

Traditional Medicine in Children: A Significant Cause of Morbidity and Mortality

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Abstract : Introduction: Traditional medicine refers to a diverse range of therapeutic practices and knowledge systems that have been employed by different cultures over an extended period to uphold and rejuvenate health. These practices can involve herbal remedies, acupuncture, massage, and alternative healing methods that deviate from conventional medical approaches. In Tunisia, we often use unidentified utensils to scratch the oral cavity internally in infants in order to widen the oral cavity for better breathing and swallowing. However, these practices can be risky and may jeopardize the patients' prognosis or even their lives. Aim: This is the case of a nine-month-old infant, admitted to the pediatric department and subsequently to the intensive care unit due to a peritonsillar abscess following the utilization of an unidentifiable tool to scrape the interior of the oral cavity. Case Report: This is a 9-month-old infant with no particular medical history, admitted for high respiratory distress and a fever persisting for 4 days. On clinical examination, he had a respiratory rate of 70 cycles per minute with an oxygen saturation of 97% and subcostal retractions, along with a heart rate of 175 beats per minute. His white blood cell count was 40,960/mm³, and his C-reactive protein was 250 mg/L. Given the severity of the clinical presentation, the infant was transferred to the intensive care unit, intubated, and mechanically ventilated. A cervical-thoracic CT scan was performed, revealing a ruptured 18 mm left peritonsillar abscess in the oropharynx associated with cellulitis of the retropharyngeal space. The oto-rhino-laryngoscopic examination revealed an asymmetry involving the left lateral wall of the oropharynx with the presence of a fistula behind the posterior pillar. Dissection of the collection cavity was performed, allowing the drainage of 2 ml of pus. The culture was negative. The patient received cefotaxime in combination with metronidazole and gentamicin for a duration of 10 days, followed by a switch to amoxicillin-clavulanic acid for 7 days. The patient was extubated after 4 days of treatment, and the clinical and radiological progress was favorable. Conclusions: Traditional medicine remains risky due to the lack of scientific evidence and the potential for injuries and transmission of infectious diseases, especially in children, who constitute a vulnerable population. Therefore, parents should consult healthcare professionals and rely on evidence-based care.

Keywords : children, peritonsillar abscess, traditional medicine, respiratory distress

Conference Title : ICP 2024 : International Conference on Pediatrics

Conference Location : Jeddah, Saudi Arabia

Conference Dates : February 19-20, 2024