PNEUMONIA IN CHILDREN

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Abstract: *Pneumonia is an acute, usually infectious inflammation of the lungs, which affects the alveoli and connective tissue.*

Key words: *cyanosis, focal, segmental, acute, synpneumonic, rhinosinusitis, epiglottitis, tuberculosis, metapneumonic pleurisy*

A number of infections occur in the respiratory tract in the human body. Upper respiratory tract infections include rhinosinusitis (inflammation of the nasal passages and sinus cavities), pharyngitis (inflammation of the mucous membrane of the larynx), otitis media (inflammation of the ear), epiglottitis (inflammation of the larynx and its surrounding tissues), laryngitis (inflammation of the mucous membrane of the larynx).

Lower respiratory tract infections: bronchitis (mainly inflammation of the mucous membrane in the bronchi) and bronchiectatic disease (proceeds with the expansion of the bronchi). Infection of the lung parenchyma: lung abscess (place where pus accumulates in the lung), tuberculosis (pulmonary tuberculosis), pneumonia (inflammation of the lung).

Pleural infection: pleural empyema (pus in the pleural cavity) inflammation of pleural leaves passing along with it).

Etiology: zotiljam or pneumonia is a lung inflammation, an infectious disease of the lungs, an independent disease or a complication of other diseases. Pneumonia is an acute, usually infectious inflammation of the lungs, which affects the alveoli and connective tissue. Pneumococcus is caused by various bacteria (pneumococcus, streptococcus, staphylococcus) and viruses. The occurrence and development of the disease is caused by a person's severe cold, physical and mental fatigue, internal poisoning of the body - intoxication, and other factors that weaken the body's ability to fight the disease, as a result of which microbes enter the upper respiratory tract acutely and chronically, depending on the location, in limited areas or pneumonia (lungs a whole piece is affected) and focal bronchopneumonia are distinguished. Every year, 17 million people in the world are diagnosed with pneumonia. The mortality rate due to lung disease is very high and is 8-9%

Depending on the origin, pneumonia is divided into the following types:

Infectious (bacterial) - its causative agent is bacteria: pneumococci, staphylococci, streptococci, etc.;

Viral - it is caused by various viruses;

Fungal - it can be caused by mold and yeast fungi, pneumocystis and others;

Mixed - in this case, the lungs can be infected by two or more different pathogens at the same time. In addition, worms and common parasites can also cause pneumonia.

Pneumonia is divided into several types depending on the location:

Focal - when a small part of the lung is affected and there is only one disease center;

Segmental - when one or more segments of the lungs are affected; partially - a part of the lung is affected, for example, the alveoli and the areas next to it are affected;

Combined - in this case, several separate foci of the disease appear, and later they merge into a whole;

Total - when a whole lung is affected. Depending on which lung is affected, pneumonia can be unilateral (right and left) and bilateral.

Depending on the course of pneumonia, there are several stages:

Acute - it lasts from 3 weeks to 2 months;

Suo'tkir - 3 - 6 weeks; Chronic - can last from several months to several years or even decades.

Pathogenesis:

In the first stage, the patient's temperature rises to 35.5-39.5 °C. Headache, weakness, insomnia, mood swings and excessive sweating appear.

In the second stage, a cough appears - first dry, then wet, with a large amount of rust-colored sputum. Chest pain, which increases during breathing, appears.

In the third stage, signs of respiratory failure appear - shortness of breath and cyanosis (blue skin) in the nasal area. Often these are symptoms of extensive pneumonia.

Gasping: more than 60 per minute in children under 2 months, more than 40 per minute in children older than 1 year.

Body temperature higher than 38.5 C for more than 3 days. Tachycardia, pale skin color, loss of appetite, etc. Presence of focal or segmental infarct changes in chest X-ray

Croupous pneumonia:

Clinical symptoms: acute onset, fever, painful breath, wheezing, wet cough, respiratory depression

X-ray changes: homogenous darkening of the whole or segment of the lung, clear reaction of the pleura.

Hematological changes: neutrophilic leukocytosis, shift of formula to the left, toxic granularity of neutrophils, aneosinophilia.

Cause: pneumococcus

Acute pneumonia: Synpneumonic pleurisy: appears on the 1st days of the disease (sometimes at the same time as pneumonic infiltrate) and is often not diagnosed in time, because local "dry" pleurisy may not be visible on X-ray.

Metapneumonic pleurisy usually develops on the 7-10th day of illness against the background of synpneumonic pleurisy or bilateral pneumonia. It often occurs in pneumococcal pneumonia. It is typical for MPP to develop on the 1st-2nd day of normalization of body temperature.

Atypical pneumonia:

It develops slowly and is dominated by secondary symptoms — dry cough, headache, muscle pain, sore throat, weakness and restlessness.

At the same time, the X-ray shows minimal changes. This pneumonia is often caused by bacteria, fungi and chlamydia.

The inflammatory process in the pulmonary system often occurs due to the multiplication of the virus and the complications of the infected flu or viral infection. In such cases, it is impossible to get pneumonia, but it is easy to catch the disease that is the main cause. That is, pneumonia itself is not contagious, and the development of inflammation in the lungs is an independent complication that appears against the background of weakened immunity and improper self-treatment.

The disease can be transmitted in many ways, including:

Through the air — during the disease, droplets appear on the mucous membrane of the mouth and nose, which are spread through the air during sneezing and coughing. In any public place: in a hospital, in a store, in public transport, the disease can be transmitted through airborne droplets.

Through contact - Infection is transmitted during contact - shaking hands, hugging. People bring the infection into their body when they touch infected objects or touch their mouth, eyes, nose with dirty hands.

Through household items - Infection can be transmitted through common towels, dishes and bedding. Therefore, it is necessary to provide the patient with personal hygiene products and to change and wash them as much as possible. However, it is necessary to work with personal hygiene products very carefully. It has been proven that a viral microorganism can live on any surface for up to 4 hours. Pathogenic bacteria are not afraid of cold, pathogens can even disappear only five minutes after treatment with chlorine.

Through feces - The virus lives in feces for up to two days. The disease is easily transmitted through improper cleaning of the toilet or personal hygiene products. To prevent infection, especially in small children, you should always wash your hands after cleaning the child's bowl, change diapers often and wash the toilet area thoroughly. If the patient is a young child, it is necessary to consult a pediatrician.

If the patient is older, it is necessary to consult a therapist, if necessary, the doctor will refer the patient to a specialist with a narrow profile. The doctor conducts an external examination, studies the anamnesis, examines the medical history and asks about the symptoms of the disease.

The following laboratory analyzes are carried out:

General blood analysis;

General urinalysis;

Sputum analysis is performed to determine the inflammatory process in the body, as well as the cause of pneumonia and its sensitivity to antibiotics.

Additional analysis:

X-ray of the chest - darkening appears in places of tissue damage;

Computed tomography and magnetic resonance imaging are used as additional measures when other methods do not allow to make an accurate diagnosis.

Treatment:

If the pneumonia is bacterial, antibiotics are prescribed. Their effectiveness can be assessed after 48-72 hours. It is not possible to stop taking medicines arbitrarily and it is important to take them correctly as prescribed by the doctor. If antibiotics do not help, other treatment is prescribed or changed to another group of drugs.

Antibiotics are ineffective in viral pneumonia, so antiviral drugs are prescribed. Vitamins and immunomodulators can be prescribed as auxiliary substances. Physiotherapy can be prescribed as soon as the patient's body temperature returns to normal. This allows to remove sputum from the lungs. Phytopreparations are often prescribed for this purpose, for example, licorice root or bundles of medicinal herbs for breast.

In addition to medical treatment, patients need bed rest, protein and vitamin food, and plenty of warm drinks. For the best effect, therapeutic methods are recommended - electrophoresis, inhalation, massage, magnetotherapy, etc.

Vaccination against pneumococcal infection is carried out in the following cases:

- If the disease develops many times;
- Frequent visits to public places;
- Work in a bacteriological laboratory;
- If the patient often has acute respiratory viral infection and flu.

There are several drugs that can be given intravenously to protect against the disease. All of them differ in their content, price, and scope of influence.

In adults, vaccination is carried out once, permanent immunity against the pathogen develops in 2-3 weeks. But at the same time, experts also recommend vaccination once in 5 years.

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