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CLINICAL FEATURES OF PNEUMONIA IN CHILDREN WITH MYOCARDITIS

Normatov Marufbek Bakhrom yuli

Mazhidova Shoiri Bakhodirovna

Abdurahimov Abdukhamid Abdupatto ugli

1st year clinical residents of the Department № 1 of Pediatrics and Neonatology
Samarkand State Medical University
Samarkand

Purpose of work: To analyze the features of the clinical course of community-acquired pneumonia in children with myocarditis.

Material and methods of research: 84 children from 1 to 5 years old with pneumonia, who were in the departments of emergency pediatrics and children's resuscitation of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, were examined. Group I consisted of 42 patients with acute pneumonia who did not have disorders of the cardiovascular system. Group II included 42 children with pneumonia who had a pathology of the cardiovascular system.

Results: It was established that the first symptoms of myocarditis in children with pneumonia induced by high intoxication appeared on average within 12 months in the form of arrhythmias and in children with a history of frequent acute respiratory viral infections or tonsillitis, respectively, at 8 months. 12.6% of patients with pneumonia were hospitalized in the first three days from the onset of the disease, 58.7% - on days 3-5, and the remaining 28.7% - for more than 5 days.

Late appeal of patients for medical care (3-5 days and later) was 3.2 times more common in patients of group II who had disorders of the cardiovascular system, and this may have been the cause of the development of damage to the heart muscle and an unfavorable outcome of acute pneumonia and complicated course of the disease. Pneumonia in 31.7% of patients developed at 3.1-1.1 days from the onset of ARVI symptoms. At admission, 38-59.4% of sick children had mixed dyspnea, and 26-40.6% of the inspiratory type. The cough was dry in 28.3% of cases, wet - in 71.7% of patients. Nocturnal excruciating cough and viscous sputum were more common (2.8 times) in group II children with symptoms of hemodynamic disturbances.

In all patients of group II, who had arrhythmias during pneumonia, typical attacks of dyspnea were observed, aggravated by slight physical exertion, even in the absence of signs of intoxication, which confirmed damage to the heart muscle. In children with pneumonia in the presence of hemodynamic disorders, DN1-2 degrees were detected in 37 (43.3%) children and grade 3 - in 11 (13.3%) patients, while in group I, DN1-2 degrees were found much more often, and 3 degrees were revealed only in 3 cases.

In the second group of sick children in the presence of pneumonia and changes in the cardiovascular system, there was a higher frequency of registration of febrile condition - 46 (57.5%), in contrast to patients of group I (42.5%) and especially persistent hyperthermia (respectively 16.6% and 10.0%). Studies have shown that in the formation of cardiovascular changes in pneumonia in children, the following are important: late treatment of patients for medical help (more than 3 days), the presence of symptoms of toxicosis, hyperthermia, arrhythmia.

Findings. Thus, 51.7% of patients with pneumonia have cardiovascular maladaptation, the early diagnosis of which is the prevention of myocarditis and complicated course of pneumonia in children.