

UNDERSTANDING AND MANAGING ACUTE BRONCHITIS

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Abstract: Acute bronchitis, characterized by the acute inflammation of the bronchi, stands as one of the most prevalent respiratory ailments, particularly during flu epidemics. This article delves into the multifaceted aspects of acute bronchitis, exploring its etiology, pathophysiology, clinical manifestations, diagnosis, and treatment modalities. The article outlines a comprehensive treatment approach, encompassing etiological, symptomatic, and pathogenetic interventions. Crucially, the article emphasizes the role of physiotherapeutic methods in preventing the progression of acute bronchitis to chronic bronchitis. This article may be of interest to medical students and medical professionals.

Key words: Acute bronchitis, respiratory inflammation, bacterial agents, flu epidemics, smoking, chemical exposure, diagnosis, respiratory health, public health initiatives.

Main: Acute bronchitis-acute inflammation of the bronchi-breathing it is one of the most common diseases of its members. Acute bronchitis get sick with inflammation of the upper respiratory tract and flu it is especially common at the time of the epidemic. As for etiology, you have no reason to cause the disease the part is made up of bacterial agents. These include pneumococci, hemolytic, lingual streptococci, influenza virus, Friedlander Rod and so on. Cooling to causes that predispose to the development of the disease, alcohol abuse, tobacco smoking, some chemicals substances include chronic poisoning. In the upper respiratory tract the presence of a foci of infection (sinusitis, gaimoritis) is also acute bronchitis it is from the factors that create conditions for its development. Acute bronchitis contains a high content of nitric oxide, sulfur inhalation of air captured by angidridi, chlorine, bromine, ammonia vapors, it develops as a result of inhalation from chemical toxic substances (chlorine, phosgene, diphosgene, phosphororganic compounds). Contains long breaths of air with too much dust as a result of taking, acute bronchitis can also develop. Bacterial agent upper respiratory tract and bronchial mucosa infects the floor, nodes of sympathetic nerve fibers, this infestation in turn, it leads to a violation of the trophic level of the bronchi. Bacteria and they protect the respiratory tract from harmful substances that have released the working lip sharpening properties, specific and non-specific durability ability reduces, and as a result, the bronchi become inflamed. Patalogy of the disease redness on the walls of the bronchi, with edema, multiple secretion of mucous substance, leukocyte diapedesis night. Later epithelial desquamation forming erosions observed. And in some areas of the walls of the bronchi there is an inflammatory mucosa transition to subcutaneous and muscle tissue, peribronchial interstitial tissue can. As for the disease clinic, this disease is dry, suffering cough, around the collarbone pain, changes characteristic of acute inflammation of the upper respiratory tract starting with, as the inflammation spreads to the bronchi, wheezing and thickly cough appear, with patients coughing up the chest during coughing they feel pain in the lower part. 37.5 of the temperature of obscurity, sweating. An increase in 38°C, and in patients with influenza, A tip to the lip rash (herpes labialis) is observed. When percussed, an unaltered lunge sound is heard. During

auscultation, a dry whistle spread in the lungs or hoarseness is heard, wheezing after coughing there is a decrease. On the 2-3 day of the disease, wet wheezing appears may be. When external respiratory activity is examined, the lung has a capacity of living and maximum ventilation is reduced by 15-20%. Oxygen of the blood saturation with minute (per minute) at the expense of increased breathing capacity does not break. There is an increase in leukocytaming in the blood at the expense of neutrophils, an increase in the rate of erythrocyte deposition (RED). A mild form of acute bronchitis is short-term (2-3 days), the patient can feel feels bad, he has subfebrile temperature, cough, around the collarbone passes with pain. Severe type increase in body temperature, cough, with phlegm migration, increased leukocytes and RED in the blood night. Now let's dwell on the diagnosis and comparative diagnosis of the disease. Diagnosis of acute bronchitis of the disease acute onset, sputum migration during coughing, poisoning symptoms, when auscultating, first dry, then wet wheezing based on hearing. Breast in distinguishing acute bronchitis from acute pneumonia an important place is occupied by X-ray examination of the cage. In acute bronchitis, there is no change in the X-ray. In acute kiln pneumonia, a darkening is visible on the part of the lungs that has a cold.

Treatment of acute bronchitis includes etiological, symptomatic and pathogenetic treatments. Patients with a mild type of acute bronchitis they are often treated at home. From cooling the patient, from severe overheating it will be necessary to preserve. Anti-colds and painkillers analgin 0.5 to 3 times, amidopyrine 0.5 to 3 times, vitamins, more C vitamin is prescribed. Thermopsis to relieve mucus migration, althey tincture, mukaltin tablet 3 times a day, soda ingestion is prescribed. To stop shortness of breath, theophedrine ranges from 0.025 to 2 per day times are prescribed. These pills breathe if Eufillin is 2-3 times from 0.15 if it does not stop shrinkage, then a short period - from 20-30 mg for 6-8 days corticosteroids are prescribed. From distractions to the chest it is recommended to put a jar, gorchichniks, hot baths on the foot. In a severe type of disease, patients are admitted to the hospital lying down, they are prescribed antibiotics and sulfonamides. Acute bronchitis full treatment of the disease so that it does not go into chronic bronchitis, it is recommended to use physiotherapeutic methods. Keeping the environment clean for prevention, strict avoid cooling, do not smoke tobacco, drink alcohol should not be abused. With constantly sport to deal, to chin the body in the Prevention of acute bronchitis important factors are considered.

Conclusion: Acute bronchitis, characterized by the acute inflammation of the bronchi, presents a common challenge affecting the respiratory system, often exacerbated during flu epidemics. The etiology points to various bacterial agents and external factors such as smoking, alcohol abuse, and exposure to certain chemicals. The pathophysiology involves an invasion of bacteria, leading to bronchial inflammation and respiratory distress. Clinically, the disease manifests with symptoms like dry cough, chest pain, and elevated temperature, with distinctive signs on auscultation and percussion. Diagnosis is primarily clinical, supplemented by X-ray examination to distinguish it from pneumonia. The treatment approach encompasses etiological, symptomatic, and pathogenetic strategies, with mild cases managed at home and severe cases necessitating hospitalization and antibiotic therapy. Importantly, physiotherapeutic methods play a crucial role in preventing the transition of acute bronchitis into chronic bronchitis. Environmental cleanliness, avoidance of smoking and alcohol, and regular exercise contribute significantly to prevention. As we navigate the complexities of respiratory health, understanding and adopting these preventive measures become essential in mitigating the impact of acute bronchitis on individuals and public health at large.

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