



COMMUNITY PNEUMONIA IN CHILDREN OF EARLY AGE

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RELEVANCE

Pneumonia is a serious public health problem due to its high prevalence, especially among young children. The urgency of this problem is also determined by the constant growth of antibiotic-resistant strains of key pathogens of community-acquired pneumonia.

PURPOSE OF THE RESEARCH

To study the clinical and etiological picture of community-acquired pneumonia in young children in order to develop an effective scheme of antibacterial therapy.

MATERIALS AND METHODS

58 children were totally examined. 26 of them were children from 1 to 3 months and 32 of them were over 3 months. The material for bacteriological research was a pharyngeal smear and sputum.

THE RESULTS OF THE STUDY

According to the results of etiological monitoring, the leading etiotropic flora of community-acquired pneumonia from the pharynx was *Kl.pneumonia* (24.5%). The high sensitivity of *St. pneumonia* to ceftriaxone and cefotaxime has been found. The second most important causative agent was *St. aureus* (20.7%), the highest sensitivity of which was detected to gentamicin (83%).

The leading etiotropic flora of community-acquired sputum pneumonia was *St. pneumoniae* (46.9%). The high sensitivity of *St.pneumoniae* to ceftriaxone, cefotaxime. Cefazolin (42.8%) was prescribed as a starting antibiotic, and cefotaxime (37.4%) was used as an alternative antibiotic very often. Penicillin and ampicillin were prescribed less frequently. Combined antibiotic therapy was carried out in 29.4% of patients. The negative clinical effect of the prescription of the above antibacterial drugs in 19% of children older than 3 months required the appointment of a second course of antibiotic therapy. Ceftriaxone was used as the second course; gentamicin was in the second place. In all observed cases, clinical recovery was achieved.

CONCLUSIONS

The microflora isolated from the pharynx and sputum, had different sensitivity to the action of antibacterial drugs. Preparations of choice for *Kl.pneumoniae*, *St.pneumoniae*, *St.aureus* should be considered ceftriaxone, cefotaxime, and gentamicin.

REFERENCES:

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