



## CLINICAL COURSE AND ETIOPATHOGENETIC ASPECTS OF DISEASES IN FREQUENTLY ILL CHILDREN

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### Annotation

This article states that 42 frequently ill children from 1 month to 6 years of age were examined. It was found that these children most often had respiratory diseases such as bronchitis, SARS, tonsillitis, pneumonia, etc. Where concomitant syndrome was most often observed diarrhea, anemia, malnutrition, kidney disease.

We examined 42 frequently ill children (FIC) from 1 month to 6 years of age with diseases of the upper respiratory tract. The comparison group consisted of 20 episodically ill children. The study of the clinical diagnosis in FIC shows that among diseases of the upper respiratory tract, the first place is occupied by acute bronchitis 35.8%, SARS - 33.4%, acute focal pneumonia - 14.3% and obstructive bronchitis - 16.6%. Among the concomitant syndromes in FIC, diarrhea occupies a special place - 43.5%.

At this age, antagonist microbes in the composition of the intestinal microflora are in smaller quantities and the normal intestinal microflora is not fully formed.

**Key words:** frequently ill children, concomitant diseases, complications.

### Relevance

In modern pediatrics, the term "frequently ill children" is a clinical and social problem, the relevance of which is in the center of attention of physicians of all specialties. The urgency of the problem is explained by a significant increase in the number of patients, an increase in the number of beds in children's hospitals, long-term care for sick children, for which the state has huge economic damage.

The etiology and pathogenesis of diseases in FIC are multifaceted, among which a special place is occupied by a burdened obstetric history, underdevelopment of various parts of the child's immune system, the emergence of resistant forms of microorganisms to modern chemotherapeutic drugs.

Numerous literature data devoted to this problem are diverse and contradictory.

**The purpose of the study:** to study the impact of concomitant diseases on the course of respiratory pathology in frequently ill children at the present stage.





**Material and methods of research:** 42 frequently ill children (FIC) from 1 month to 6 years of age, hospitalized for diseases of the upper respiratory tract, were examined. The comparison group consisted of 20 episodically ill children (ESD). All children were examined in the City Clinical Hospital No. 1 in Samarkand.

Clinically, in children against the background of severe intoxication, there were signs of respiratory failure, shortening of lung sound during percussion, local rales in the lungs during auscultation, weakened bronchial breathing, asymmetric rales in the lungs. In addition, to clarify the burdened obstetric and somatic anamnesis, their mothers were subjected to examination.

**Results of the study:** The results of anamnestic data show that among mothers with FIC, anemia of I-II degree is 37 (84%), chronic tonsillitis - 29 (69%) and kidney disease - 15 (37.5%). This suggests that the role of maternal health is important in the formation of the FBI group. Of the obstetric factors, multiple births - (more than 3) were noted in 31, which is 73.8%, prolonged births - 59.5%. Polyhydramnios, miscarriage and stillbirth 26.1%.

Such indicators were low among mothers with EBD and they did not have a pathological process on the part of the kidney, which is a very important criterion that determines the health of mothers.

Features of the obstetric history, namely, from which pregnancy were born and formed FIC, is that FIC is more often formed from the first and from the fourth pregnancy. Among the 42 examined PICs, 57.2% were born from the first pregnancy, which may depend on the age of the mothers or the children born had low Apgar scores. Children born from the fourth pregnancy is - 28.6%. Such a state may depend on the weakening of the body of mothers.

The study of the clinical diagnosis in the examined children shows (table 1) that among diseases of the upper respiratory tract, the first place is occupied by acute bronchitis 35.8%, SARS - 33.4%, acute focal pneumonia - 14.3% and obstructive bronchitis - 16, 6%.

It is interesting to note the fact that the premorbid background in FIC has a wide range. Among which chronic tonsillitis, nasopharyngitis, rickets of the I degree, malnutrition of the I degree and anemia of the I-II degree are very common. Diarrhea occupies a special place among the accompanying syndromes. In EBD, malnutrition and signs of rickets were not registered in any case.



Table 1 Clinical diagnosis, premorbid background, concomitant syndromes  
at «Frequently Ill Children»

Number of examined children Among them clinical diagnosis	Among them clinical diagnosis	Premorbid background and concomitant syndromes
42 FIC	ARVI 14-33.4%	Chronic tonsillitis. Acute nasopharyngitis. Convulsive syndrome. Rickets of the 1st. degree. Anemia 1-2 st. Diarrhea
	Acute focal pneumonia 6-14.3%	Convulsive syndrome. Rickets of the 1st degree. obstructive syndrome. Anemia 1-2 st. Hypotrophy 1 st. Diarrhea.
	Acute bronchitis 15-35.8%	Acute nasopharyngitis. Anemia 1-2 st. Hypotrophy 1 st. Diarrhea.
	Obstructive bronchitis 7-16.6%	Asthmatic syndrome. Chronic tonsillitis. Rickets 1 st. Anemia stage 1 Hypotrophy 1 st. Diarrhea.
20 ЭБД	EBD SARS 10-50%	Chronic tonsillitis. Anemia 1 st.
	Acute bronchitis 10-50%	Chronic tonsillitis. Anemia 1st.

The relationship between age and diarrhea is noted as a complication of the underlying disease in FIC. One of the highest rates was observed in children from 6 months of age to 1 year. Of all the examined, more than half had diarrhea at this age. In FIC with a clinical diagnosis of ARVI, diarrhea was accompanied in 57.1% of cases, with a diagnosis of focal pneumonia - 66.1%, acute bronchitis - 60.1% and obstructive bronchitis - 28.5%.

Diarrhea occurs with the same frequency (33.3%), against the background of the underlying disease from 1 to 3 years. After 3 years, the number of children suffering from the background of the underlying disease with diarrhea decreases sharply. The same features were noted in episodically ill children, but only with a lower frequency.



Table 2 Age-related features of diarrhea as a complication of the underlying disease in FIC

Number of examined children		Diarrhea was observed among the examined children			Total
		From 1 month to 1 year	From 1 year to 3 years	From 3 years to 6 years	
SARS 14		75%	25%	-	57,1%
Acute focal pneumonia 6		75%	25%	-	66,1%
Acute bronchitis 15		33,3%	44,4%	22,3%	60,1%
Obstructive bronchitis 7		50%	50%	-	28,5%
EBD Episodically ill children	ARVI 10	20%	-	-	20%
	Acute bronchitis 10	10%	10%	-	20%

So, out of the total number of 62 examined, in 43.5% of children, respiratory diseases are accompanied by diarrhea. All this is explained by the fact that at this age microbes antagonists in the composition of the intestinal microflora are observed in smaller numbers and the normal intestinal microflora is partially formed. With frequent respiratory diseases, various antibiotics are used, which are most often empirical and destroy antagonist microbes.

## Findings

1. In diseases of the upper respiratory tract, FIC often complication with diarrhea. In order to prevent the development of diarrhea, it is necessary to restore the normal intestinal microflora in time with the use of eubiotics (bifidumbacterin, lactobacterin, colibacterin).
2. In FIC, the premorbid background is anemia of the I-II degree, malnutrition of the I degree.
3. The formation of a group of frequently ill children depends on the state of health of mothers and burdened obstetric anamnesis.



## Literature

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