneumonia, acute bronchiolitis or respiratory viral infections**

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ROMANIAN ARCHIVES 2012;1:24-28

[https://roami.ro/w/-content/u/loads/2019/08/Archives\\_12012.pdf#page=24](https://roami.ro/w/-content/u/loads/2019/08/Archives_12012.pdf#page=24) - 2012

The objective of this study was to investigate the percent of infections with adenovirus (ADV) in children who had pneumonia, acute bronchiolitis or viral respiratory infections and were admitted to two pediatrics hospitals in Bucharest (Grigore Alexandrescu Hospital and Alfred Rusescu Hospital).

## **Role of optic microscopy for early diagnosis of Menkes disease**

Romanian Journal of morphology and embryology 2014;55(3):953-956

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6456807/> - 2014

We report the case of a male patient with a normal development in the first three months of life, presenting for global regression, central axial hypotonic syndrome, pyramidal syndrome, focal epileptic seizures, and a particular aspect of the hair - almost absent, short, sparse, lightly colored, at age of five months, becoming coarse, twisted (kinky hair) by the age of 21 months. Different diseases associate similar neurological and macroscopic aspect of the hair (biotinidase deficiency, argininosuccinic aciduria, aminoaciduria, giant axonal neuropathy, trichothiodystrophy and Menkes syndrome). The microscopic aspect of the patient's hair showing normal hair, silver colored hair, hair shafts twisting 180°, trichoclasia, and trichoptilosis, was highly characteristic for Menkes disease. Diagnosis was further supported by the low concentration of serum copper and ceruloplasmin and exclusion of other metabolic disorders with similar macroscopic aspect of the hair. Molecular genetic testing by multiplex PCR indicated deletion of exon 22 in the ATP7A gene situated in Xq21.1 region, consistent with the clinical and biochemical phenotype. Physicians should use microscopic evaluation of the hair more often when suspicion of Menkes disease is raised, aiming a narrow further diagnostic workup and early positive diagnosis and genetic advice for the affected families.

## Pneumocystis pneumonia in infants

Pneumologia (Bucharest, Romania) 2005;54(3):158-162

doi:10.14712/18576723-2005

**Abstract:** The clinical and radiologic features of 10 infants with PCP pneumonia were analyzed. The epidemiology of PCP pneumonia in Bucharest, Romania, was investigated. The study was conducted in a tertiary-level pediatric hospital. The patients were aged 1 to 12 months (mean age 5.5 months). The clinical features were cough, tachypnea, and cyanosis. The radiologic features were bilateral perihilar infiltrates. The patients were treated with cotrimoxazole and clindamycin. The mortality rate was 10%. The study showed that PCP pneumonia is a common cause of pneumonia in infants in Bucharest, Romania. The clinical and radiologic features of PCP pneumonia are similar to those reported in other studies. The mortality rate is high, and early diagnosis and treatment are essential for a better outcome.

**Keywords:** pneumonia, young children, Bucharest, Romania

Pneumologia (Bucharest, Romania) 2014;63(1):44-47

doi:10.14712/18576723-2014

**Abstract:** The aim of this study was to determine the prevalence of PCP pneumonia in young children in Bucharest, Romania. The study was conducted in a tertiary-level pediatric hospital. The patients were aged 1 to 12 months (mean age 5.5 months). The clinical features were cough, tachypnea, and cyanosis. The radiologic features were bilateral perihilar infiltrates. The patients were treated with cotrimoxazole and clindamycin. The mortality rate was 10%. The study showed that PCP pneumonia is a common cause of pneumonia in infants in Bucharest, Romania. The clinical and radiologic features of PCP pneumonia are similar to those reported in other studies. The mortality rate is high, and early diagnosis and treatment are essential for a better outcome.

**Keywords:** pneumonia, young children, Bucharest, Romania

Archives of Disease in Childhood 2017;102:Suppl2 A4-A4

doi:10.1136/archdischild-2017-326245

**Abstract:** The aim of this study was to determine the prevalence of PCP pneumonia in young children in Bucharest, Romania. The study was conducted in a tertiary-level pediatric hospital. The patients were aged 1 to 12 months (mean age 5.5 months). The clinical features were cough, tachypnea, and cyanosis. The radiologic features were bilateral perihilar infiltrates. The patients were treated with cotrimoxazole and clindamycin. The mortality rate was 10%. The study showed that PCP pneumonia is a common cause of pneumonia in infants in Bucharest, Romania. The clinical and radiologic features of PCP pneumonia are similar to those reported in other studies. The mortality rate is high, and early diagnosis and treatment are essential for a better outcome.

**Keywords:** pneumonia, young children, Bucharest, Romania

Romanian Journal of Pediatrics 2018;67(2):68-74

doi:10.14712/18576723-2018

**Abstract:** Community acquired pneumonia is a common disease that accounts for 16% of all deaths in children aged 5 years or younger. The purpose of the study was to identify potential modifiable factors in relation with parental perception of pneumonia management in children. Outlining such factors would allow development of approaches in order to reduce pneumonia-associated morbidity.

## Monitoring of excess body weight in children in the emergency department of a tertiary pediatric hospital in Bucharest, Romania

doi: 10.26574/maedica.2021.16.3.389

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8643556/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8643556/) – 2021

Excess body weight in children has become a public health issue in most countries. The aim of our study was to determine the prevalence of overweight and obesity in children over two years of age who presented at the Emergency Department of a tertiary pediatric hospital in Bucharest, Romania.

A total of 335 children aged 2 to 18 years were included in our study. A quarter of them had above normal body mass index values, 7.5% were overweight and 18.5% obese. Also, when measuring blood pressure, we observed increased values in 29.3% (n=98) of them. Among children with excess body weight, nearly a half (49.4%, n=47) had higher than normal blood pressure values.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8643556/df/maedica-16-389;df](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8643556/df/maedica-16-389;df)

## Streptococcal pharyngitis in children: A tertiary pediatric hospital in Bucharest, Romania

J Glob Infect Dis. 2021 Jul-Sep; 13(3): 154-155. doi: 10.4103/jgid.jgid\_59\_21

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8491814/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8491814/) – 2021

We conducted a retrospective study among patients who presented to the ED, of the National Institute for Mother and Child Health "Alessandrescu-Rusescu", Bucharest, Romania, and were diagnosed by RADT with streptococcal pharyngitis or streptococcal tonsillitis, between September 1, 2018, and August 31, 2019.

Of 4627 patients diagnosed with acute pharyngitis/acute tonsillitis, 29.9% (n = 1383) had positive RADT for streptococcus. The majority were schoolchildren (5–13 years; 49.3%, n = 682) and preschoolers (3–4 years; 27.0%, n = 374) [Table 1]. Thus, the median age of the studied group was 5.3 years (interquartile range [IQR]: 3.4, (8.2)). There was a slight predominance of positive cases for *Streptococcus* among males (748 cases, 54.1%), and we did not identify significant differences (P = 0.663) in age between males (5.3 years [IQR: 3.3, (8.1)]) and females (5.3 years [IQR: 3.4, (8.3)]).

In conclusion, we identified an increased incidence of acute streptococcal pharyngitis. RADT is a useful and effective tool in the positive diagnosis of GAS pharyngitis, which leads to a rational use of antibiotics among children with sore throat and/or fever.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8491814/df/GID-13-154;df](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8491814/df/GID-13-154;df)

## Biologicals in childhood severe asthma: the European PERMEABLE survey on the status quo

ERJ Open Research 2021 7: 00143-2021; DOI: 10.1183/23120541.00143-2021

[openres.ersjournals.com/content/7/3/00143-2021.abstract](https://openres.ersjournals.com/content/7/3/00143-2021.abstract) – 2021

Severe asthma is a rare disease in children, for which three biologicals, anti-immunoglobulin E, anti-interleukin-5 and anti-IL4RA antibodies, are available in European countries. While global guidelines exist on who should receive biologicals, knowledge is lacking on how those guidelines are implemented in real life and which unmet needs exist in the field. In this survey, we aimed to investigate the *status quo* and identify open questions in biological therapy of childhood asthma across Europe.

We interviewed 37 experts from 25 European countries and Turkey and found a considerable range in the number of children treated with biologicals per centre. All participating countries provide public access to at least one biological. Most countries allow different medical disciplines to prescribe biologicals to children with asthma, and only a few restrict therapy to specialised centres. We observed significant variation in the time point at which treatment success is assessed, in therapy duration and in the success rate of discontinuation. Most participating centres intend to apply a personalised medicine approach in the future to match patients *a priori* to available biologicals.

Substantial differences exist in the management of childhood severe asthma across Europe, and the need for further studies on biomarkers supporting selection of biologicals, on criteria to assess therapy response and on how/when to end therapy in stable patients is evident.



## Urinary tract infections in children: clinical and antimicrobial resistance data from Bucharest area, Romania

Germes. 2021 Dec; 11(4): 583-591.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8789350/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8789350/) - 2021

Urinary tract infections (UTIs) are among the most common bacterial diseases of childhood with an increased frequency in infants and young children. A total of 264 children were included in the analysis. Females (71.6%, n=186) and infants (52.7%, n=139) were more commonly affected. The recurrence rate was 27.7% and was positively associated with the presence of renal malformations. Age under 1-year, increased leukocyte and neutrophil counts, and elevated C-reactive protein were associated with hospitalization. *E. coli* (80.3%, n=212) was the main etiological agent isolated, followed by *Proteus mirabilis* (9.8%, n=26) and *Klebsiella* spp. (6.4%, n=17). We identified increased resistance for all germs to common antibiotics used in pediatrics: ampicillin, amoxicillin/clavulanate, cefuroxime, ceftriaxone, and trimethoprim/sulfamethoxazole. We identified an increased resistance of uropathogens to antimicrobials commonly used in children. Reporting antimicrobial resistance from real-world clinical practice is necessary for accurate mapping and continuous updating of initial treatment recommendations until antibiogram results are received. In Romania and other countries, extensive studies are needed to follow up uropathogen resistance in both children and adults.

## "Red throat" or acute pharyngitis - challenges in real life clinical practice

Germes. 2021 Sep; 11(3): 351-353.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC8548038/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8548038/) - 2021

Our clinical experience in Romania has shown that "red throat" is one of the most common diagnoses provided to febrile children (with or without sore throat) and one of the main drivers of antibiotic prescription. Is "red throat" a disease? Romanian doctors often explain the diagnosis of acute pharyngitis to parents with the expression "red throat". However, we believe that this label is too often used and does not always reflect the real diagnosis. The clinical examination of a febrile child can often reveal hyperemia of the tonsils and pharyngeal mucosa as result of general vascular changes during an inflammatory process. This is not necessarily equivalent to acute pharyngitis. The final diagnosis is a complex puzzle built on the patient's other clinical signs and symptoms.

A diagnosis that may seem easy to provide can be a major challenge for the clinician, especially in the current pandemic when parental attitudes toward the child with acute signs of illness have changed. The history and full clinical examination play an important role in guiding the therapeutic measures we take. The use of clinical scores can increase parental compliance (especially if calculated face-to-face) when deciding that a RADT is needed or when prescribing treatment.

## First Case of COVID-19 Treated with Monoclonal Anti-Spike Antibodies in a Patient with Cystic Fibrosis in Romania

Diagnostics 2022, 12(1), 137; <https://doi.org/10.3390/diagnostics12010137>

[www.mdpi.com/2075-4418/12/1/137](https://www.mdpi.com/2075-4418/12/1/137) - 2022

Patients with chronic lung conditions, including cystic fibrosis, may be prone to severe COVID-19. Therefore, therapeutic intervention should be prompt and tailored to all associated comorbidities. We report the case of a 17-year-old male adolescent with cystic fibrosis and multiple chronic conditions (bronchiectasis, exocrine pancreatic insufficiency, chronic multidrug resistant *Pseudomonas aeruginosa* colonization, nasal polyposis, chronic sinusitis, ventricular extrasystoles and multiple drug allergies), who presented with an acute episode of productive cough, and was confirmed with moderate COVID-19 based on positive RT-PCR for SARS-CoV-2 and lung imaging showing isolated foci of interstitial pneumonia. Intravenous treatment with the monoclonal antibody cocktail casirivimab and imdevimab was administered. The evolution was favorable, with rapid remission of the inflammatory syndrome and gradual decrease of cough, without progression to severe or critical COVID-19, but with complications such as repeated hemoptysis, which was due to the patient's underlying conditions, and which required close monitoring for timely adjustment of the patient's chronic treatment.

29 mai 2023



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