



THE PROBLEM OF ANTIBIOTIC RESISTANCE IN CHILDREN

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Annotation

This thesis explores the epidemiological trends, molecular mechanisms, and treatment strategies related to antimicrobial resistance in children. Although pediatric mortality from resistant infections has declined by over 50% since 1990, the rise of extended-spectrum beta-lactamase producers and multidrug-resistant pathogens remains a major concern. Contributing factors include poor infection control, inappropriate antibiotic use, and limited diagnostic resources in pediatric care. Resistant bacterial infections still cause around 200,000 child deaths globally each year, underscoring the urgent need for improved antimicrobial stewardship, robust surveillance, and innovative therapies.

Keywords: antimicrobial resistance, pediatric infections, extended-spectrum beta-lactamases, antibiotic stewardship, multidrug resistance, bacterial infections, children, therapeutic strategies, infection control, surveillance systems

At present, antimicrobial resistance is currently one of the most serious threats to pediatric healthcare worldwide, significantly affecting how infectious diseases are treated in children. The World Health Organization identifies it as a major global cause of death, with children being especially vulnerable due to their dependence on effective treatments. Recent data indicate that over one million people die each year from bacterial resistance, including around two hundred thousand children under eighteen. Unlike adults, children—especially those under five—have seen a more than fifty percent reduction in resistance-related mortality between 1990 and 2021. While this suggests that pediatric-focused interventions are effective, the growing



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complexity of resistance mechanisms and treatment challenges in children calls for urgent action from healthcare professionals, policymakers, and researchers.

Antibiotic resistance in pediatric pathogens arises from various molecular mechanisms, particularly the production of extended-spectrum beta-lactamases. These enzymes, mainly found in Enterobacteriaceae, break down commonly used antibiotics such as cefotaxime, ceftriaxone, and ceftazidime, leading to multidrug resistance and severely limiting treatment options in children. The burden of resistant infections in pediatric populations varies by region, with low-resource settings facing higher resistance rates and mortality. The COVID-19 pandemic further intensified this issue, causing a twenty percent rise in hospital-acquired, drug-resistant infections, especially peaking in 2021. Treating resistant infections in children requires consideration of age-specific pharmacological factors. The lack of suitable pediatric drug formulations and the need for accurate weight-based dosing complicate clinical decisions. Carbapenems are currently the primary treatment, but growing resistance to them among pediatric isolates calls for alternative therapies. Pediatric antimicrobial stewardship programs have shown success in reducing unnecessary antibiotic use, encouraging optimal dosing, and shortening treatment durations without compromising outcomes. These initiatives help lower healthcare-associated infections and preserve the effectiveness of essential antibiotics in children.

The problem of antibiotic resistance in children represents a complex and evolving challenge that requires coordinated global action to preserve the effectiveness of antimicrobial therapy for future generations. While significant progress has been achieved in reducing pediatric mortality from resistant infections over the past three decades, the continued emergence of multidrug-resistant pathogens and the expansion of resistance mechanisms demand sustained vigilance and innovative approaches. The implementation of comprehensive antimicrobial stewardship programs, enhanced surveillance systems, and targeted infection prevention strategies must be prioritized to address the unique vulnerabilities of pediatric populations to resistant infections.

Furthermore, the development of novel therapeutic agents specifically designed for pediatric use, coupled with improved diagnostic capabilities for rapid resistance



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detection, will be essential for maintaining effective treatment options for children with serious bacterial infections. The integration of these multifaceted interventions offers the greatest potential for mitigating the impact of antimicrobial resistance on pediatric health outcomes and ensuring the continued availability of effective antimicrobial therapy for children worldwide.

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