

Fe de erratas

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En el artículo, “Experiencia de la clínica de traqueotomía del Hospital Nacional de Niños “Dr. Carlos Sáenz Herrera”, enero 2003- julio 2007”, en el resumen en inglés léase correctamente:

Abstract

Background and aim: A tracheotomy has been performed in a large group of pediatric patients but there are no published national studies. The objective of this research is to describe the epidemiological and clinical characteristics of the tracheostomized population during the study period and to improve, based on the findings, the general management pattern.

Materials and methods: A retrospective review of the population tracheostomized between 2003 and the first half of 2007 was made, to quantify the performance of the tracheotomy, history of hospitalizations, use of prophylactic treatment, history of decannulations, decannulation failures, cause of death and the technical classification of the population attending the tracheostomy clinic of the National Children’s Hospital Dr. Carlos Sáenz Herrera. We included 50 patients who attended at least one consultation during the study period and the collected data were: age, sex, cause of the performed tracheostomy, post tracheostomy complications, germs that cause local infection, treatment, associated diseases, equipment and materials for release costs.

Results: On average 28 tracheotomies were performed per year. One to three year olds is the age group where more tracheotomies were performed, with predominance in males (M: F, 11:6), 36% were performed due to cerebral palsy; 33% of patients were decannulated and 15% decannulation failures were registered. Mortality occurred in 20% of the patients for reasons unrelated to the tracheotomy. The most common germ causing infection was *Pseudomona Aureoginosa* (54%). 22% of the patients with positive cultures were using prophylactic antibiotics. 16% of the patients were hospitalized for problems associated with the tracheostomy. In 88% of cases the principal caregiver is the mother of which 72% were married and 56% had an incomplete elementary school education. The cost of equipment and materials necessary for the discharge from the hospital and home care was very high.

Conclusions: The tracheotomy is a procedure common in pediatric practice in a specialized hospital, more and more useful for the handling of the complicated child that requires chronic ventilatory assistance. The organization of the tracheotomized patient clinic allowed follow-up bronchoscopies of patients, an increase in decannulations and the establishing of criteria for the management of local infection. The use of prophylactic antibiotic treatment resulted in a decrease in the number of hospitalizations in this group of children.

The cost of equipment and materials necessary for the discharge of the traqueostomized child from the hospital to his home is high for the institution but offers the patient the possibility of family integration.