SUMMARY AND CONCLUSION

S U M M A R Y A N D C O N C L U S I O N

Diarrhea is one of the major causes of infant morbidity and mortality worldwide (Puffer and Serrano, 1973; Drachman, 1974; Gabr, 1976). Morbidity from diarrheal disease is measured not only by its immediate effect or the life - threatning of loss of water and electrolytes, but also by the long-range effects on nutrition in the early years of growth and development (Rosenberg et al, 1977).

An immediate impact on morbidity and mortality due to dehydration can be achieved by treatment based on early administration of oral glucose-electrolyte solution (Baumslag et al, 1980).

The present study was intended to evaluate oral rehydration therapy in moderate to severely dehydrated patients using W H O glucose-electrolyte solution. The cornerstone of this therapeutic plan is the use of an inexpensive, easily administered and universally available oral rehydration solution.

Our clinical material included 125 cases of infantile gastroenteritis. On admission and according to sodium levels, cases were classified into hypo, iso, and hypertonic dehydration.

Successful oral rehydration of 122 cases (97.6%) was achieved using Rehydran; as evidenced by an increase in weight, decrease in purging rate, improvement of dehydration signs, together with restoration of normal values of serum electrolytes and osmolality.

Thus, it may be concluded that oral rehydration is a safe, effective and universally available means of therapy in moderate to severely dehydrated patients, of different age groups, irrespective to the type of dehydration.