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USE OF CULENTA IN CHILDREN WITH OBSTRUCTIVE BRONCHITIS

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Relevance. Recently, throughout the world there has been an increase in the prevalence of allergic diseases in children and, in particular, bronchial asthma. In this regard, the study of development mechanisms, principles of diagnosis and rational methods of treatment, knowledge of the principles of emergency care is of particular importance and relevance.

Purpose of the study. To study the effectiveness of Culenta for obstructive bronchitis in children

Materials and methods of research. In the second children's department of the Republican Scientific Center for Emergency Medical Care, 36 sick children with obstructive bronchitis were treated. The diagnosis was established on the basis of anamnestic data, clinical data, instrumental and laboratory data. There were 20 boys, 16 girls. The children's ages ranged from 2 years to 12 years. Sick children were divided into two groups: the first group of 18 children received montelukast. In group 2 there were 18 children who received an inhaled glucocorticosteroid. Children of the main groups received Culenta orally in the form of a chewable tablet once a day at night in a dose of 4 mg for children from 2 to 6 years old and 5 mg for children from 6 to 14 years old. The comparison groups were treated with inhaled glucocorticosteroids. The duration of the course of therapy was 6 months.

Results and discussions. During therapy with Culenta, positive dynamics of clinical manifestations were noted already in the first week of treatment in 30 (83.3%) patients. The number of asthma episodes under the influence of treatment with the drug decreased by 2.4 times the nighttime symptoms of the disease; the need for bronchodilators decreased by 7.0 times, the number of asymptomatic days increased by 1.5. In sick children treated with Culenta in the third month of therapy, almost no nocturnal attacks of suffocation were observed, and in children receiving inhaled glucocorticosteroids, nocturnal episodes of the disease occurred rarely.

All children noted the simplicity and convenience of using montelukast compared to inhaled glucocorticosteroids, and the children liked the drug's taste.

As can be seen from the results of examination and treatment of bronchial asthma in children, the use of Culenta was accompanied by rapid positive dynamics; asthma attacks in sick children decreased already in the first week of treatment, and were more pronounced at the end of the first month of drug therapy.

During the study period of Culenta therapy, no adverse reactions were observed. Children tolerated montelukast well.

Conclusions. The use of Culenta indicates its effectiveness as a drug for the control of obstructive bronchitis in children. Culenta reduces the symptoms of the disease, improves pulmonary function, and reduces the risk of exacerbation. Culenta is well tolerated and is an easy-to-use drug for basic therapy of obstructive bronchitis.

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