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**PECULIARITIES OF ANTIBIOTIC THERAPY OF COMMUNITY-Acquired
PNEUMONIA IN CHILDREN**

Eshkobilov Fazliddin
Zhonikulova Mohira

2nd year clinical residents of the Department №1 of Pediatrics and Neonatology

Arabov Okhunjon

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

The aim of this study was to study the effect of antibiotic therapy depending on the etiological aspects of community-acquired pneumonia in children.

Material and research methods. The results of clinical and bacteriological examination of 64 children under the age of 7 with community-acquired pneumonia, hospitalized in the departments of emergency pediatrics and pediatric resuscitation of the SF RRCEM, were studied. The sputum was examined by the conventional method by culture before the start of antibiotic therapy.

Research results. Boys with community-acquired pneumonia were 30-55.6%, girls - 24-4.4%. Complicated pneumonia was more often diagnosed in young children. 34-62.9% of mothers of patients noted that the disease was preceded by ARVI. Concomitant anemia was present in 51-4.4% of patients, atopic dermatitis - in 25-46.3% of children, CNS pathology - in 16-29.6% of cases. Patients were admitted in moderate 47-87.1% and severe 7-12.9% condition. Cardiorespiratory syndrome, which determines the severity of the condition, occurred in 21-38.9% of children aged 3-5 years of life, toxic syndrome was diagnosed in 33-61.1% of young patients. tachypnea was noted in 21-38.9%, tachycardia - in 24-44.4% of cases. Pneumonia was confirmed radiographically in all patients, of which in 16-22.2% of cases in children aged 3-5 years, pneumonia with cardiomegaly was determined. Sputum culture of patients showed the presence of violations of the biocenosis of the upper respiratory tract in 46-85.1% of children. *Escherichia coli*, *Klebsiella pneumoniae*, *S. aureus*, *Enterococcus* spp. and others, indicating dysbiosis of the upper respiratory tract. More often than others (28-51.8%), enterococci were sown. Gram-negative flora was isolated in children, predominantly of early age. In the sputum of patients, a significant number of bacterial associations were found in amounts below the diagnostic threshold - up to 103-104 CFU/ml. In 14-5.5% of patients, there were associations of enterococcus with *S. pneumoniae*. In 21-38.9% of cases, the most significant pneumotropic flora - *Streptococcus pneumoniae*, highly sensitive to cephalosporins, and in 8-14.8% of patients - to ampicillin was detected. *Staphylococcus aureus* was isolated in 9-16.7% of cases. Starting etiotropic therapy was prescribed depending on age, clinical and radiological data, previous antibiotic therapy, background condition. Cefotaxime was the starting antibiotic in 33-61.1% of patients, ceftriaxone was used by 17-31.5% of children as an alternative antibiotic. Ampicillin was prescribed less frequently - in 15-27.8% of cases in children of the first year of life. Combined antibiotic therapy was carried out in 5-9.3% of seriously ill children. Aminoglycosides (amikacin, gentamicin) were in second place in terms of frequency of use. The drugs were prescribed parenterally, in age dosages, followed by continuation according to indications on an outpatient basis. Sick children received a course of antibiotic therapy for an average of 12.1 ± 1.4 days. In the course of follow-up, clinical recovery and radiographic resolution of focal changes in the lungs were achieved in all cases.

Findings. Thus, in patients with community-acquired pneumonia, the range of antibacterial drugs used in etiotropic therapy is adequate to the sensitivity of the isolated microflora, which dictates the need to develop a rational choice of starting antibiotic therapy.