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**PECULIARITIES OF TREATMENT OF RESPIRATORY INFECTIONS IN CHILDREN
WITH FUNCTIONAL DIGESTIVE DISORDERS**

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In recent decades, the incidence of respiratory tract diseases in children caused by atypical pathogens became an epidemic. According to researchers, respiratory pathology caused by chlamydia and mycoplasmas is diagnosed in 25-29% of preschool children in Europe. Mycoplasmas and chlamydia - a group of obligate intracellular pathogens, occupies an intermediate position between viruses, bacteria, and protozoa. The source of infection is a patient with respiratory mycoplasmosis or chlamydia and a carrier. The intracellular pathogens are indicated by airborne transmission causing damage to the mucous membranes of the posterior wall of the pharynx, trachea, bronchi. The clinical picture depends on the virulence of the pathogen, the intensity of its reproduction, the age of the patient, reactivity of the organism, the presence or absence of concomitant viral or bacterial infections.

Uncertainty of general toxic and general infectious syndromes of the disease contributes to the late treatment of parents for medical care. At the outpatient stage chlamydia and mycoplasmosis are treated as prolonged viral infections, catarrhal whooping cough, bacterial sinusitis, and pharyngitis. But the common treatment in the outpatient stage including mucolytics, vitamins, semi-synthetic and cephalosporins antibiotics does not have a sufficient effect. The course of the disease is long and monotonous with the presence of dry obsessive cough, low-grade fever from 2.5 weeks to 2-2.5 months. Mycoplasmal and chlamydial pneumonia lead to the formation of chronic bronchopulmonary processes in older children.

The work aimed to optimize the diagnosis and treatment of atypical respiratory diseases in children. In the pediatric department of the Chernivtsi children's hospital, 78 patients with airway lesions of atypical pathogens were examined.

The average age of patients was 4 years 6 months. In 54 children prolonged and recurrent bronchitis was diagnosed, 24 had community-acquired pneumonia. In 58 patients intracellular pathogens were diagnosed. It was based on the detection of the pathogen in the nasal mucosa using fluorescent sera, and detection of antichlamydial and antimycoplasmal immunoglobulins in blood serum.

In 32 children mycoplasmosis was diagnosed, in 26 - chlamydia. The initial manifestations in these patients were moderate general intoxication (headache, weakness, sub-febrile temperature). Everyone had a dry painful cough, 61% had manifestations of pharyngitis with granularity on the posterior pharyngeal wall, chest pain. Shortness of breath was observed in 21% of patients. Mosaic percussion was seen in all children with lower respiratory tract lesions. Physical data showed scanty manifestations: against the background of hard and weakened breathing single wet rales were heard.

On X-ray in children with atypical pneumonia was found inhomogeneous pulmonary infiltration, without clear boundaries, in the form of small spots (or drains) eclipses was found. More often infiltration in the form of "fog", "clouds". For children with obstructive bronchitis was characterized by increased and thickening of the lungs images. Enhanced bronchovascular pattern persisted for a long time after recovery. Paraclinical data without special changes.

The complex treatment included macrolide antibiotics (sumamed, Azithromycin Sandoz, rovamycin in age doses - from one to three courses), recombinant interferons (cycloferon), a drug of plant origin (umkalor). The high effectiveness of macrolides is due to their significant intracellular concentration in the respiratory tract. Cycloferon increased the synthesis of endogenous interferons. The immunomodulatory effect of umkalor was realized by increasing phagocytic macrophage activity. The use of these antibiotics in combination with immunocorrection drugs Cycloferon and umkalor helped to avoid further atypical recurrences of respiratory diseases.