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ACUTE PNEUMONIA IN CHILDREN AND MODERN METHODS OF TREATMENT

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Abstract: Pneumonia is an acute, usually infectious inflammation of the lungs, which affects the alveoli and connective tissue. Inadequate treatment of respiratory diseases can lead to the development of severe respiratory complications and chronic lung diseases, for example, it can aggravate pneumonia. So, pneumonia in children, how to prevent it? This article provides information about the types, triggers, acute complications and therapeutic procedures of pneumonia.

Key words: Pneumonia, therapeutic procedures, lung inflammation, viruses, bacteria, paracancreatic pneumonia.

Pneumonia or zotiljam is an inflammation of the lungs, which belongs to the category of acute infectious diseases. Pneumonia can be caused by viruses, bacteria and fungi. There are also types such as aspiration pneumonia and paracancer pneumonia, which develops around the center of a cancerous tumor in the lung tissue. As soon as the first symptoms of pneumonia appear, you should immediately consult a doctor. The inflammatory process of the lungs is a serious disease that can have a negative impact on health. Before the discovery of antibiotics, pneumonia had an 80% mortality rate. Currently, the death rate due to the development of pneumonia in different regions reaches 5-40%, mainly severe complications occur in the elderly.

If pneumonia is detected in time and the necessary treatment measures are applied, the disease will be cured in 10-14 days and will not leave any complications. Modern drugs help prevent serious complications and treat almost any form of pneumonia without complications. At the same time, remember that for effective treatment and successful prevention of complications, the treatment of this disease must be carried out by a specialist.

WHAT IS PNEUMONIA? Pneumonia is an inflammatory process in lung tissues. In many cases, the cause of the disease is infections. There are different ways of infection entering the body: most often through airborne droplets, in rare cases - through blood.Some of the microorganisms responsible for the development of pneumonia are always present in the human body. When the level of immunity protection is normal, it successfully fights against such infections, with a

decrease in the level of protective forces (hypothermia [chilling], primary diseases), the inflammatory process develops in the lungs.

Most often, the etiology of pneumonia includes diseases of the upper respiratory tract. An inflammatory process can develop in the lungs against the background of respiratory diseases such as wind, tracheitis, acute or chronic bronchitis. The cause of the disease may be acute diseases of other organs and systems, complications after surgery, and other factors that have a negative impact on immunity.

Viral and bacterial pneumonia are contagious. This means they can be spread from person to person by breathing in air droplets from a sneeze or cough. You can also get these types of pneumonia by coming into contact with surfaces or objects contaminated with the bacteria or viruses that cause pneumonia. You can get fungal pneumonia from the environment. It is not transmitted from person to person. There are many causes of Zotiljam disease. The first of these are bacteria, namely pneumococci (that's why the disease is called "pneumonia"), staphylococcus, streptococcus, enterococcus, Friedlander's bacillus, blue bacillus, Escherichia coli and other infections. It is quite difficult to grow pneumococci in laboratory conditions, i.e. in an artificial nutrient medium. It can be harvested in enriched nutrient medium at 37 degrees. However, it was observed that pneumococci increase even at 28-42 degrees. They mostly like bloody environment. That's why they damage the small blood vessels of the lungs in the first days of the zotiljam. Later, swelling and inflammation occur in the lungs, and this situation leads to a sharp increase in pneumococci. They produce aggressive enzymes. Decomposes sucrose, lactose, maltose. Pneumococcus has three types of antibodies. There are more than 80 antibodies located on the microbe, that is, in its capsule, and their effects and resistance on the human body are different. Pneumococci are not so resistant to the external environment. It dies in 1-2 minutes under the influence of disinfectants, in 10 minutes when heated to 50-55 degrees, and immediately when boiled. But the protein can be stored for several months when it is surrounded by a substance, that is, in dried sputum, blood, and other pathological materials. Likes wet and cold weather. That is why inflammation of the respiratory tract and lungs (wind) is often observed in the cold seasons of the year. As an experiment, when injected into the body of a white mouse, a guinea pig, and a rabbit, the disease developed within 24-48 hours, death was observed, and when dissected, it was clear that there were many capsular pneumococci in their internal organs. Tuberculosis is the cause of death in 15% of children under 5 years of age worldwide. According to statistics, 808,694 children under the age of 5 died of pneumonia in 2017. It is noted that every 64 people who get this dangerous disease die. Due to pneumonia, dangerous complications occur in various organs of the patient.

In the hemogram, leukocytosis is expressed by neutrophil shifts and high EChT. Predominance of common symptoms makes diagnosis of the disease difficult. X-ray and echoscanning of the lungs serve as a decisive method for the necessary diagnosis. Taking into account the difficulty of diagnosis and choosing the right method of treatment, we found it appropriate to explain separately the order of complexity of clinicodiagnostic features of OBD forms and the severity of complications. The bullous form of OBD is characterized by its mild course and positive outcome. This pathomorphological form of OBD is characterized by the formation of microabscesses with the disruption of the wall of small bronchus and bronchioles with the formation of bullae - round air spaces of different sizes and locations, which are well visible on X-ray. A positive course of the process is due to the absence of pus in the bullae. During the formation of these, the general condition of the child improves, fever stops, appetite improves, peripheral blood condition normalizes. Shortness of breath is not typical for this form of the disease. In most cases,

conservative treatment (targeted antibiotic therapy) is effective, and the bullae disappear without symptoms. Abscessation (appearance of pus) in the lungs develops in the stage of infiltration with late diagnosis and incorrect treatment. Abscesses can be of different sizes and locations, sometimes found in both lungs. Drained and non-drained forms are distinguished in the bronchus. The second form is relatively positive. On the radiograph, a drained abscess shows round shapes darkened by the level of fluid in the bronchus. It is difficult to distinguish an undrained abscess from an infiltrate. In such cases, echoscanning with a color cartogram by Doppler method and determination of the relative exocity of the infiltrate area (echohistograms) are evidence. The diagnostic differentiation of a drained abscess from a purulent cyst of the lung is a perifocal infiltration clearly demarcated from the lung tissue characteristic of the cyst, when the symptoms are characteristic of the abscess (pus) and a thin capsule. Clinical abscessation of the infiltrate (formation of pus) is manifested by the deterioration of the child's condition, high hysterical fever, increased intoxication, neurological and respiratory disorders.

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