



FEATURES OF OBSTRUCTIVE BRONCHITIS AND BRONCHOPNEUMONIA IN CHILDREN

Ibragimova Yulduz Botyrova¹

Assistant of the Department of Pediatrics,

Islamova Dilbar Sadikovna²

Assistant of the Department of Pediatrics

Samarkand State Medical University,

Samarkand, Uzbekistan.

<https://www.doi.org/10.37547/ejar-v03-i02-p1-22>

ARTICLE INFO

Received: 26th January 2023

Accepted: 06th February 2023

Online: 07th February 2023

KEY WORDS

Obstructive bronchitis, bronchopneumonia with obstructive syndrome, children under 2 years of age.

ABSTRACT

This article examines the clinical features of obstructive bronchitis and bronchopneumonia in children under 2 years of age. Examinations were conducted in the Department of Infectious Diseases of Children's Clinical Hospital No. 1 of Gomel Region. Medical records of 47 hospitalized patients are analyzed. The child's life anamnesis, duration of illness, clinical symptoms, concomitant diseases and a number of laboratory analyzes were evaluated.

Enter

Frequent occurrence of infectious diseases of the respiratory system remains an urgent problem in pediatrics. Bronchoobstructive syndrome is common in children, especially in children of early age; sometimes, it occurs against the background of acute respiratory diseases, with symptoms of severe shortness of breath. The frequency of development of broncho-obstructive syndrome depends on many factors: environmental, epidemiological, socio-economic and other factors.

Bronchoobstructive syndrome is usually observed in children with an history of allergies, often in 30-50% of cases; this condition is often observed in children with OCD.

Bronchial obstruction syndrome is often observed in acute bronchitis, bronchiolitis, and rarely in pneumonia. The main etiological factor is RS-virus, adenovirus, mycoplasma and chlamydia infections [1].

In bronchial obstruction syndrome, obstruction develops as a result of thickening and swelling of the mucous membrane of the bronchi, blockage of the bronchial cavity as a result of hypersecretion, and spasm of the muscle layer, which leads to respiratory failure [2].

Purpose of inspection

Study of the clinical and laboratory features of the course of the disease in children with obstructive bronchitis and obstructive syndrome pneumonia in children under 2 years of age.

Inspection materials and methods

For the evaluation and analysis of clinical and laboratory signs, the medical records of 47 children under the age of 2 years who were treated with the diagnosis of obstructive bronchitis and obstructive syndrome pneumonia from January to March 2022 at the No. 1 Children's Clinical Hospital of Gomel region were used. Obstetrical and allergological



anamnesis, clinical symptoms of the disease, concomitant diseases and the results of laboratory tests were evaluated. Statistical analysis of the results was carried out using the Microsoft Excel 2016 program. The results were given as a percentage.

Results and their analysis

Medical records of 47 patients treated in the hospital with broncho-obstructive syndrome were analyzed, 36 (76.7%) of them were treated with the diagnosis of obstructive bronchitis and 8 (17.1%) with the diagnosis of pneumonia with obstructive syndrome. 25 (53.1%) of them were boys and 12 (25.5%) were girls.

51.6% (24 people) aged up to 6 months, 27.6% (13 people) older than 6 months.

Allergologic anamnesis was observed in 12 patients and it was 25.5%.

Analyzing the birth anamnesis revealed that 12 (25.1%) children were born prematurely.

26 (55.6%) children were hospitalized in the first 4 days of illness, 15 (31.3%) from 5 to 8 days.

34 (72.2%) children had concomitant diseases. Most often, intestinal dysbacteriosis was observed in 17 (36.8%) children, mild anemia in 14 (29.6%) children. 12 (25.5%) children had allergic dermatitis, 7 (14.3%) children had rickets, 6 (12.5%) had hypotrophy-type nutritional disorders; in rare cases, candidal stomatitis, acute otitis media, conjunctivitis were detected.

The general condition of the child when he came to the hospital was evaluated based on shortness of breath, presence and character of cough, auscultatory changes in the lungs, increased body temperature, and tachycardia. Shortness of breath was observed in 25 (53.4%) children, of which 1 degree NE was observed in 21 (44.6 %) children, 2 degree NE was observed in 4 (8.0 %) children.

Cough was observed in almost all children, in 53.1% of cases (25 children) it was dry and with little sputum, in 16 cases (34.1%) wet cough with sputum was observed.

During lung auscultation, dry wheezing is heard in 23 (48.4%) patients, dry and wet wheezing in 16 (34.1%) children, and wet wheezing in 7 (14.8%) children. Continuous and difficult exhalation was observed in all children.

An increase in body temperature was observed in 18 (38.6%) children, a subfebrile body temperature in 14 (29.6%) children, a body temperature higher than 38°C - in 4 (8.5%) children.

Tachycardia was observed in 43 (91.0%) children.

When the results of the general blood analysis were studied, leukocytosis ranged from 9.3 to 27.4·10⁹/l in 29 (61.4%) children, leukopenia in 1 child was 3.2·10⁹/l, and the leukocyte count was normal in the rest. observed.

Summary:

1. Obstructive bronchitis and bronchopneumonia with obstructive syndrome are often observed in children under 6 months of age, more (61.4%) of boys were affected.

In 25.5% of cases, it was found that bronchial obstruction was caused by an allergic anamnesis.

3. Bronchial obstruction was worse against the background of concomitant diseases: intestinal dysbacteriosis (29.8%) and anemia (24.6%).

4. Leukocytosis was observed in general blood analysis in the main 68.4% of patient children.



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