



EVALUATION OF THE EFFECTIVENESS OF THE USE OF POLYOXIDONIUM WITH PNEUMONIA IN CHILDREN

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Annotation. The search for ways to improve the etiological diagnosis and treatment of pneumonia in children continues [3.5]. Until now, pneumonia remains one of the most common diseases in children, often being the main or competing cause of mortality (3.4). Currently, there is little information about the effect of modified therapy with the inclusion of Polyoxidonium on clinical parameters and parameters of immunological reactivity of the body in children with pneumonia (1.2).

Key words: pneumonia, children, lungs, intoxication.

The relevance of the problem. Timely diagnosis and treatment tactics for pneumonia is one of the most pressing problems of modern pediatrics. According to the World Health Organization, pneumonia is one of the leading causes of infant mortality worldwide[1.2]. Pneumonia is the most common disease of children hospitalized in the hospital [2.5]. The problem of lung tissue inflammation is explained by the high incidence, mortality from pneumonia among young children, as well as the high cost of treatment [4]. Among the main causes of the unfavorable outcome of pneumonia in children is late diagnosis and inadequate therapy. The search for ways to improve the etiological diagnosis and treatment of pneumonia in children continues [3.5]. Until now, pneumonia remains one of the most common diseases in children, often being the main or competing cause of mortality (3.4). Currently, there is little information about the effect of modified therapy with the inclusion of Polyoxidonium on clinical parameters and parameters of immunological reactivity of the body in children with pneumonia (1.2).

Purpose of the study: The aim is to study the effectiveness of the drug Polyoxidonium in pneumonia in children in order to optimize therapy.



Material and methods. 56 children with community-acquired pneumonia aged 3-5 years were observed on the basis of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care.

The diagnosis was made based on the study of anamnesis, clinic and additional research methods. Along with the generally accepted clinical and laboratory research methods, a detailed examination of sick children was carried out according to a specially developed map, which allows taking into account the peculiarities of the results of biochemical, radiological and immunological research methods.

All patients were subjected to thorough general clinical, laboratory-instrumental and bacteriological research methods.

Patients with pneumonia were divided into two groups: group 1 (20 patients) were on traditional treatment, and group 2 (36 children) received complex therapy in combination with Polyoxidonium, which has immunomodulatory, detoxifying, anti-inflammatory, antioxidant, membrane stabilizing effects, which was administered intramuscularly, 1 time every other day, at a dose of 0.1 mg/kg.

Results. In 41-73.2% of patients from the anamnesis, it was revealed that pneumonia developed as a result of ARVI. Upon admission, 34-60.7% of patients showed signs of respiratory insufficiency of the 1st degree, in 12-21.4% of cases there was bronchoobstructive syndrome and 10-17.8% of children had toxicosis with exicosis. In the hospital, the observed patients registered marked shifts in immunological reactivity: the level of IgG (7.0 g/l) and IgA (0.42 g/l) decreased with a slight increase in IgM (1.64 g/l). Patients with pneumonia received complex therapy, which was carried out taking into account the severity of the general condition and the clinical variant of the disease. All patients received



age-appropriate nutrition, inhalations with the addition to aerosol mixtures of drugs that reduce the viscosity of sputum (sodium bicarbonate solution, acetylcysteine), broad-spectrum antibiotics (penicillins, cephalosporins, aminoglycosides), vitamins A, B, B₆, C, E.

Sick children of the 2nd group (36 children) were prescribed Polyoxidonium in a dose of 0.1 mg / kg 1 time every other day intramuscularly for complex therapy. After two injections of the drug, there was an improvement in the general condition, a decrease or disappearance of signs of toxicosis, shortness of breath, wheezing in the lungs, tachycardia. In group I of patients receiving traditional treatment, the improvement of the general condition and the reverse development of clinical manifestations of the disease was recorded 1.3 days later than in group II patients. Studies have shown that in I group of patients with pneumonia who received traditional hospital treatment, shifts in immunological reactivity indicators persisted before discharge. In patients of this group, there was a decrease in serum IgG (7.2 g/l) and IgA (0.44 g/l) levels, a slight increase in IgM (1.25 g/l). Immune disorders preserved by discharge from the hospital in patients of group I indicate the insufficient effectiveness of traditional therapy and the preservation of signs of inflammation, the possibility of their relapse of the disease, which may be associated with the use of antibiotics with immunosuppressive properties. In II groups of patients receiving complex therapy with the inclusion of Polyoxidonium, an increase in serum IgM (1.39 g / l) was noted before discharge, and IgG (7.9 g / l) and IgA (0.53 g / l) immunity indicators were close to the norm. Patients with pneumonia were hospitalized for an average of 7.7+1.1 bed days. The hospital stay of the 1st group of patients was 8.3+0.9 bed days, and the 2nd group of patients receiving complex therapy in combination with Polyoxidonium was 7.1+1.1 bed days, i.e. the patients



of the IInd group were discharged from the hospital 1.2 bed days earlier than the patients of the Ist group.

Conclusions. Thus, studies have shown that the inclusion of Polyoxidonium in the complex treatment of children with pneumonia contributes to the improvement of the general condition and the disappearance of clinical symptoms of the disease, reducing the time of stay of patients in the hospital and normalization of immunity parameters. In this regard, it is recommended to use Polyoxidonium in the complex treatment of children with pneumonia in order to prevent and increase the immunomodulatory effect.

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