

CRR
JOURNAL
OF CARDIORESPIRATORY RESEARCH

ISSN 2181-0974
DOI 10.26739/2181-0974
Impact Factor SJIF 2022: 5.937

Journal of
CARDIORESPIRATORY
RESEARCH



Volume 6, Issue 2/4

2025

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

Журнал кардиореспираторных исследований

JOURNAL OF CARDIORESPIRATORY RESEARCH

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Учредитель:

Самаркандский государственный
медицинский университет

Tadqiqot.uz

Ежеквартальный
научно-практический
журнал

ISSN: 2181-0974
DOI: 10.26739/2181-0974



№ 2/4
2025

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Самарканд, Узбекистан**ВЛИЯНИЕ МИКРОБИОТЫ КИШЕЧНИКА НА ТЕЧЕНИЕ И ИСХОД ОБСТРУКТИВНОГО БРОНХИТА У ЧАСТО-БОЛЕЮЩИХ ДЕТЕЙ****For citation:** Ibragimova M.F., Zhamshedova S.Zh. INFLUENCE OF INTESTINAL MICROBIOTA ON THE COURSE AND OUTCOME OF OBSTRUCTIVE BRONCHITIS IN FREQUENTLY SICK CHILDREN. Journal of cardiorespiratory research. 2025, vol 6, issue 2/4, pp.<http://dx.doi.org/10.26739/2181-0974/2025/6/2/4/7>**АННОТАЦИЯ**

Несмотря на прогресс в антибактериальной терапии и интенсивной помощи, обструктивный бронхит продолжает занимать лидирующие позиции среди детских болезней во всем мире. В последнее время все больше внимания уделяется роли микрофлоры кишечника в иммунной регуляции и ее воздействию на течение инфекций, включая воспаление бронхов. Микробиота кишечника вовлечена в формирование как врожденного, так и приобретенного иммунитета, поддерживает целостность слизистых барьеров и регулирует воспалительные процессы. Дисбаланс микрофлоры, вызванный приемом антибиотиков, нездоровым питанием или перенесенными инфекциями, может привести к ослаблению иммунного ответа и ухудшить прогноз обструктивного бронхита. Однако, исследования показывают, что восстановление нормального состава микробиоты облегчает течение болезни и снижает вероятность осложнений. Исследование взаимосвязи между микрофлорой кишечника и респираторными инфекциями открывает новые возможности для лечения и профилактики обструктивного бронхита у детей, включая использование пробиотиков и коррекцию микробиоты. Данная работа фокусируется на анализе современных данных о влиянии кишечной микрофлоры на течение и исход обструктивного бронхита у детей. **Цель исследования:** изучить влияние кишечной микрофлоры на течение и исход обструктивного бронхита у часто-болеющих детей. **Материалы и методы исследования.** Для изучения данной проблемы мы провели исследования в отделениях педиатрии Самаркандского филиала Республиканского Научного Центра экстренной медицинской помощи, в отделении гастроэнтерологии и пульмонологии Самаркандского областного детского многопрофильного медицинского центра. В процессе исследования были включены 52 больных с обструктивным бронхитом в возрасте от 1 года до 10 лет. Из них: **I группа** – 26 больных с обструктивным бронхитом, получавшие комбинированное лечение с пробиотиками. **II группа** – 26 больных с обструктивным бронхитом, получавшие традиционное лечение. Контрольную группу составили 20 практически здоровых детей. **Выводы.** Состояние кишечной микробиоты оказывает значительное влияние на течение и исход обструктивного бронхита у детей. Дисбактериоз может способствовать развитию воспалительных процессов и снижению эффективности иммунного ответа. Здоровая микрофлора способствует поддержанию баланса между про- и противовоспалительными реакциями, что снижает риск тяжелого течения обструктивного бронхита и осложнений. Коррекция микробиоты с помощью пробиотиков и пребиотиков может улучшить иммунный ответ, уменьшить тяжесть заболевания и ускорить выздоровление. Удобное в применении, более высокая эффективность, отсутствие побочных и нежелательных явлений позволяют нам рекомендовать данное лечение для широкого применения его в педиатрической практике.

Ключевые слова: микробиота кишечника, обструктивный бронхит, часто-болеющие дети.**Ibragimova Marina Fedorovna**PhD, Associate Professor of the
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Samarkand, Uzbekistan**INFLUENCE OF INTESTINAL MICROBIOTA ON THE COURSE AND OUTCOME OF OBSTRUCTIVE BRONCHITIS IN FREQUENTLY SICK CHILDREN**

ANNOTATION

Despite the progress in antibacterial therapy and intensive care, obstructive bronchitis continues to occupy a leading position among childhood diseases worldwide. Recently, more and more attention has been paid to the role of intestinal microflora in immune regulation and its impact on the course of infections, including bronchitis. Gut microbiota is involved in the formation of both innate and acquired immunity, maintains the integrity of mucosal barriers and regulates inflammatory processes. Microflora imbalance caused by antibiotics, unhealthy diet or past infections can lead to a weakened immune response and worsen the prognosis of obstructive bronchitis. However, studies show that restoring the normal composition of microbiota alleviates the course of the disease and reduces the likelihood of complications. The study of the relationship between intestinal microflora and respiratory infections opens up new opportunities for the treatment and prevention of obstructive bronchitis in children, including the use of probiotics and microbiota correction. This work focuses on the analysis of modern data on the effect of intestinal microflora on the course and outcome of obstructive bronchitis in children. Objective: to study the effect of intestinal microflora on the course and outcome of obstructive bronchitis in frequently ill children. Materials and methods of the study. To study this problem, we conducted research in the pediatric departments of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, in the gastroenterology and pulmonology department of the Samarkand Regional Children's Multidisciplinary Medical Center. The study included 52 patients with obstructive bronchitis aged 1 to 10 years. Of these: Group I - 26 patients with obstructive bronchitis who received combination therapy with probiotics. Group II - 26 patients with obstructive bronchitis who received traditional treatment. The control group consisted of 20 practically healthy children. Conclusions. The state of the intestinal microbiota has a significant impact on the course and outcome of obstructive bronchitis in children. Dysbacteriosis can contribute to the development of inflammatory processes and a decrease in the effectiveness of the immune response. Healthy microflora helps maintain a balance between pro- and anti-inflammatory reactions, which reduces the risk of severe obstructive bronchitis and complications. Correction of microbiota with probiotics and prebiotics can improve the immune response, reduce the severity of the disease and speed up recovery. Convenient to use, higher efficiency, the absence of side and adverse effects allow us to recommend this treatment for widespread use in pediatric practice.

Keywords: intestinal microbiota, obstructive bronchitis, frequently ill children.

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ICHAK MIKROBIOTASINING TEZ-TEZ KASAL BO'LGAN BOLALARDA OBSTRUKTIV BRONXIT KECHISHIGA VA OQIBATLARIGA TA'SIRI

ANNOTATSIYA

Antibiotik terapiyasi va intensiv terapiya sohasidagi yutuqlarga qaramay, obstruktiv bronxit butun dunyoda bolalar kasalliklari orasida etakchi o'rinni egallashda davom etmoqda. So'nggi paytlarda ichak mikroflorasining immunitetni tartibga solishdagi roli va uning infeksiyalar, shu jumladan bronxial yallig'lanish jarayoniga ta'siriga tobora ko'proq e'tibor qaratilmoqda. Ichak mikrobiotasi tug'ma va ortirilgan immunitetni shakllantirishda ishtirok etadi, shilliq qavat to'siqlarining yaxlitligini saqlaydi va yallig'lanish jarayonlarini tartibga soladi. Antibiotiklar, noto'g'ri ovqatlanish yoki oldingi infeksiyalar tufayli kelib chiqqan mikrofloraning nomutanosibligi immunitetning zaiflashishiga olib kelishi va obstruktiv bronxit prognozini yomonlashtirishi mumkin. Biroq, tadqiqotlar shuni ko'rsatadiki, mikrobiotaning normal tarkibini tiklash kasallikning borishini yaxshilaydi va asoratlar ehtimolini kamaytiradi. Ichak mikroflorasi va nafas olish yo'llari infeksiyalari o'rtasidagi bog'liqlik bo'yicha tadqiqotlar bolalarda obstruktiv bronxitni davolash va oldini olish, shu jumladan probiyotiklarni qo'llash va mikrobiotani tuzatish uchun yangi imkoniyatlar ochadi. Ushbu ish bolalarda obstruktiv bronxitning kechishi va natijalariga ichak mikroflorasining ta'siri bo'yicha joriy ma'lumotlarni tahlil qilishga qaratilgan. Tadqiqot maqsadi: tez-tez kasal bo'lgan bolalarda obstruktiv bronxitning kechishi va natijalariga ichak mikroflorasining ta'sirini o'rganish. Tadqiqot materiallari va usullari. Ushbu muammoni o'rganish maqsadida Respublika shoshilinch tibbiy yordam ilmiy markazi Samarqand filiali pediatriya bo'limlarida, Samarqand viloyat bolalar ko'p tarmoqli tibbiyot markazining gastroenterologiya va pulmonologiya bo'limlarida ilmiy izlanishlar olib bordik. Tadqiqotda 1 yoshdan 10 yoshgacha bo'lgan obstruktiv bronxit bilan og'rikan 52 bemor ishtirok etdi. Ulardan: I guruh - probiyotiklar bilan kombinatsiyalangan davolashni olgan obstruktiv bronxit bilan og'rikan 26 bemor. II guruh - an'anaviy davolanishni olgan obstruktiv bronxit bilan og'rikan 26 bemor. Nazorat guruhi 20 nafar deyarli sog'lom bolalardan iborat edi. Xulosa. Ichak mikrobiotasi holati bolalarda obstruktiv bronxitning kechishi va natijasiga sezilarli ta'sir ko'rsatadi. Disbakterioz yallig'lanish jarayonlarining rivojlanishiga va immunitet reaksiyasining samaradorligini pasayishiga yordam beradi. Sog'lom mikroflora yallig'lanishga qarshi va yallig'lanishga qarshi reaksiyalar o'rtasidagi muvozanatni saqlashga yordam beradi, bu esa og'ir obstruktiv bronxit va asoratlar xavfini kamaytiradi. Mikrobiotani probiyotiklar va prebiyotiklar bilan tuzatish immunitetni yaxshilashga, kasallikning og'irligini kamaytirishga va tiklanishni tezlashtirishga yordam beradi. Foydalanish uchun qulay, yuqori samaradorlik va nojo'ya ta'sirlarning yo'qligi ushbu davolash usulini pediatriya amaliyotida keng qo'llash uchun tavsiya qilish imkonini beradi.

Kalit so'zlar: ichak mikrobiotasi, obstruktiv bronxit, tez-tez kasal bolalar

Relevance. In the structure of childhood diseases, diseases of the bronchopulmonary system occupy a significant place, both in prevalence and in severity of clinical manifestations [1,4]. Studies by many authors have established that at present, the severity of respiratory diseases is progressing, in particular with atypical etiology, there is no tendency to reduce its prevalence among young children, in connection with which the issues of improving and perfecting the development of measures to reduce their specific weight require further study. [2,11]. In a healthy person, the microflora of the gastrointestinal tract consists of more than 92-95% obligate anaerobes. Microflora performs numerous vital functions that are part of the human body. Microorganisms and macroorganisms together make up the so-called symbiosis, where each derives benefit for its coexistence and influences its partner. Of great interest is the effect of probiotic bacteria on infectious and inflammatory

changes in the bronchopulmonary system in frequently ill children who repeatedly receive antibiotic therapy. After all, everyone knows that uncontrolled use of antibiotics plays a significant role in disrupting the intestinal microflora. According to the results of the latest studies, which claim that healthy intestinal microflora is very important not only for intestinal physiology and the formation of normal immune function, but also protects against any pathological reactions, such as inflammation, allergies, autoimmune disorders. Metabolites produced by intestinal microflora are able to modulate not only intestinal immunity, but they also affect other organs, including the lungs. Therefore, the use of drugs that improve the microbiota of the gastrointestinal tract leads to a faster resolution of the inflammatory process, a faster recovery, a decrease in the mortality rate, which is associated with a decrease in the level of TNF-a and interleukin-6, an increase in the production of interleukin-

10. [9,10,12]. But there are a number of reasons that disrupt the intestinal microflora. These include: first of all, this is the irrational use of antibiotics; alimentary reasons, improperly introduced complementary foods in the first year of life, unbalanced nutrition; various previous infectious diseases; allergic conditions, diathesis, atopic dermatitis; congenital dysfunctions of the gastrointestinal tract and its enzymes, such as malabsorption syndrome; diseases of the gastrointestinal tract; sanitary and hygienic violations

As a result of the influence of these factors, disorders and organic lesions occur in the gastrointestinal tract to varying degrees. Probiotics are a group of drugs that are used to prevent disorders and normalize intestinal microflora. [5,6,13]. One of these drugs is Enterol, which is used for diarrhea in children and adults. *Saccharomyces boulardii* is a probiotic. According to the WHO definition, these are live microorganisms that have a healing effect on the human body as a whole. [3,7,8]. The action of this drug is due to the antagonistic effect on pathogenic and opportunistic microorganisms. It has an antitoxic effect, especially with respect to bacterial cytotoxins and enterotoxins, and also improves the enzymatic function of the intestine. The drug Enterol helps to restore intestinal microflora without disturbing its own unique intestinal microflora for each. To date, despite successful work on the study of the role of intestinal microflora in the body, the problems of community-acquired obstructive bronchitis and gastrointestinal dysfunction that developed against the background of intestinal dysbiosis, and at the same time the effectiveness of treatment with probiotics in such cases are insufficiently studied, in connection with which this study was conducted.

Objective of the study: to study the effect of intestinal microflora on the course and outcome of obstructive bronchitis in frequently ill children

Materials and methods of the study. To study this problem, we conducted studies in departments 1, 2 pediatrics of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, Samarkand Regional Children's Multidisciplinary Medical Center and family clinics No. 3 in Samarkand. The study included 52 patients with community-acquired pneumonia aged from 1 year to 10 years. Of these:

Group I - 26 patients with community-acquired pneumonia with atypical microflora, who received combination treatment with probiotics.

Group II - 26 patients with community-acquired pneumonia who received traditional treatment.

The control group consisted of 20 practically healthy children. Children from both groups underwent anamnestic data collection, examination by generally accepted clinical, laboratory-instrumental and special diagnostic methods.

Polymerase chain reaction (PCR) methods, determination of procalcitonin and C-reactive protein levels were used to detect obstructive bronchitis. Simultaneous detection of infection based on a positive PCR result, procalcitonin and C-reactive protein levels increases the reliability of pathogen diagnostics. The drug Bifolak zinc was prescribed in different age doses, i.e. for children from 1 year to 5 years old - 1 sachet or 1 capsule 2-3 times a day, from 5 to 10 years old - 1-2 capsules 2 times a day. The assessment of the effectiveness of the therapy was compared based on the study of the dynamics of the child's general condition, clinical manifestations such as cough, fever, dyspnea, physical changes in the lungs, radiographic data, as well as follow-up for 6 months.

Results of the study and their discussion. According to the study of anamnestic data, obstructive bronchitis in 45% of patients developed on the 3.1-1.1 day from the onset of symptoms of acute respiratory infection. The results of the studies before treatment showed that 21 (80.7%) patients in the 1st group and 19 (73%) patients in the second group showed signs of intoxication. 14 patients in the 1st group and 10 patients in the 2nd group had abdominal syndrome, manifested by diarrhea. 22 (84.6%) and 20 (76.9%) patients in the 1st and 2nd groups had a wet cough. Symptoms of grade 1 respiratory failure were observed in 11 (42.3%) and 13 (50%) patients.

By day 3-4 from the start of treatment, positive clinical dynamics of the disease was observed in 19 (73%) children of the 1st group and in 17 (65.3%) of the 2nd group: body temperature decreased. Cough decreased, appetite increased in 23 (88.4%) children of the 1st group and in 19 (73%) of the 2nd group; combination therapy was continued.

On day 5-6 of treatment, cough, wheezing in the lungs, and intestinal syndrome disappeared in 22 (84.6%) children of the 1st group and in 20 (76.9%) of the 2nd group.

On the 10-12th day of therapy, improvements were noted in the X-ray image in 24 (92.3%) sick children of the 1st group and in 21 (80.7%) of the 2nd group.

Ultimately, the use of drugs led to a reliable reduction in the duration of inpatient treatment, since patients of the 1st group were in the clinic on average 1.1 bed-days less compared to patients of the 2nd group.

To determine the effectiveness of the role of intestinal microflora in the prevention and prevention of relapses of lung disease, we conducted a comparative follow-up observation of patients for 6 months after discharge from the hospital. The study showed that children who periodically received bifolak zinc after discharge from the hospital showed a reliable decrease in the incidence of relapses of the disease, and in the period from 1 to 3 months the decrease continued by an average of 33%. Observation of patients in the period from 4 to 5 months after discharge from the hospital showed a further decrease in the frequency of relapses of the disease by an average of 59% in patients receiving the probiotic, and from 6 months - a decrease of 55% in patients of group II.

As can be seen from the results of the study in children with pneumonia of atypical etiology, combined treatment with antibacterial drugs and probiotics led to rapid positive dynamics. Children tolerated the combined treatment well, no adverse reactions were noted. Conclusions. The state of the intestinal microbiota has a significant impact on the course and outcome of obstructive bronchitis in children. Dysbacteriosis can contribute to the development of inflammatory processes and a decrease in the effectiveness of the immune response. Healthy microflora helps maintain a balance between pro- and anti-inflammatory reactions, which reduces the risk of severe obstructive bronchitis and complications. Correction of the microbiota with probiotics and prebiotics can improve the immune response, reduce the severity of the disease and speed up recovery. For effective treatment and prevention of obstructive bronchitis in children, it is important to take into account the state of the intestinal microbiota and, if necessary, correct it with nutrition, probiotics and rational antibiotic therapy. Thus, the combined use of probiotics in frequently ill children is effective in the treatment of pneumonia. Convenient to use, higher efficiency, the absence of side and undesirable effects allow us to recommend this treatment for its widespread use in pediatric practice.

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