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TO THE QUESTION OF COMMUNITY-ACCOMPANIED PNEUMONIA IN YOUNG CHILDREN

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ABOUT ARTICLE

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Abstract: This article presents an analysis of the features of the clinical manifestations of pneumonia with a typical and atypical course. When prescribing antibiotic therapy in children with community-acquired pneumonia, it is necessary to take into account the etiological factor and the severity of the condition.

INTRODUCTION

Currently, the most serious problem in the pathology of young children is lower respiratory tract infections, especially pneumonia. According to the program and modern classification of clinical forms of bronchopulmonary diseases, community-acquired pneumonia is understood as an acute infectious lung disease, predominantly of bacterial etiology, that developed outside the hospital or in the first 48-72 hours of hospitalization [1, 2, 3].

MATERIALS AND METHODS

The purpose of the study: to conduct a comparative analysis of the effectiveness of antibiotic therapy in acute community-acquired pneumonia in young children.

The research was carried out from 2020 to 2022 on the basis of the multidisciplinary children's clinical hospital in Andijan. We retrospectively analyzed 125 case histories of children in the first three years of life with a diagnosis of community-acquired pneumonia, who were treated in the pulmonology department for the period from 2020 to 2022.

RESULTS AND DISCUSSION

The etiology of pneumonia with a typical course in the patients we observed at the age of the first six months of life was represented by E.coli, S.aureus, S.epidermidis and Kl.pneumonia. These pathogens caused the most severe forms of the course of the disease. Another group of pneumonia at this age was caused by atypical pathogens, mainly Chlamydia trahomatis. Streptococcus pneumonia accounted for up to 60% of all cases of pneumonia from 6 months of age to 6-7 years of age, in 7-10% of cases Haemophilus influenza type b. Mycoplasma was more often diagnosed at 2-3 years of age. According to the peculiarities of clinical manifestations, we identified pneumonia with a typical (67 children - 53.6%) and atypical (58 children - 46.4%) course. Typical pneumonias were characterized by clear focal clinical symptoms and corresponding radiological picture. For pneumonia with an

atypical course, there were no focal symptoms. In children of the first 6 months with typical pneumonia, the drugs of choice were inhibitor-protected amoxacillin (amoxicillin + clavulanic acid) or second-generation cephalosporins (cefuroxime or cefazolin). In some patients, we were unable to determine the nature of the pathogen. In this situation, we meant that it is not possible to determine the etiology of pneumonia from the clinical picture and radiological data, since all methods of etiological diagnosis were retrospective. And when prescribing therapy, we were guided by clinical indications and the epidemiological situation. Patients with severe and complicated forms of pneumonia, with severe concomitant diseases, children with socially disadvantaged conditions and young patients (usually the first six months of life) were subject to hospitalization if it was impossible to organize and treat them at home, as well as in the absence of improvement in dynamics therapy [4].

In moderate forms of pneumonia, we preferred monotherapy with an oral drug. The correctness of the choice of antibiotic was confirmed by the rapid positive dynamics of the clinical condition. In the absence of positive dynamics within two days, the issue of changing the antibiotic was decided or a combination of drugs was used to expand the antibacterial spectrum.

In atypical pneumonia, as well as in the absence of a positive effect from treatment with B-lactams, therapy was carried out with macrolide preparations. The basis for prescribing these drugs was their antimicrobial activity against most respiratory pathogens, including atypical ones (chlamydia, mycoplasma, legionella). New macrolides do not have the disadvantages inherent in erythromycin, they have satisfactory taste qualities, especially children's forms (suspensions and sachets). They rarely cause side reactions, have better pharmacokinetic parameters, which allows them to be taken 1-2 times a day in a short course [6].

The low toxicity of macrolides allows their use in pediatrics for the treatment of children of all age groups. All macrolides are characterized by the presence of a post-antibiotic effect, which is expressed in the continuation of the suppression of bacterial growth after stopping the antibiotic, which is of great clinical importance. They are effective in 80-90% of patients with community-acquired pneumonia, which was the basis for our Western colleagues to recommend them as monotherapy for the treatment of non-severe community-acquired pneumonia without serious comorbidity. In some cases (a fairly serious condition of the child), we used a stepwise method of therapy, when in the first 2-3 days the treatment was carried out parenterally, and then, when the patient improved or stabilized, the same antibiotic was prescribed orally. The duration of the course in community-acquired pneumonia was 6-10 days and lasted 2 days after obtaining a lasting effect. Patients with complicated and severe pneumonia were on a 2-3 week course of antibiotic therapy.

The successful use of josamycin in community-acquired pneumonia is due to its high activity against S. Pneumonia, including a number of strains resistant to 14-15 membered macrolides, and intracellular pathogens. Other positive properties of josamycin are stable oral bioavailability regardless of food intake, the creation of high concentrations in bronchopulmonary tissue, a low frequency of drug interactions, and a minimum number of side effects.

CONCLUSION

Thus, when prescribing antibiotic therapy in children with community-acquired pneumonia, it is necessary to take into account the etiological factor, the features of the clinical course (typical and atypical forms), and the severity of the condition.

REFERENCES

1. A.A. Baranov Russian National Pediatric Formulary. - M.: GEOTAR-Media, 2019. - 912 p.

2. Radtsig E.Yu. Cough and antitussive drugs // Effective pharmacotherapy. - 2010. - No. 4. - p. 18-20.

3. Tatochenko V.K. Differential diagnosis and treatment of cough in children // Children's doctor. - 2017. - No. 1. - P. 4-7.

4. Mizernitsky Yu.L. Pulmonology of childhood: achievements, tasks and prospects // Ross. Bulletin of Perinatology and Pediatrics. - 2014. - No. 1, V. 59. - p. 18-26.

5. Dilovar Najmiddinovich Rashidov, Sharofat Amonovna Kadirova, & Ziyoda Abduvositovna Karimova (2022). Mehnat bozorida teng shartlarda raqobatlasha olmaydiganlar, ayniqsa nogironlarni zaxiralangan ish o‘rinlariga ishga joylashtirish muammolari. Academic research in educational sciences, 3 (TSTU Conference 2), 281-285.

6. Strachunsky L.S., Kozlov S.N. Macrolides in modern clinical practice. - Smolensk: Rusich, 2018. – 149 p.