

FEATURES OF THE CLINICAL COURSE OF BRONCHITIS OF DIFFERENT ETIOLOGIES IN INFANT CHILDREN

Sagdullaeva Mafura Abdukarimovna

Assistant of the Department of Propaedeutics of Children's Diseases,

Tashkent Medical Academy Tashkent, Uzbekistan

Abdukodirov Toshtemir cattaboy coals

Student of the Medical Faculty of the Tashkent Medical Academy

Tashkent, Uzbekistan

ABSTRACT

The article presents the features of the clinical course of bronchitis in young children when they are exposed to various etiological factors. In the process of research, the main aspects of the course of bronchitis in children were identified .

Keywords : congenital respiratory defects, eosinophilia , neutrophilic leukocytosis, exudative catarrhal diathesis, ante- and prenatal pathology, tetrad Phalo , open ductus arteriosus.

The problem of chronic bronchitis in children is currently of the greatest interest. Despite the recognition of chronic bronchitis in children as an independent nosological form, until recently, many leading experts consider it as an obligate sign of other bronchopulmonary diseases [1, 6]. Chronic bronchitis (CB) is understood as a diffuse progressive disease of the bronchial tree, which is characterized by the development of an inflammatory process in the mucous membrane, accompanied by hypersecretion of sputum, a violation of the cleansing and protective function of the bronchi. Chronic bronchitis is characterized by the presence in a sick child of a prolonged cough and various wet and dry rales in the lungs for at least 3 months a year for the last 2 years [2, 4]. Chronical bronchitis - the diagnosis of exclusion and can be made to the child collectively by a medical commission in the absence of any diseases accompanied by a prolonged productive cough or other respiratory symptoms, physical signs indicating bronchial damage, namely, with the exclusion of: bronchial asthma, cystic fibrosis, primary ciliary dyskinesia, malformations bronchopulmonary system, anomalies of large vessels with compression of the esophagus and respiratory tract, immunodeficiency states, aspiration syndrome, tuberculosis and pulmonary aspergillosis. The diagnosis of chronic bronchitis can be revised in the process of monitoring the patient in favor of another nosology [3, 5].

Relevance of the problem: Bronchitis in children is diverse and is one of the most common diseases of the respiratory tract. Accompanied by diffuse inflammation of the bronchial mucosa and manifested by syndromes of impaired functional activity of the respiratory system.

According to statistics from the World Health Organization, there are 75-250 cases of bronchitis per 1,000 children every year. Most of all, children under the age of 3 years suffer from bronchitis: more often infants.

PURPOSE OF THE STUDY

Based on the analysis of risk factors, anamnesis of the disease and life, objective data, to study the features of the course of bronchitis of various etiologies in young children.

Materials and methods of research : Under our supervision there were 30 children (18 boys and 12 girls) with diagnoses: acute simple bronchitis, acute obstructive bronchitis, recurrent bronchitis, chronic obstructive bronchitis aged from 2 months to 3 years of the Children's Department pulmonology, allergology and pathology of newborns of the multidisciplinary clinic of the Tashkent Medical Academy. The results of general blood tests, sputum, chest X-ray, neurosonography , physical research methods were used as the main research methods. The studies were conducted in strict observance of all ethical norms and rules, including obtaining permission from the relatives of the studied patients.

RESEARCH RESULTS

According to the results of observations carried out in the departments of pediatric pulmonology, allergology and pathology of children , affecting 30 children in the age category from 2 months to 3 years, the percentage of occurrence of pathologies of the respiratory organs in children was calculated: bronchitis - 55%; pharyngitis - 15 %; Community-acquired pneumonia - 16%; Bronchopneumonia - 10%; Others - 4%.

According to the questioning of complaints, the collection of a thorough anamnesis from mothers of sick children, conditions that contribute to the onset of bronchitis were identified: hypothermia (40%); the influence of chemical, physical and biological agents: plant pollen, household chemicals, the purity of the surrounding air, as well as food (13%); transferred ARVI: parainfluenza , adenovirus, influenza, rhinovirus , etc. (34%); burdened perinatal background, anomalies of the constitution, congenital respiratory defects (13%).

The main criteria for the clinical course of bronchitis in children of various etiologies directly depends on the anatomical and physiological features of the structure of the bronchi, among which the main factors contributing to the occurrence of this pathology are identified: reduced bronchial elasticity; their narrower lumen; the mucous membrane is richly vascularized ; the mucous membrane of the bronchi is richly covered with a layer of mucus; functional immaturity of mucociliary clearance. In the clinical picture, the majority of children (96%) had an acute onset with a pronounced febrile reaction, intoxication, cough, and severe percussion phenomena. The main symptom in children was coughing. In 90% of the children studied, at the beginning it is dry, which becomes more moist, soft (on the 3rd-4th day of the disease).

Percussion clear lung sound. Auscultatively, in all children, against the background of weakened vesicular respiration, in the initial periods of the disease, dry, and then wet, finely bubbling rales, harsh breathing, and rales on inspiration were heard. Dry wheezing occurred against the background of bronchial obstruction , which was accompanied by periods of rapid breathing at a frequency of 40 per minute.

The indicators of laboratory and instrumental methods of diagnostics are analyzed. When interpreting the results of a complete blood count, most patients revealed : anemia (85%), moderate neutrophilic leukocytosis (75%), lymphocytosis (35%), eosinophilia (25%), increased ESR. Sputum examinations revealed the type of bacterial microflora, the presence of a moderate amount of eosinophils was accompanied by the action of allergenic factors. X-ray revealed an

increase in the pulmonary pattern in the basal sections of the lung. According to the results of neurosonography in children under the age of 3 months, hypoxic changes in brain tissues are pronounced.

CONCLUSIONS

1. As a result of the study, we were able to establish that children under the age of one year are most often ill (80%). There is also a connection between the occurrence of acute bronchitis and acute respiratory infections. In 2 children who often suffer from bronchitis, there was a pathology of the cardiovascular system (Falo's tetralogy, open ductus arteriosus).

2. We identified the following main risk factors in children with bronchitis: hereditary tendency to allergic reactions, ARVI transferred in the first year of life, anemia, ante- and prenatal pathology, early artificial feeding.

3. Thus, the problem of bronchitis in young children remains one of the topical issues of pediatric pulmonology and requires further study and improvement of the tactics of treating this pathology.

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