DIAGNOSIS END TREATMENT OF ACUTE INTESTINAL INFECTIONS

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Relevance

Acute intestinal infections (AII) are predominantly found among young children, accounting for 43.5% of all hospitalized patients. The lethality rate in AII cases has consistently remained low, at 0.1% over the past 10 years.

The purpose of the research

The purpose of this report was to study the specific features of the diagnosis and treatment of AII in children of young age.

Research materials

The object of investigation was the supervision of 225 children at the age of 4 months to 3 years.

Research results

The performance of immunological investigations, including PCR diagnosis in children with acute intestinal infections (AII), should be routine for the early etiological interpretation of diarrhea. Each hospital that admits patients with AII should have data on antibiograms of the main infectious agents such as salmonella, shigella, escherichia, and others. The risk of developing AII is directly related to the child's age – the younger the child, the higher the risk of developing diarrhea. Lethal outcomes were caused by pulmonary edema in 80.0% of cases and by infectious toxic shock in 46.6% of patients. Treatment of intestinal infections with antibacterial agents induces the development of intestinal dysbiosis of various severity degrees in 100% of cases and may cause antibiotic-associated diarrhea (AAD) with the infectious agent Clostridium difficile. The presence of diarrhea, fever, and blood in the feces should always alert the physician. These intestinal infections are most often induced by invasive microorganisms. In cases of disease recurrence, treatment with antibiotics appears to be ineffective.

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