

OPTIMIZING METHODS OF DIAGNOSIS AND CATAMNESIS OF OUT-OF-HOSPITAL PNEUMONIA IN CHILDREN WITH ATOPIC PATHOLOGY LIVING IN THE SURKHANDARYA REGION

Propedeutics of children's diseases in pediatrics and family medicine Assistant Professor of Pediatrics

Turdiyev Faizullo Shaydullayevich

ANNOTATSIYA

Zamonaviy pediatriyaning eng dolzarb muammolaridan biri pulmonologik va allergik kasallikdir. Bu ularning tarqalishining yuqori darajasi, klinik koʻrinishlarning ogʻir shakli va kasallanishning doimiy oʻsishi bilan bogʻliq boʻlib, bu koʻpincha bolalar hayot sifatining yomonlashishiga, nogironlikka va baʼzi hollarda bolalar oʻlimiga olib keladi. Ular orasida eng ogʻir kasalliklar atopik dermatit, bronxial astma (BA), allergik rinit, diatezlar boʻlib, bu kasalliklar hozirgi kunda nafaqat tibbiy, balki ijtimoiy muammo hisoblanadi. Soʻnggi ilmiy tadqiqotlar maʼlumotlariga koʻra, hozirgi bolalarda shifoxonadan tashqari pnevmoniyalar bronxial astma, allergik rinit, atopik dermatit va diatezlar bilan kuzatilmoqda.

Kalit soʻzlar: pnevmoniya, rinit, statsionar, atipik, antibiotik terapiya, bolalar.

АННОТАЦИЯ

Одной из наиболее актуальных проблем современной педиатрии являются пульмонологические и аллергические заболевания. Это связано с их высокой распространенностью, тяжелой формой клинических проявлений и постоянным ростом заболеваемости, что нередко приводит к ухудшению качества жизни детей, инвалидизации, а в ряде случаев и смерти детей. Среди них наиболее серьезными заболеваниями являются атопический дерматит, бронхиальная астма (БА), аллергический ринит, диатезы, причем эти заболевания являются не только медицинской, но и социальной проблемой. По последним научным исследованиям, внебольничные пневмонии у детей наблюдаются при бронхиальной астме, аллергическом рините, атопическом дерматите и диатезах.

Ключевые слова: пневмония, ринит, стационар, атипичный, антибиотикотерапия, дети.

ANNOTATION

One of the most urgent problems of modern pediatrics is pulmonological and allergic disease. This is due to their high prevalence, severe form of clinical manifestations and constant increase in morbidity, which often leads to deterioration of the quality of life of children, disability and in some cases, death of children. Among them, the most serious diseases are atopic dermatitis, bronchial asthma (BA), allergic rhinitis, diatheses, and these diseases are not only a medical problem, but also a social problem. According to the latest scientific researches, out-of-hospital pneumonias in children are observed with bronchial asthma, allergic rhinitis, atopic dermatitis and diatheses.

Key words: pneumonia, rhinitis, inpatient, atypical, antibiotic therapy, children.

Relevance of the topic

According to the classification of pneumonia, it is divided into three types - community-acquired pneumonia, nosocomial pneumonia and healthcare-associated pneumonia. Among them, ShTP is usually common. Among microbes, bacteria play a key role in the development

of STD. The most common causative agents of STP are *Streptococcus pneumoniae* (30-95%), *Mycoplasma pneumoniae* (9-30%), *Haemophilus influenzae* (5-18%), *Chlamydia pneumoniae* (2-8%), *Legionella pneumophila* (2-10%).), *Staphylococcus aureus* (<5%), *Moraxella catarrhalis* (1-2%), *Escherichia coli*, *Klebsiella pneumoniae* (<5%). In 20-30% of cases, the etiology of pneumonia cannot be determined.

As can be seen from the above, pneumococci (*Streptococcus pneumoniae*), intracellular pathogens and *Haemophilus influenzae* are the main causative agents of STP [4,12]. *Haemophilus influenzae* and *Moraxella catarrhalis* are very rare. They cause STP in older people with chronic diseases, as well as in patients with OSOK. The choice of empiric antibacterial therapy is based on the following factors: the location of the infection, which determines the most likely causative agent, and the patient's risk of infection with antibiotic-resistant microbes. According to the SCAT stratification, it is reasonable and economical to recommend the following antibiotics in the elimination of the causative agents of the following acute uncomplicated diseases in patients who do not have a chronic disease and the causative agent of the disease is not resistant microbes: in pneumonia: amoxicillin or macrolide (azithromycin); in acute rhinosinusitis and acute otitis: amoxicillin or amoxiclav; in acute tonsillitis: amoxicillin or macrolides (spiramycin, medicamycin, azithromycin); In OSOK: amoxicillin or amoxiclav or cefixime [6,16].

Despite the increasing resistance of the main causative agents of respiratory tract diseases to antibacterial drugs, macrolides (azithromycin) are the drug of choice for the initial therapy of pneumonia in patients without chronic diseases and the causative agent is not a resistant microbe in the outpatient treatment of pneumonia in adults (high degree of evidence, I). Respiratory fluoroquinolones (moxifloxacin, gemifloxacin, or levofloxacin 750 mg) (highly based, I) or β -lactams + macrolide (highly based, I) in the presence of chronic diseases and antimicrobial therapy during the past 3 months), as well as amoxicillin (1 g. 3 times a day) or amoxiclav (2 g. 2 times a day); an alternative to macrolides - ceftriaxone, cefuroxime (500 mg twice a day); doxycycline (moderately based, II). If the causative agent of STP is *P. aeruginosa*, antipneumococcal, pneumococcal β -lactams (piperacillin + tazobactam, cefepime, imipenem or meropenem) or levofloxacin (at a dose of 750 mg) or β -lactams, aminoglycosides and Azithromycin should be used together, or β -lactams, aminoglycosides and respiratory fluoroquinolones should be used together. To the treatment scheme of ShTP.

1. Macrolides are included not only for their broad spectrum of action, but also because of their immunomodulatory and anti-inflammatory effects [17,12,15].

2. It is recommended to use respiratory fluoroquinolones or β -lactams, cefotaxime, ceftriaxone, and in some cases ertapenem in combination with a macrolide or doxycycline (as an alternative to macrolides) in the treatment of STP in a stationary setting.

3. In patients with established or high probability of aspiration - amoxiclav, sultamicillin, unazine, piperacillin + tazobactam, carbapenems intravenously or ceftriaxone, cefotaxime intravenously + clindamycin or metronidazole intravenously [8,17].

The purpose of the study: 1. To conduct a retrospective analysis of children with atopic pathology (for example, bronchial asthma, allergic rhinitis and atopic dermatitis) suffering from SHTP living in the conditions of adverse external factors of Surkhandarya region, to determine the level of occurrence of the disease.

2. To study the clinical manifestations and characteristics of the disease in children with SHTP with atopic pathology.

3. Immunological tests, determination of IgE, IL-1B, IL-4, INF γ levels in blood serum.

4. Determination of correlational relationship in the development of atopic pathology SHTP in children.

5. To determine the prognostic value of the main risk factors in children with SHTP with atopic pathology and to develop methods of protection against it.

Research object: Medical history and ambulatory card of patients with SHTP and atopic pathology from 1 to 5 years old are retrospectively analyzed.

Children treated at the Regional Children's Multidisciplinary Medical Center are analyzed.

Check methods: General clinical, biochemical, immunological examinations are carried out. Blood analysis (general blood analysis, blood biochemical analysis (total protein, protein fraction, urea, creatinine, nitrogen balance) and determination of specific IgE (kE/l) concentration in blood serum. statistical processing of the obtained results according to Student's criteria.

Chest x-ray, ECG, and peak flowmetry are instrumental examination methods.

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