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Ciprofloxacin for the treatment of non-resolving pneumonia in a tertiary care pediatric hospital

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Background: A patient diagnosed to have pneumonia and put on empirical antibiotics but did not show the expected resolution is a common problem faced by the clinician. Data regarding the use of ciprofloxacin in children with non-resolving pneumonia are scarce.

Purpose: The present study aims to evaluate the effect of ciprofloxacin therapy in pediatric patients with non-resolving pneumonia.

Methods: Over the past year, all pediatric patients with non-resolving pneumonia who received ciprofloxacin treatment in the pulmonary unit of Al-Rantisy specialized pediatric hospital in Gaza, Palestine, were included in this retrospective study. Ciprofloxacin was given for all patients in a dose of 20 mg/kg/day divided into two doses. Patient demographic data, clinical symptoms recorded, sputum culture findings & ciprofloxacin therapeutic outcome were gathered. Data were analyzed using computer software SPSS version 11.

Results: The study included 57 patients with non-resolving pneumonia, 36 males and 21 females with mean age of 3.4 years, ranged from 2 months to 8 years. Fever (73.7%) and cough (89.5%) were the most common symptoms. Positive culture was obtained in 42 (73.6%) patients while 15 (26.4%) showed negative results. The most common organism isolated in the positive cultures was Pseudomonas aeruginosa 26 (62.0%). Among the study sample, 23 (40.4%) patients received ciprofloxacin as empirical therapy and 34 (59.6%) received this drug depending on culture sensitivity results. Overall, ciprofloxacin was effective in the treatment of 53 (93.0%) patients of the present study. Only 4 (7%) cases showed resistant to this therapy. There was a significant decrease in body temperature levels ($P<0.001$) at day 1, 2 & 3 of ciprofloxacin treatment. The mean length of hospital stay was 7.5 days. No side effects were reported during the course of this study.

Conclusion: Data of the present study suggest that ciprofloxacin is effective and safe, including as initial monotherapy, for the treatment of pediatric patients with non-resolving pneumonia.

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