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КОМПЛЕКСНОЕ ЛЕЧЕНИЕ ОСТРОГО ОБСТРУКТИВНОГО БРОНХИТА У ЧАСТО БОЛЕЮЩИХ ДЕТЕЙ

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АННОТАЦИЯ

Острая патология органов дыхания занимает ведущее место в структуре заболеваемости детей. Ведущее место среди этих заболеваний принадлежит обструктивному бронхиту, который характеризуется высокой распространенностью в ранней возрастной группе, тяжестью течения, склонностью к рецидивам и возможностью перехода в тяжелые формы. **Цель исследования.** Разработка новых систем комплексной терапии острого обструктивного бронхита у часто болеющих детей. **Материалы и методы исследования.** Для достижения поставленной цели было обследовано 90 часто болеющих детей острым обструктивным бронхитом в возрасте от 1 года до 7 лет. Исследования проводились на базе педиатрических отделений и детской реанимации Самаркандского филиала Республиканского научного центра скорой медицинской помощи, Самаркандского областного детского многопрофильного медицинского центра. Больные были разделены на: I группа (основная группа) - дети с острым обструктивным бронхитом из группы «часто болеющие дети» (50 больных). II группа (группа сравнения) - дети с острым обструктивным бронхитом (40 больных). Больные острым обструктивным бронхитом из группы «часто болеющих детей» разделены на 2 подгруппы:

Подгруппа Ia (25) получит стандартную терапию.

Подгруппа Ib (25) будет получать полиоксидоний перорально в дополнение к стандартной терапии. Были проведены специальные методы исследования: микробиологические исследования путем взятия материала из глубины глотки, вирусологическое исследование мазка из зева методом полимеразной цепной реакции, определение уровня Интерлейкина-1, Интерлейкина-6 и Интерлейкина-10 в крови методом иммуноферментного анализа.

Ключевые слова: обструктивный бронхит, дети, лечение.

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COMPLEX TREATMENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN FREQUENTLY ILL CHILDREN

ANNOTATION

Acute pathology of the respiratory system occupies a leading place in the structure of morbidity in children. The leading place among these diseases belongs to obstructive bronchitis, which is characterized by a high prevalence in the early age group, the severity of the course, a tendency to relapse and the possibility of transition to severe forms. The aim of the study was to develop new systems of complex therapy for acute obstructive bronchitis in frequently ill children. Materials and research methods. To achieve this goal, 90 frequently ill children with acute obstructive bronchitis aged from 1 to 7 years were studied. The studies were carried out in the pediatric departments and the pediatric intensive care unit of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, the Samarkand Regional Children's Multidisciplinary Medical Center. The patients were divided into: Group I (main group) - children with acute obstructive bronchitis from the group of "frequently ill children" (50 patients). Group II (comparison group) - children with acute obstructive bronchitis (40 patients). Patients with acute obstructive bronchitis from the group of "frequently ill children" are divided into 2 subgroups:

Subgroup Ia (25) will receive standard therapy

Subgroup Ib (25) will receive oral Polyoxidonium in addition to standard therapy. Special research methods were carried out: microbiological studies by taking material from the depth of the pharynx, virological examination of a throat swab by the polymerase chain reaction method, determination of the level of Interleukin-1, Interleukin-6 and Interleukin-10 in the blood by enzyme immunoassay.

Keywords: obstructive bronchitis, children, treatment.

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TEZ-TEZ KASAL BO'LGAN BOLALARDA O'TKIR OBSTRUKTIV BRONXITNI KOMPLEKS DAVOLASH

ANNOTATSIYA

Nafas olish tizimining o'tkir patologiyasi bolalarda kasallanish tarkibida yetakchi o'rinni egallaydi. Ushbu kasalliklar orasida yetakchi o'rinni obstruktiv bronxitga tegishli bo'lib, u erta yosh guruhida yuqori tarqalish, kursning og'irligi, qaytalanish tendentsiyasi va og'ir shakllarga o'tish ehtimoli bilan tavsiflanadi. Tadqiqotning maqsadi tez-tez kasal bo'lgan bolalarda o'tkir obstruktiv bronxitni kompleks davolashning yangi tizimlarini ishlab chiqish edi. **Materiallar va tadqiqot usullari.** Ushbu maqsadga erishish uchun 1 yoshdan 7 yoshgacha bo'lgan o'tkir obstruktiv bronxit bilan kasallangan 90 nafar tez-tez kasal bo'lgan bolalar o'rganildi. Tadqiqotlar Respublika shoshilinch tibbiy yordam ilmiy markazi Samarqand filiali, Samarqand viloyat ko'p tarmoqli bolalar tibbiyot markazining pediatriya bo'limlari va bolalar reanimatsiya bo'limida olib borildi. Bemorlar quyidagilarga bo'lingan: I guruh (asosiy guruh) - "tez-tez kasal bolalar" guruhidagi o'tkir obstruktiv bronxitli bolalar (50 bemor). II guruh (taqqoslash guruhi) - o'tkir obstruktiv bronxit bilan og'rigan bolalar (40 bemor). "Tez-tez kasal bolalar" guruhidagi o'tkir obstruktiv bronxit bilan og'rigan bemorlar 2 kichik guruhga bo'lingan:

Ia (25) kichik guruhi standart terapiyani oladi

Ib kichik guruhi (25) standart terapiyaga qo'shimcha ravishda og'iz orqali Polyoxidonium oladi. Maxsus tadqiqot usullari o'tkazildi: tomoq chuqurligidan material olish orqali mikrobiologik tadqiqotlar, polimeraza zanjiri reaksiyasi usuli bilan tomoq tamponini virusologik tekshirish, immunoassay fermenti yordamida qonda Interleykin-1, Interleykin-6 va Interleykin-10 darajasini aniqlash.

Kalit so'zlar: obstruktiv bronxit, bolalar, davolash.

Relevance. Particular difficulties arise in the diagnosis of obstructive bronchitis in young children. To date, prognostic criteria for the development and outcomes of acute obstructive bronchitis in frequently ill children have not been developed. Despite the obvious successes of modern medical science and practice aimed at reducing the incidence of respiratory system damage in young children, improving the treatment and rehabilitation of patients, it can be stated that this pathology remains a complex and largely unresolved problem [1,3,6]. Requires clarification of the pathogenetic role of environmental hazards in the development of obstructive bronchitis. In particular, places of residence, negative technological working conditions with their adverse effects on immunity, metabolism for parents and their children. [2,4]. It is known that Uzbekistan is located in a region with its total environmental hazard for a child: a sharply continental climate, widespread use of pesticides in agriculture. Moreover, severe cases of the disease and forms resistant to conventional pharmacotherapy, with subsequent complications of the disease, are becoming more frequent. [5,8,9]. It remains practically open the significance in the formation of premorbid pathogenic soil in children and their susceptibility to damage to the respiratory system of environmental hazards, mediated through metabolic disorders in the body of parents and directly manifested in children.

Not enough attention is paid to such a side of premorbid and pathogenic soil as a family genealogical background that affects the overall incidence, its nature, forms and frequency of pathological processes. [6,7]. At the same time, on the basis of a comprehensive dynamic clinical and immuno-biochemical study of these aspects, it is possible and should organize a system that provides for the active identification of the development of obstructive bronchitis among young children from the "risk" group, the prediction of the features of its course, the introduction of appropriate modifications to the principles of treatment of patients, including the development of new approaches to the organization of therapy, rehabilitation and prevention.

Therefore, we consider it necessary only to pay attention to numerous facts indicating the existence of significant difficulties in pharmacotherapy for obstructive bronchitis in frequently ill children due to a variety of reasons.

The main therapeutic method for the treatment of obstructive bronchitis in frequently ill children, and to this day, remains immunomodulatory therapy.

Purpose of the study: to develop new systems of complex therapy for acute obstructive bronchitis in frequently ill children.

Materials and research methods. To achieve this goal, 90 frequently ill children with acute obstructive bronchitis aged from 1 to 7 years were studied. The studies were carried out in the pediatric departments and the pediatric intensive care unit of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, the Samarkand Regional Children's Multidisciplinary Medical Center. Patients are divided into:

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Results. In terms of the studied results in the clinical aspect, a comparative analysis of the effectiveness of the modified method of treating the observed children of groups I and II would not be complete without an analysis of the characteristics of the clinical course of various forms of the disease.

As can be seen from the presented material, there is a complete coincidence with the facts established above about the close relationship between the degree of premorbid burden of different nature and the severity of the clinical manifestations of the disease. Analysis of the obtained data presented in the tables, from which the conclusion obviously follows that against the background of traditional therapy of group I patients, almost all the analyzed symptoms of obstructive bronchitis in frequently ill children persisted for a longer time than in group II, who received developed us methods of modified therapy.

Dynamic analysis of the clinical symptom complex in obstructive bronchitis in frequently ill children of the 1st group, in which its therapeutic correction was applied, convincingly testifies in favor of the greatest optimality of the modification in the 2nd group with daily use of polyoxidonium

In dynamic terms, within the groups that received modified methods of therapy, the course of the disease was traced in group I compared with group II, the "delay" in the disappearance of the symptoms of each of the symptom complexes.

When comparing the average terms of normalization of the main clinical manifestations of obstructive bronchitis in frequently ill children in the 1st group, an acceleration of normalization by an average of 2-3 days, with moderately severe and 3-5 days with severe form, was revealed compared with those who did not receive the modified form. Method of therapy for groups of children. The differences were statistically significant. By the end of the individual course in these groups of patients, the clinical manifestations of the disease were completely eliminated in 95.2% of them, while in the rest, with traditional therapeutic measures, only in 69.8% of patients.

In addition, it can be noted that against the background of the modified therapy, there was a significantly less severe course of the disease with a very clear phenomenon of "breakage" in the progression of the leading symptom described above. In patients of this group, the

phenomena of general intoxication disappeared more quickly; and the less severe nature of the course of the disease made it possible to reduce the duration of pharmacotherapy. At the same time, a protracted course of the disease was observed in them only in 2.1%, and in the traditional treatment of patients in 15.7%.

Conclusion. Thus, Polyoxidonium is an effective immunostimulating drug that reduces the frequency of acute respiratory

tract infections, reduces the duration of their course, reduces the likelihood of exacerbations of obstructive bronchitis, and also increases the body's resistance to infections of the respiratory system.

The inclusion of polyoxidonium in the complex treatment of patients with obstructive bronchitis in frequently ill patients improves its final results so effectively that it becomes strictly mandatory.

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