

CLINICAL SYMPTOMS AND LABORATORY FEATURES IN THE COURSE OF PNEUMONIA IN CHILDREN ACCORDING TO THE KHOREZM REGION

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Relevance. In recent decades, great strides have been made in the diagnosis and treatment of pneumonia, which has dramatically reduced the mortality rate of young children. However, to date, pneumonia still occupies one of the first places in the structure of lung infections in terms of prevalence, and the rate of reduction in the incidence of children is clearly insufficient.

The purpose of the study: to study the clinical and laboratory features of the course of pneumonia in children according to the data of the Khorezm region.

Materials and methods of research. We studied the clinical and laboratory features of the course of 38 patients with pneumonia who were on inpatient treatment at a multidisciplinary children's regional medical institution in Urgench, aged 3 months to 15 years in 2015-2017. Thus, children under 1 year old accounted for 10.5%, children 1-4 years old 31.5%, 5-8 years old 34.2%, 9-14 years old 23.7%. The diagnosis was established on the basis of clinical and epidemiological data and the results of a bacteriological study. Analysis of the results of a bacteriological study showed that 81.6% of the patient had pneumococcus and 17.4% of patients had streptococcus.

The results and their discussions. According to the terms of hospitalization in cases of confirmed pneumonia, children with pneumococcal seeding were admitted to the hospital for the first time 2 days of illness - in 67.7%, on 3-4 days in 30.3% of cases. Children with streptococcal seeding were hospitalized in the first two days of the disease only in 42.9%, on the 3rd-4th day of the disease in 57.1% of cases. We observed a mild form of pneumococcus in 6.45% of cases, and moderate and severe forms in 93.55% of cases. In children with streptococcus, mild forms were registered in 71.4% of cases, and moderate and severe forms only in 28.6% of cases. Symptoms of intoxication were manifested by an increase in body temperature to 38.5-39 degrees in the majority (92%) of children, in other cases it remained subfebrile, the duration of the febrile period averaged 2 ± 0.58 days in mild forms of the disease, 3.4 ± 0.3 days in moderate course 4.8 ± 0.8 in severe course of the disease. Cough was observed for the first time 3 days of the disease in (60.1%). All children were prescribed therapy, which included etiotropic therapy, taking into account the antibioticogram (sensitivity). The majority of patients with pneumonia (70.8%) received antibacterial monotherapy, only 29.2% of children received combined antibacterial therapy.

Conclusion: Thus, in recent years, pneumococcus and streptococcus have prevailed, with a predominance of fever syndrome on the background of cough, which significantly complicates diagnosis with other lung infections.

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