

AB037. Probiotics in paediatric practice

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Abstract: The first consensus on definitions in the field of probiotics between the FAO (Food and Agriculture Organization of the United Nations) and the World Health Organization (WHO) was adopted in 2001. Then, probiotics were defined as “live microorganisms, which, when administered in adequate amounts, confer a health benefit on the host” but already in the following year, in 2002, the FAO/WHO working group issued more detailed instructions on the interpretation of the document produced. Several professional associations reached the agreement on the assessment of probiotics

based on the results from available clinical studies according to “evidence-based medicine” which lead to the clinical recommendation. They refer to specific clinical indications such as the treatment and prevention of acute gastroenteritis (AG) in children and adults (*Lactobacillus rhamnosus* LGG, *Lactobacillus casei*, *Lactobacillus reuteri*, *Saccharomyces boulardii*), necrotizing enterocolitis (NEC), antibiotic-associated diarrhoea (LGG, *L. casei*, *Saccharomyces boulardii*), irritable colon, infant colic (*Bacillus infantis* and *L. reuteri*), in the case of *H. pylori* eradication, mild ulcerative colitis (UC) with the probiotic VSL#3, but with disappointing results in the remission of Crohn’s disease and prevention of food allergy. The capacity of probiotics to cure illnesses and relieve symptoms varies between different strains, drawing the conclusion of their uneven efficacy and appropriateness in the treatment of every illness conditions. Special caution is advised in immunocompromised and severely ill patients in the intensive care unit (ICU).

Keywords: Probiotics; children; gut health

doi: 10.21037/pm.2020.AB037

Cite this abstract as: Vuletić B. Probiotics in paediatric practice. *Pediatr Med* 2020;3:AB037.