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IMPACT OF RESPIRATORY DISEASES ON THE CARDIOVASCULAR SYSTEM IN PEDIATRIC PATIENTS: A SINGLE-CENTER STUDY

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Background. The impact of respiratory diseases on the cardiovascular system in pediatric patients is multifaceted and significant, as evidenced by various studies. Respiratory diseases can lead to pulmonary hypertension, which in turn causes right ventricular dysfunction and cor pulmonale, a condition where the right side of the heart fails due to increased pressure in the lungs. This interaction is particularly pronounced in children with congenital heart disease, where respiratory manifestations such as pulmonary edema, airway compression, and restrictive pulmonary physiology are common. These conditions complicate the clinical picture, as symptoms of heart and lung diseases often overlap, making diagnosis and management challenging. In newborns, the interplay between respiratory insufficiency and cardiovascular function is critical due to the immaturity of their systems, necessitating careful management of ventilatory support to avoid adverse hemodynamic effects.

Purpose of the Study: This study aims to evaluate the effects of acute respiratory viral diseases (ARVD) on the cardiovascular system in children. Particular emphasis is placed on cardiac function and laboratory parameters during ARVD episodes in a single children's hospital setting.

Materials and Methods: A total of 128 pediatric patients (aged 1–14 years) diagnosed with ARVD were included in this prospective study. All patients underwent clinical evaluation and cardiac examination, including electrocardiography (ECG) and transthoracic echocardiography (Echo). In addition, laboratory investigations were performed, including complete blood count (CBC) with hemoglobin (Hb), hematocrit (Hct), white blood cell count (WBC), and biochemical markers such as C-reactive protein (CRP), creatine kinase-MB (CK-MB), and troponin I levels. All data were recorded in Microsoft Excel and analyzed using statistical software (SPSS version 25.0). Descriptive statistics, chi-square tests, and t-tests were applied where appropriate. A p-value < 0.05 was considered statistically significant.

Results and Discussion: Cardiac evaluation revealed that 32.8% of children exhibited transient ECG changes, most commonly sinus tachycardia and nonspecific ST-T wave changes. Echocardiographic abnormalities were

observed in 14% of patients, including mild pericardial effusion and reduced left ventricular function. Laboratory results showed decreased hemoglobin levels in 26.5% of patients and elevated CRP and CK-MB in 18.7% and 11.2%, respectively. Troponin I elevation was rare but present in 4 cases. Statistical analysis confirmed a significant association between elevated inflammatory markers and cardiac abnormalities (p < 0.05). These findings suggest that ARVD may transiently impair cardiac function, especially in cases with systemic inflammation.

Conclusion: ARVD can cause functional and biochemical signs of cardiovascular involvement in children. Recommendations:

- 1. Routine cardiac (ECG, Echo) and laboratory (CRP, CK-MB) monitoring should be considered for children with moderate to severe ARVD.
- 2. Follow-up evaluations are necessary to detect and manage post-infectious cardiovascular complications.

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