

**Kuziyev Diyor Vokhidjonovich**

**Andijan state medical institute**

**Department of propedeutics of childhood diseases and policlinic pediatrics**

**THE CLINICAL AND ANAMNESTIC FEATURES OF THE COURSE OF SEVERE PNEUMONIA IN EARLY AGE CHILDREN COMPLICATED WITH INFECTIOUS-TOXICOSIS.**

**Annotation:** Altogether 101 children under 3 years old with acute pneumonia due to infectious toxicosis were examined for the clinical, roentgenomorphological and anamnestic aspects of the given condition. The clinical aspects were delineated on the basis of the universal status covered by the formalized case report. Methods included gathering anamnesis, clinical observation, x-ray studies. In the result determined that course of severe pneumonia in early age children complicated with infectious-toxicosis conducted with adverse anamnesis of mothers, premorbid background, artificial feeding and age of children.

**Key words:** Pneumonia, infectious toxicosis, anamnesis, X- ray studies, immunobiology.

**КЛИНИКО-АНАМНЕСТИЧЕСКИЕ ОСОБЕННОСТИ ТЕЧЕНИЯ ТЯЖЁЛЫХ ПНЕВМОНИЙ У ДЕТЕЙ РАННЕГО ВОЗРАСТА НА ФОНЕ ИНФЕКЦИОННОГО ТОКСИКОЗА.**

*Кузиев Диёр Вохиджонович*

**Андижанский государственный медицинский институт**

**Аннотация:** Обследован клинических, рентгеноморфологических и анамнестических аспектов 101 детей в возрасте до 3-х лет с острой пневмонией на фоне инфекционного токсикоза. Клинические особенности были очерчены на основе универсального статуса, охватываемого формализованным клиническим случаем. Методы включали сбор анамнеза, клиническое наблюдение, рентгенологические исследования. Выявлены, что состояния обследованных детей была обусловлена отягощенным

материнским анамнезам, преморбидным фонам, искусственным вскармливанием, а также возрастом ребенка.

**Ключевые слова:** Пневмония, инфекционный токсикоз, анамнез, иммунобиология, рентгенологические исследования.

**Actuality:** Despite certain successes achieved in recent years in the study of pathogenesis, their clinical manifestations, methods of therapy and rehabilitation of patients, emergency conditions in early age children continue to remain relevant. This is due, first of all, to the significant frequency of the formation of critical conditions in children at an early age, requiring the use of a complex of intensive measures. Among the syndromes that cause the formation of urgent conditions in early age children, the leading place is subject to infectious toxicosis.[1].

At the same time, the leading factors determining the high frequency and prevalence of infectious toxicosis in early age children are severe acute pneumonia [2]. Treatment of this group patient is associated with particular difficulties. It requires the participation of highly qualified professionals, correct sequence and to be comprehensive [3].

Above given data dictate the necessity to study the clinical and anamnestic features and manifestations of acute severe pneumonia in early age children with infectious toxicosis.

**Purpose of the study:** To analyze clinical and anamnestic features of the course of severe pneumonia in early age children with infectious toxicosis.

**Materials and methods:** This research analyzes the clinical and anamnestic features of 101 infants with severe pneumonia. Patients with pneumonia were represented in two groups: the main group (56 patients) with acute severe pneumonia complicated with infectious toxicosis and the control group (45 patients) with acute severe pneumonia without complications. The diagnosis of pneumonia was based on the history, clinical and radiological studies. The classification of acute pneumonia adopted in Moscow at a symposium on improving the classification of nonspecific lung diseases in children (1995), the WHO classification (1999) and the results of a symposium of pediatric pulmonologists of

Russia and a meeting of the problem commission on pediatric pulmonology and the hereditary medical council of the Ministry of Healthcare of Russian federation (2000).

**Results.** The age of children in both groups was from one month to 3 years. Among the observed patients in the control group, there were 28 boys (0.62), girls 17 (0.37), in the main group, respectively, 36 (0.64) and 20 (0.35). When studying the anamnesis of the examined, it was found that 43 (0.76) children of the main group and 30 (0.64) of the control group were born from aggravated pregnancy (toxicosis of the first and second half of pregnancy, the threat of miscarriage, Rh and ABO conflict, underwent infectious diseases - acute respiratory infections, pyelonephritis and others, in some women - the presence of chronic diseases in the stage of compensation). Of these 7 children, 21 (0.28) children were born from the first pregnancy, 25 (0.34) from the 2nd pregnancy, 10 (0.13) from the 3rd pregnancy, 17 (0.13) from the 4th pregnancy (0.23). The data obtained indicate that children born from the fourth or more pregnancies accounted for a significant percentage (23.2%) of the total number of patients examined. This also confirms the inverse relationship between the frequency of pregnancy and the health indices of the newborn and the child of the first year of life, creating the preconditions for the formation of a critical situation in children under the influence of stress factors. The characteristics of the premorbid background in the observed patients are presented in Table 1.

*Table 1. Characteristics of the premorbid background of the observed patients.*

Accompanied diseases	Frequency of analyzed feature	
	Main group	Control group
Protein-energy deficiency	27(0,48)	16(0,35)
rickets	31(0,55)	23(0,5)
Anemia	10(0,18)	5(0,11)
Perinat post-hypoxic encephalopathy	12(0,21)	2(0,04)

Exudative diathesis	8(0,14)	5(0,11)
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*Note: In this table, in parentheses, the relative frequency of the analyzed traits is presented - the ratio of the absolute indicator of the trait to the total variation series.*

When analyzing the features of ordinary activities in mothers of the observed patients, it was found that 30 (0.43) children were born from prolonged labor, 26 (0.35) rapid labor, complicated labor (postpartum atopic bleeding), in the presence of an post labor defect after Cesarean section -17 (0.22) children. 64 children were born with asphyxia, and asphyxia of the 1st degree occurred in 20 (0.31), the II degree - in 36 (0.56) and the III degree - in 8 (0.13) patients, were born prematurely -15(0, fourteen). 5 children were born weighing up to 2 kg, 19 (0.18) children from 2 to 3 kg, 77 (0.76) children over 3 kg.

The state of the immunobiological properties of the child's body is significantly influenced character of feeding in the first year of life. At the same time, the aggravating role of artificial and mixed feeding has been proved. Among the children observed in this study, 23 (0.22) were mixed-fed and 34 (0.33) were not formula-fed.

A certain role in the implementation of critical conditions in children with detected early illnesses, the presence of anamnesis in the form of bronchopneumonia, respiratory viral infection was noted in 47 (0.46) patients, acute intestinal infection and hepatitis - in 12 (0.11).

Most of the observed children were born from young parents, average age of mothers was 25 years and fathers 27 years. The condition of all patients upon admission to the intensive care unit was assessed as severe. At the same time, signs of toxicosis were used as the basis for severity.

The children were admitted to the intensive care unit for treatment at different times from the onset of the disease. So patients of the main group with toxicosis of the 1st degree were admitted on average 12 days from the onset of the

pathological process, and with toxicosis of the II degree - on the 7th and toxicosis of the III degree on the 5th day of the disease.

Most of the children had a febrile or subfebrile temperature reaction on admission. At the same time, febrile temperature was typical for patients with toxicosis of I-II degree, with an average of 38.5°C. With grade III toxicosis, in most cases, there was a subfebrile temperature.

When examining patients, the pale color of the skin was found in 46 patients, in 40 patients there was a gray color of the skin, a marble pattern, as a sign of vegetative-vascular dystonia was observed in 15 children.

The semiotics of respiratory organs damage was manifested, first of all, in mixed dyspnea in all patients, as well as increased airway resistance on exhalation in 28 children. At the same time, in 17 patients, expiration was especially difficult and prolonged, that is, there was a pronounced obstructive syndrome. Violation of the function of external respiration was manifested in the swelling of the wings of the nose in 32 patients, the sinking of the supple places of the chest - in 43 patients. All patients had a dry or wet cough upon admission in intensive care unit. During percussion over the lesions of the lungs, there was a shortening of the percussion sound, during auscultation, there was a weakening of breathing, the presence of moisture crackles on expiration and, in some patients, on inspiration. In 62 patients, along with a shortening of the percussion sound, a box character of the pulmonary sound was diagnosed.

The frequency of individual toxic syndromes aggravating the manifestation of pneumonia in the main group was as follows: obstructive 23 (0.25), cardiorespiratory 30 (0.33), neurotoxic 17 (0.18), cardiovascular 6 (0.06), circulatory 9 (0.1), DIC-syndrome 3 (0.03), exicosis 2 (0.02). In the control group, these syndromes had a different frequency of severity: obstructive 17 (0.23), cardiorespiratory 24 (0.32), neurotoxic 18 (0.24), cardiovascular 4 (0.04), circulatory 7 (0.035), DIC- syndrome 3 (0.04). The syndrome of bronchial obstruction was clinically manifested on expiratory, in children of the first months of life-mixed shortness of breath. Exhalation was carried out with the participation

of auxiliary muscles; the children noted anxiety there was swelling of the chest, weakening of breathing, in some places bronchophony, percussion hard sound.

An X-ray examination revealed focal pneumonia in 28 children, focal-confluent pneumonia in 33 patients, and bilateral polysegmental pneumonia in 40.

**Conclusions:** Thus, our data indicate that the severity of the condition of the examined children was due to aggravated maternal history, premorbid background, artificial feeding. The effectiveness of therapy depends on the individual choice of it, taking into account the etiology of the disease, the course and phase of the pathological process, the age of the patient, and the degree of extrapulmonary lesions in the body.

### **Competing interests**

Authors have declared that no competing interests exist.

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