
IMPROVING TREATMENT METHODS FOR COMMUNITY-ACQUIRED PNEUMONIA IN CHILDREN

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Relevance. Diseases of the respiratory system occupy a major place in the structure of infectious pathology in children, and the highest incidence of community-acquired pneumonia with atypical etiology is observed among children. Antibacterial and antiviral therapy form the basis of etiotropic treatment of community-acquired pneumonia with atypical etiology. For effective therapy, it is ideal to prescribe an antimicrobial drug that is most active against the identified pathogen. The problem of rational antibacterial therapy is one of the most pressing problems in pediatrics.

Purpose of the work: To study the effectiveness of the combined use of antibacterial and antiviral drugs for pneumonia in children.

Materials and methods of research. Depending on the prescribed therapy, 34 patients aged 3 to 10 years were divided into 2 groups, who were treated as inpatients at the Samarkand Branch of the Republican Scientific Center for Emergency Medical Care, in pediatric departments No. 1 and 2. The main group included 17 children whose complex therapy for pneumonia was accompanied by the administration of Clarithromycin and Nazoferon in an age-specific dosage. The control group included 17 patients who received only antibacterial drugs. Clarithromycin was prescribed to children 7.5 mg/kg 2 times a day, Nazoferon to children from 1 to 3 years old - 2 doses in each nasal passage 3-4 times a day; children from 3 to 10 years old - 2 doses in each nasal passage 4-5 times a day; The duration of treatment was 7-10 days.

Results of the work: On days 3-4 after the start of treatment, 13 (76.4%) children of the 1st group and 15 (88.2%) of the 2nd group showed positive clinical dynamics of the disease: manifestations of intoxication decreased, body temperature decreased. In 16 (94.1%) children of group 1 and in 14 (82.3%) of group 2, cough decreased. On the fifth day from the start of treatment, 15 (88.2%) children of the 1st group and 13 (76.4%) of the 2nd group noted the disappearance of cough and wheezing in the lungs. On the 10-12th day of therapy, an X-ray examination of the chest organs showed the complete disappearance of the focus of pneumonic infiltration of the lungs in 16 (94.1%) sick children of the 1st group and in 15 (88.2%) of the 2nd group.

Physical changes in the lungs, during a comparative analysis, did not show such significant differences; they normalized only on average 0.3 days faster in patients receiving group I compared with standard therapy. Ultimately, the use of drugs led to a significant reduction in the duration of hospital treatment, so patients of group I spent an average of 1.1 fewer bed days in the clinic compared to patients of group II.

Conclusions. Thus, the use of antibacterial and antiviral drugs is effective in the treatment of community-acquired pneumonia in children. Ease of use, the availability of drinking and intranasal forms of drugs, high efficiency, and the absence of significant adverse events allow us to recommend this treatment for widespread use in pediatrics.

References

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