

FEATURES OF PNEUMONIA IN CHILDREN

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Pneumonia in young children is one of the urgent pediatric problems and is characterized by high morbidity and the development of complications. Insufficient formation of the immune system in this age group leads to severe and rapid development of the disease. Therefore, a deep study of the clinical course of the disease has important scientific and practical significance.

Purpose of the study: to determine the features of the clinical course, the main clinical and laboratory signs of pneumonia in young children, as well as to assess the factors influencing the severity of the disease.

Materials and methods of research: In the study, children with early pneumonia were under clinical observation. The patient's medical history, complaints, and the results of an objective examination were studied. As laboratory tests, the general blood count, biochemical parameters, and inflammatory markers were assessed. The diagnosis was confirmed based on additional instrumental examinations. The obtained results were subjected to statistical analysis.

Results. During the study, patients were divided into two groups: Group I - children receiving standard treatment, Group II - children receiving complex treatment (additional rehabilitation measures along with standard therapy). According to the comparison results, in patients of group I, the resolution of clinical symptoms (fever, cough, respiratory failure) was relatively slow, and in some cases, the development of complications was observed.

A slow decrease in inflammatory markers was noted in laboratory indicators. In group II, clinical signs regressed much faster: body temperature normalized faster, respiratory indicators improved, and signs of hypoxia disappeared in a short time. Also, in this group, the intensity and duration of coughing significantly decreased. In laboratory results, a faster normalization of leukocytosis, neutrophilia, and C-reactive protein indicators was observed.

In addition, in group II, it was found that the duration of the disease was reduced and cases of reinfection were less frequent.

Thus, a comparison of the results of the two groups showed that the use of complex treatment and rehabilitation measures is more effective in alleviating the clinical course of pneumonia in young children, reducing the recovery period, and reducing the risk of complications.

According to the results obtained, the majority of patients had an acute onset of the disease, with fever, cough, respiratory failure, and symptoms of general intoxication. In young children, signs of tachypnea, chest tightness, and hypoxia were frequently detected, indicating a severe course of the disease. Laboratory studies revealed an increase in markers of leukocytosis, neutrophilia, and inflammation. Against the background of treatment, positive dynamics were observed in the clinical and laboratory parameters of patients.

Conclusion. In young children, pneumonia tends to develop severely and rapidly, and early diagnosis and timely implementation of comprehensive treatment measures are of great importance. In-depth study of the clinical and laboratory features of the disease serves to increase the effectiveness of treatment and reduce complications.