



RECURRENT BRONCHITIS AND ITS SAFE PHARMACOTHERAPY IN CHILDREN

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Introduction

Effective and safe pharmacotherapy of recurrent bronchitis in children of different ages and prevention of its chronicization is important. More than 100 million cases of bronchopulmonary diseases among children are registered worldwide. Of all pathological conditions, today respiratory diseases account for more than 50% of the total morbidity in children of different ages. A high increase in bronchopulmonary diseases is observed especially among children of preschool and school age, and improper management and self-medication of such patients can subsequently lead to a protracted and recurrent course of the pathological process, which acquires medical and social significance.

Recurrent bronchitis is characterized by repeated episodes of acute bronchitis 2-3 times or more during the year against the background of an acute respiratory infection. The criteria for diagnosing an acute episode correspond to the clinical and radiological signs of acute bronchitis – clinical data: increased body temperature, dry cough, sometimes wet, diffuse dry and variable moist rales in the lungs; X-ray picture: change in the pulmonary pattern without infiltrative and focal shadows in the lungs.

Material and methods

We studied 20 medical histories of children aged 1.5 to 10 years who were treated in the pulmonology department with bronchopulmonary pathology at the TashPMI clinic. Two groups of patients were identified: the first group consisted of patients with acute bronchitis – 10 children, the second group – patients with recurrent bronchitis – 10 children. The general condition of all patients was of moderate severity, all children had concomitant diseases: ENT diseases (chronic tonsillitis, chronic otitis media, chronic sinusitis), grade 1-2 anemia, nasopharyngitis. In both groups, patients received adequate therapy according to the standard of treatment in compliance with age-specific doses and dosage regimens, taking into account the severity of the disease. The diagnosis of recurrent bronchitis was given to patients (10 children), given that they had repeated bronchitis up to 3–4 times a year.

Results

All patients underwent clinical, laboratory, biochemical, and instrumental studies. The patients were examined by specialized specialists: an ENT doctor and a cardiologist. All patients are recommended to drink plenty of fluids and eat a diet rich in protein and vitamins; physiotherapeutic procedures in the form of exercise therapy, inhalations with drugs, chest massage. Pharmacotherapy included 3rd generation cephalosporin antibiotics: ceftriaxone in 65% of cases and 1st generation cefazolin in 35% of cases in the appropriate dose parenterally (intramuscular and intravenous). Patients with bronchial obstruction and concomitant allergic diseases received antihistamines in the form of suprastin solutions intravenously and intramuscularly, and orally Diazolin tablets. According to indications, bromhexine was prescribed in tablets or syrup form. If the body temperature rises above 38 degrees, ibuprofen syrup or a lytic mixture is prescribed. At the end of the course of treatment, sick children were discharged home under the supervision of a local doctor in satisfactory condition with normalization of laboratory and instrumental data on days 8–10.

Conclusions

Thus, analysis of pharmacotherapy based on medical histories for the pathology of bronchitis in children, recommended cephalosporin antibiotics and antihistamines, drinking plenty of fluids, eating a diet rich in protein and vitamins, physiotherapeutic procedures in the form of exercise therapy, inhalations with drugs, chest massage gave a positive effect and they can help prevent relapse and progression of the disease into a chronic form.

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