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EFFECTIVENESS OF USE OF POLYOXIDONIUM IN CHILDREN WITH COMMUNITY-ACQUIRED PNEUMONIA

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Purpose of the study. To study the effectiveness of the drug Polyoxidonium in children in the treatment of community-acquired pneumonia.

Material and research methods. We examined 42 children aged 3 to 10 years with community-acquired pneumonia, hospitalized in the pediatric departments of the Northern Branch of the Republican Research Center for Emergency Medicine. The patients were divided into two groups: group 1, consisting of 21 patients, received traditional treatment; group 2, which included 21 children, received, along with complex therapy, the drug Polyoxidonium, which was administered intramuscularly at a dose of 0.1 mg/kg, once every other day.

Research results. The cause of pneumonia in most cases 30 (71.4%) was ARI. Indications for hospitalization in 32 (76.2%) patients were acute respiratory failure of the I or II degree, in 36 (85.7%) patients there was a cough and in 12 (28.6%) cases - toxicosis with exicosis. In patients, pronounced changes in immunological reactivity parameters were recorded: the level of IgG (7.0 g/l) and IgA (0.42 g/l) decreased with a slight increase in the level of IgM (1.64 g/l). All patients received age-appropriate nutrition, inhalations, antibiotics and syndromic therapy. In group II patients, after two injections of the drug, there was an improvement in their general condition, a decrease or disappearance of signs of toxicosis, shortness of breath, wheezing in the lungs and cough. In patients of group II, an improvement in general condition and a reverse development of clinical manifestations of the disease were recorded 1.2 days earlier than in group I patients. Before discharge from the hospital in patients of group I, shifts in immunological reactivity remained and a decrease in the levels of serum IgG (7.2 g/l) and IgA (0.44 g/l) was observed with a slight increase in the content of Ig M (1.25 g/l). Immune disorders that persisted at discharge from the hospital in patients of group I indicate the persistence of signs of inflammation and the possibility of developing a relapse of the disease, which may be associated with the use of antibiotics with immunosuppressive properties. In patients of group II who received Polyoxidonium, before discharge there was an increase in the level of serum Ig M (1.39 g/l), and the immunity indicators IgG (7.9 g/l) and IgA (0.53 g/l) were close to normative. The length of hospital stay for patients in group II who received complex therapy in combination with Polyoxidonium was reduced by 1.1 bed days compared to patients in group I.

Conclusions. Based on the above, the use of the drug Polyoxidonium in the complex treatment of children with community-acquired pneumonia helps to normalize immunity parameters and reduce the time of patient stay in the hospital.