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| Topics: **SIDS/SUID** |
| Type: **Oral** |
| **BRUE. ALTE replacement and upcoming of new challenges** |
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**Introduction**

The term ALTE or Apparent life threatening event, established by expert consensus in 1986 was originated to modify the terminology used until then of frustrated sudden death syndrome, because there was no evidence that these events were related with sudden death (SMSL).

The correlation between ALTE and SMSL has always been controversial; ALTE events can occur during wakefulness or sleep and epidemiologically the highest incidence was described one to three weeks earlier than those victims of SMSL.

This terminology offered at the beginning an improvement in the diagnostic process.

Over the last 30 years and despite the different consensus, which pointed out the importance of a complete and adequate clinical history and physical examination and a coherent study plan based on clinical experience and specially for severe cases.

Physicians in many opportunities see themselves obligated to perform a number of diagnostic tests and admit patients, although this could generate an unnecessary risk and treatable diagnosis are most often unlikely.

An ALTE event produces a feeling of uncertainty in both parents and medical staff. This uncertainty many times leads to a medical care pathway where more unnecessary tests are performed, based more on a defensive and legal standpoint rather than in scientific evidence.

**Objectives**

Comparative analysis of the publication of the subcommittee ART AAP on ALTE and BRUE ("Brief Resolved Unexplained Events), its implications in the clinical tasks.

**Conclusions**

For children with low risk, healthy aspect at the moment of a physical examination and who meet specific criteria, the management is more conservative.

Future guides (in scientific societies and in different hospitals, approaching those patients with BRUE, without a doubt bring us closer to a better quality in medical practice, focused on the child and his family, to improve care and reduce unnecessary and expensive interventions.

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