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CLINICAL AND LABORATORY FEATURES AND APPROACHES TO THE REHABILITATION OF COMMUNITY-ACQUIRED PNEUMONIA IN CHILDREN

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Annotation: The paper presents an analysis of 125 case histories of children with community-acquired pneumonia. The features of the course of the disease depending on gender, age, season, and characteristics of the premorbid background of children were studied. Issues of diagnostics and treatment are considered.
Keywords: Community-acquired pneumonia, children, diagnostics, pneumonia.

INTRODUCTION

Community-acquired pneumonia (CAP) in children is an actual problem of modern pediatrics. Pneumonia has been proven to be the leading cause of death in children worldwide [1,3]. Every year, pneumonia kills approximately 1 million children under the age of five. The prevalence of CAP is ubiquitous.

MATERIALS AND METHODS

CAP is one of the most serious infectious diseases, accounting for a significant number of hospitalizations, with an increase in incidence and number of serious complications in many regions of the world. Over the past few years, many studies have been carried out in the world that have affected various aspects of pneumonia in childhood, and updated foreign guidelines for the management of children with CAP have appeared.

RESULTS AND DISCUSSION

The purpose of the study: To study the features of the course of community-acquired pneumonia in children who are hospitalized at the Andijan city hospital in the period from 01/01/2022 to 05/01/2022.

Tasks:

-analyze the significance of adverse factors affecting the development of pneumonia in children

- to determine the possible role of gender differences in the course of the disease in children hospitalized for pneumonia

-analyze the possible dependence of the influence of the season on the frequency of hospitalization of children for community-acquired pneumonia

Materials and research methods. We analyzed 125 case histories of children aged from one month to seventeen years who are being treated with a diagnosis of pneumonia. Mathematical processing was carried out taking into account the frequency characteristics.

Results and discussion. As a result of the analysis of statistical data, the following data were obtained, despite the small sample, a clear dependence of the number of hospitalized children for pneumonia in the winter months attracts attention: in January, 47 children were hospitalized, which corresponds to 37.6%, in February - 41 people, which corresponds to 32.8%, in March 29 people were hospitalized and in April 8 people, which corresponds to 23.2% and 6.4% of the total, respectively.

Analysis of the data, taking into account the gender of children with community-acquired pneumonia, did not reveal a significant difference. Among 125 children there were 66 boys, i.e. 52.8% of the total number of children, and 59 girls, i.e. 47.2% of the total number of children.

When assessing the statistical data indicating the duration of the disease during hospitalization, it was found that the majority of children were hospitalized on the 7th (+_2.3) day of illness, which can be considered as not always timely hospitalization. The average number of bed-days spent by children in the hospital was 14 +_2.7 days.

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Analysis of the age characteristics of children hospitalized for community-acquired pneumonia showed that the axial group consisted of children aged 7 to 11 years (47%). The study of the factors contributing to the development of pneumonia in this category of children, according to the presented anamnesis, made it possible to identify the following data. Most of the children - 44 people (35.2%) had a history of recurrent respiratory diseases, 21 people (16.8% of the total) repeatedly suffered from obstructive bronchitis. This group also included children who were not vaccinated against pneumococcus.

- 10 people (8%). Attention was also drawn to the fact that some children had comorbidities: bronchial asthma - 4 people (3.2%), rhinosinusitis - 2 people (1.6%), acute otitis media - 3 people (2.4%). Only in 17 people, 13.6% of the total number of hospitalized children, there were no indications of an unfavorable premorbid background of the disease.

Almost all children had indications of unfavorable epidemiological anamnesis.

The classic clinical signs of pneumonia were confirmed by additional laboratory and X-ray examination data. The treatment protocol in accordance with clinical guidelines included rational antibiotic therapy (3rd generation cephalosporins, carbapenems), probiotics, mucolytics and mucoregulators, inhaled bronchodilators for manifestations of broncho-obstructive syndrome, basic therapy in children with bronchial asthma, physiotherapy. All children were discharged with recovery under the supervision of a pediatrician and a pulmonologist.

CONCLUSION

1. Community-acquired pneumonia remains an urgent problem of childhood pathology.
2. Unfavorable premorbid background plays a significant role in the occurrence of pneumonia in children. The results of this study indicate that only 17 people, 13.6% of the total number of hospitalized children, had no indications of an unfavorable premorbid background of the disease.
3. There is a clear seasonal dependence of the number of hospitalized children for pneumonia in the winter months.
4. There were no statistically significant gender differences among children hospitalized for pneumonia.
5. The main part of the children who fall on the occurrence of pneumonia are children of primary school age.

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