



Bronchitis in children under one year of age and methods of its treatment

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ABSTRACT

In this article, treatment of Bronchitis is a long and difficult process. In any case, the recommendations of a qualified doctor are necessary, because different forms of the disease require the use of specific treatment methods. Treatment procedures are different: etiotropic – elimination of the causative factor (virus or bacteria), symptomatic treatment – elimination of life-threatening symptoms, in case of obstructive bronchitis and bronchiolitis, hospital treatment is recommended.

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Bronxit bir yoshgacha bo'lgan bolalar va uning davolash usullari

Kalit so'zlar:

Infektsiya,
bakterial,
pediatriya,
virus,
bakteriya,
allergen,
toksik,
berodual,
eufillin,
bronxit.

ANNOTATSIYA

Ushbu maqolada bronxitni davolash uzoq va qiyin jarayondir. Har holda, malakali shifokorning tavsiyalari zarur, chunki kasallikning turli shakllari muayyan davolash usullaridan foydalanishni talab qiladi.

Davolash tartib- qoidalari har xil: etiotropik – qo'zg'atuvchi omilni (virusli bakteriyalarni) bartaraf etish, simptomatik davolash hayotga xavf tug'diruvchi simptomlarni bartaraf etish, obstruktiv bronxit va bronxiolitda kasalxonada davolanish tavsiya etiladi.

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Бронхит у детей до года и методы его лечения

АННОТАЦИЯ

Ключевые слова:

инфекция,
бактериальная,
педиатрическая,
вирусная,
бактерии,
аллерген,
токсический,
беродуал,
эуфиллин,
бронхит.

В данной статье рассмотрено, что лечение бронхита представляет собой длительный и сложный процесс. В любом случае, необходимы рекомендации квалифицированного врача, ведь разные формы заболевания требуют применения специфических методов лечения. Методики лечения разные: этиотропные – устранение возбудителя (вирусных бактерий), симптоматическое лечение – устранение угрожающих жизни симптомов, при обструктивных бронхитах и бронхиолитах рекомендуется стационарное лечение.

Bronchitis in children under one year of age is usually a complication of a bacterial or viral infection that involves the respiratory tract. But sometimes the disease occurs for no apparent reason. Suspected disease may be a characteristic noise in the chest and wheezing. The reason for this lies in the symptoms of accumulated mucus in the respiratory tract. Pediatricians want to prescribe babies for treatment: Bronchitis in children under one year old is usually a complication of a bacterial or viral infection that involves the respiratory tract. But sometimes the disease occurs for no apparent reason. Suspected disease may be a characteristic noise in the chest and wheezing. The reason for this lies in the symptoms of accumulated mucus in the respiratory tract. Pediatricians want to prescribe babies for treatment: In the treatment of acute bronchitis in children, inflammation of the mucous membranes and cough should be eliminated first. It is also important not to forget that cough is a defense mechanism of the body, through coughing the body tries to get rid of foreign bodies (regardless of whether it is a virus, bacteria, allergen or toxic substance). Because of this, a lot of mucus is produced in the mucous membranes and it is expelled from the body in the form of sputum. The only problem is that this sputum is very sticky and difficult to move, especially in young children, because their lungs and bronchi are weak, they cannot separate the sputum by coughing. Mucolytics and expectorants are used to facilitate sputum passage. Mucolytic agents (ASS, Ambrohexal, Bromhexine) soften sputum and make it easier to move. Expectorants (Ascoril, Gerbion, Gedelix, Prospan, Dr. Mom) facilitate the passage of sputum from the respiratory tract during coughing. Most of these preparations are prepared on the basis of medicinal plants. In addition, some antitussive drugs have the ability to block the cough center in the brain. Such drugs are prescribed when a long-lasting dry cough is observed. A dry cough is an early sign of the disease. However, it is not possible to take antitussive drugs during a wet cough when expectoration is observed. Because such means block the cough center and prevent the release of sputum. Drugs that expand the bronchial space (berodual, eufillin) are used in spasm of bronchial branches. They can be in the form of an aerosol for inhalation or in the form of tablets. Baking soda and salt inhalations can be used as anti-inflammatory agents. It is recommended to give antipyretic, analgesic and nonsteroidal anti-inflammatory drugs (paracetamol, ibuprofen and their analogs) to children only when the body temperature exceeds 38-38.5 oC. In cases below 38 oC, it is not necessary to give such tools to children, the body will fight the infection on its own. Medicines such as aspirin and analgen cannot be used in children. In

cases of severe inflammation, the doctor may also prescribe hormonal anti-inflammatory drugs. In the allergic form of bronchitis, antihistamines are used to reduce swelling of mucous membranes.

Treatment of bronchitis is a long and difficult process. In any case, the recommendations of a qualified doctor are necessary, because different forms of the disease require the use of specific treatment methods. Treatment methods are also different: etiotropic – elimination of the causative factor (virus or bacteria), symptomatic treatment – elimination of life-threatening symptoms, in the case of obstructive bronchitis and bronchiolitis, hospital treatment is recommended.

Treatment of acute bronchitis in children – etiotropic Bronchitis caused by a virus is usually not – etiotropically treated. However, bronchitis caused by the flu virus can be treated with drugs such as Arbidol, Relenza or Tamiflu. There is no etiotropic treatment for bronchitis caused by ARVI infection, rhinovirus, adenovirus, parainfluenza virus, so the disease is often treated symptomatically. In some cases, the doctor may prescribe drugs that strengthen the immune system. However, such drugs are strictly prescribed by a doctor, because these drugs also have side effects. Antibiotics are usually used in bacterial bronchitis. The type of antibiotic is selected depending on the type of pathogen that caused the disease. Antibiotics should not be used independently, in case of viral bronchitis or allergic bronchitis, antibiotics will not have any effect, on the contrary, they can have a negative effect on the body. Penicillin and tetracycline antibiotics, macrolides, cephalosporins (amoxicillin, amoxiclav, erythromycin) can often be used in the treatment of bronchitis. Tablet forms of antibiotics are prescribed in mild forms of the disease. When severe bronchitis is observed, especially in young children, antibiotics are administered parenterally. The effect of antibiotics is manifested by the improvement of the general condition of the child, reduction of symptoms and lowering of body temperature. Otherwise, the type of antibiotic is changed. The duration of antibiotic therapy in acute bronchitis is 1 week and in chronic form it is 2 weeks. Etiological treatment of allergic bronchitis consists in limiting exposure to allergens that cause bronchitis, such as dust, animal dander, plants, insect venom, chemicals, etc. Symptomatic treatment of bronchitis. In the treatment of acute bronchitis in children, inflammation of mucous membranes and cough should be eliminated first. It is also important not to forget that cough is a defense mechanism of the body, through coughing the body tries to get rid of foreign bodies (regardless of whether it is a virus, bacteria, allergen or toxic substance). Because of this, a lot of mucus is produced in the mucous membranes and it is expelled from the body in the form of sputum. The only problem is that this sputum is very sticky and difficult to move, especially in young children, because their lungs and bronchi are weak, they cannot separate the sputum by coughing. Mucolytics and expectorants are used to facilitate sputum passage. Mucolytic agents (ASS, Ambrohexal, Bromhexine) soften sputum and make it easier to move. Expectorants (Ascoril, Gerbion, Gedelix, Prospan, Dr. Mom) facilitate the passage of sputum from the respiratory tract during coughing. Most of these preparations are prepared on the basis of medicinal plants. In addition, some antitussive drugs have the ability to block the cough center in the brain. Such drugs are prescribed when a long-lasting dry cough is observed. A dry cough is an early sign of the disease. However, it is not possible to take antitussive drugs during a wet cough when expectoration is observed. Because such tools block the cough center and prevent the release of sputum. Drugs that expand the

bronchial space (berodual, eufillin) are used for spasm of bronchial branches. They can be in the form of an aerosol for inhalation or in the form of tablets. Baking soda and saline inhalations can be used as anti-inflammatory agents. It is recommended to give antipyretic, analgesic and nonsteroidal anti-inflammatory drugs (paracetamol, ibuprofen and their analogs) to children only when the body temperature exceeds 38-38.5 oC. In cases below 38 oC, it is not necessary to give such tools to children, the body will fight the infection on its own. Medicines such as aspirin and analgin cannot be used in children. In cases of severe inflammation, the doctor may also prescribe hormonal anti-inflammatory drugs. In the allergic form of bronchitis, antihistamines are used to reduce swelling of mucous membranes.

Non-drug treatment

If you think that bronchitis in children can be treated only with the help of medicines, you are wrong. To treat the disease completely without complications, it is necessary to follow a number of measures. First of all, it is necessary to increase fluid intake – it is recommended to drink 2 times more fluid than the usual amount, because when the body temperature rises, the body becomes dehydrated. In addition, liquids ensure the removal of toxins from the body. When wheezing occurs in children with obstructive bronchitis, fluid secretion through the lungs increases, and rehydration measures should also be used in this case. The liquid should be warm, not hot or boiling. Kisel, molasses, juices, tea, warm milk and namatak tincture are useful. If children have bronchitis, they should follow the bed routine, but not strictly. Because staying in one position for a long time causes sputum to stay in the lungs and become humid. Children are encouraged to be active from time to time. If the child is breastfed, it is enough to change his position. If the general condition of the patient improves, it is also very useful to take a walk in the fresh air. Another important point is that the temperature of the child's room should not be too low or too high. The optimal range is +18 oC and +22 oC. Very high temperature dries the air and reduces humidity, which increases the inflammatory process in the bronchi. The optimal room humidity is 50-70%, so it is advisable to ventilate the room often. Bronchitis is a common disease among infants and children. Their immunity is not the most mature and many children suffer from acute bronchitis. produced by sudden inflammation of the bronchial tubes found in the lungs and can affect people of all ages. There are respiratory viruses that accompany this bronchitis (respiratory syncytial virus, parainfluenza or influenza) which are the ones that cause this condition in most cases. Children over 5 years old can also be infected with *Mycoplasma pneumoniae* and *Chlamydia pneumoniae*. Bronchitis is a respiratory disease where acute inflammation of the bronchial mucosa occurs. The bronchi located in the lungs are blocked with mucus, causing a terrible cough. Its manifestation usually does not exceed two weeks. To make a diagnosis, the child first goes to the place where it is observed that there is a cough with or without sputum, and where it does not last for 2 weeks. In most cases, it is manifested in infants or preschool children with other respiratory problems, such as nasopharyngitis or upper respiratory tract flu. Vomiting can also occur due to coughing up phlegm. Mucus or sputum discharge should be observed, although in most cases this does not mean that it is a bacterial infection, but with the presence of peroxidase released by leukocytes in the mucus. Green mucus does not always mean that antibiotics should be used, the assessment is better evaluated by a pediatrician. What symptoms do you have? The main form is cough, dry cough, suffocating cough, wheezing sounds in the chest while breathing and in some it usually

gives a slight fever. The main form is cough, dry cough, suffocating cough, wheezing sounds in the chest while breathing and in some it usually gives a slight fever. If it is present, it is considered chronic, its duration is more than 3 weeks or it is repeated repeatedly. If the child has an acute episode, an underlying disease, or trauma from prolonged exposure to irritants, an investigation should be performed.

What causes bronchitis?

Bronchitis appears more frequently in the winter months and in children under 4 years of age. It is usually caused by numerous respiratory viruses, rhinovirus or mycoplasma pneumoniae. Other factors can be hazardous environment where you breathe tobacco, aerosols or irritants such as insecticides. Atmospheric pollutants can also cause it, as well as humid air or sudden changes in temperature in very cold regions. Children 7-8 years old They may show these symptoms as a reaction to allergic causes, for example, contact with animals or in the spring season. In this case, the bronchi become inflamed, which leads to bronchitis. There is no cure for bronchitis. based on addiction. If there is a low-grade fever, it can be sent some antipyretic wet and warm cloth to bring down the fever. Bronquitis en los niños is managed with a lot of liquid so it can dissolve mucus much better and even help with fever. For this annoying cough, you should go to the pediatrician to assess the level and advise some kind of mechanism. In this case, a spacer chamber may be available at home to administer where are bronchodilators used salbutamol or inhaled terbutaline. In this way, sessions from 2 to 4 salbutamol To make your breathing easier, with this camera, it affects the obstructed bronchi, so that they can open the air and improve access. You can also prescribe oral corticosteroids every 8 or 12 hours and duration from 5 to 7 days. Bronchitis does not last more than 7-10 days, and the worst days usually occur between the first 3 and 4 days. Usually it develops without complications, and if it lasts more than 10 days, it is necessary to consult a specialist.

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