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EXPERIENCE OF THE CLINIC IN THE TREATMENT OF ACUTE DESTRUCTIVE PNEUMONIA IN CHILDREN

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Background: Acute Destructive Pneumonia (ADP) remains severe purulent disease in children. This disease is characterized by a variety of clinical forms and complications. Etiological microflora has a high polymorphic resistance to the vast majority of antibacterial agents, which greatly complicates the treatment. Our goal was to study modern highly effective methods of treatment of ADP and to apply in practice for treating children with ADP. [1;3]

Materials and methods: Experimental studies of the effectiveness of such methods of antimicrobial therapy as intraorganic electrophoresis of antibiotics, the effect of low-intensity ultrasound radiation and ozonated saline on the experimental focus of inflammation created using *E. coli* and *St. aureus* isolated from patients with ADP. [3] Comparison of the results of treatment with video-assisted thoracoscopic surgery of the inflammatory focus of the pleural cavity and lungs and conservative treatment were carried out. [2]

Results: The experimental methods of treatment have been introduced into clinical practice for the treatment of ADP in children. The results indicate that compared with traditional injections of an antibiotic, when using intraorganic electrophoresis of antibiotic, its concentration rises by 36,5% in the inflammatory focus. The antibiotic remained in the tissues for 8 hours longer than in the case of its usual administration. [3]

The use of low-intensity ultrasound in combination with ozonized saline led to the complete destruction of microbial biofilms and prevented the formation of secondary biofilms. This has a positive effect on the direct treatment of the source of inflammation and the whole disease. [1]

Video-assisted thoracoscopic surgery can remove necrotic tissues and inflammatory exudates from the pleural cavity in a targeted and effective manner. The elimination of numerous adhesions and pulmonary deformations contributes to early restoration of lungs mobility; improves aeration and microcirculation in the affected tissues, reduces of intoxication. [2]

The developed medical complex allowed reducing the number of complications by 13.5%, reducing the drug load by 27.3% and reducing the treatment time by 30.3%. [3]

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