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MODERN MEDICAL COMPLEX FOR THE TREATMENT OF ACUTE DESTRUCTIVE PNEUMONIA IN CHILDREN

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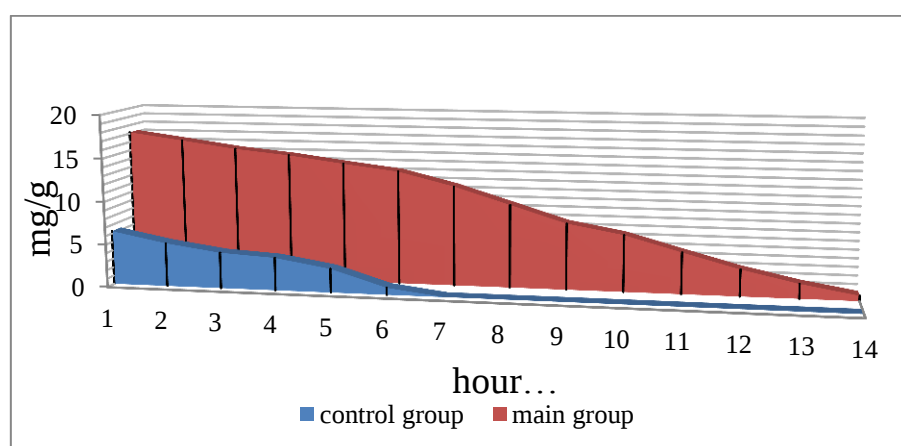
Background: Acute destructive pneumonia (ADP) is the most common severe inflammatory disease in children [5]. In the treatment of this disease, there are problems associated with the presence of a high degree of drug resistance of the etiological microflora and the development of severe hemodynamic and respiratory disorders [1, 3]. Antibacterial therapy is pathogenically justified in the treatment of ADP. Impact on a macro-organism includes detoxification therapy, immunomodulation, oxygenotherapy and symptomatic therapy [4].

The treatment program includes invasive treatment methods, such as pleural puncture, drainage of the pleural cavity, bronchoscopic lavage of the tracheobronchial tree, searching bronchus occlusion, video-assisted thoracoscopic debridement of purulent foci as well [2, 5, 6].

Materials and methods: In the main group of patients (46 children), the treatment complex was supplemented with ozonotherapy (intravenous and local). Antibacterial therapy was performed using intraorganic electrophoresis. Invasive methods of treatment were used differentially, depending on the form of ADP. In the case of treatment of patients with lobitis, bronchoscopic lavage, nebulizer therapy

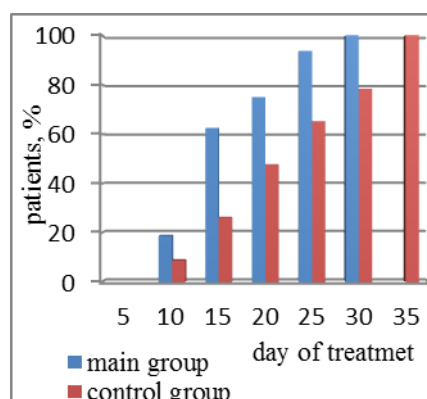
with bronchodilators and mucolytic medicines were used. In the treatment of patients with pleurisy puncture and drainage of the pleural cavity according to Bulau were used. The treatment program for lung abscesses included puncture by Monaldi or video-assisted thoracoscopic treatment in cases of giant abscesses. Treatment of patients with bulla included punctures and drainage of air cavities. In the event of pneumothorax and pyopneumothorax, the pleural cavity was drained by Bülau, and in cases of bronchopleural fistulas, Geraskin's bronchial search occlusion occurred. Treatment of such forms of destructive pneumonia as empyema and giant lung abscess included video-assisted thoracoscopic decortication of the lung or local resection of the abscess, or lobectomy. All video-assisted thoracoscopic operations were performed from 2 ports, completed by setting 2 drains for flow-through drainage of the pleural cavity in the postoperative period with ozonized NaCl 0.9 solution. During the operation, low-frequency ultrasonic cavitation of the purulent cavity was used.

Common to all forms of destructive pneumonia was the use of targeted antibiotic therapy based on intraorganic electrophoresis of antibiotics. This made it possible to increase the concentration of the antibiotic in the focus of inflammation and increase the duration of its stay (proven by experience).



Concentration and duration of stay of an antibiotic in lung tissues in the main and control series, $\mu\text{g} / \text{g} / \text{h}$

The use of the medical complex developed by us prevented the transformation of lobitis into destructive forms of pneumonia and reduced the treatment time.



Histogram of the duration of treatment,% / day

Results: 1. Video-assisted thoracoscopic operations using low-intensity ultrasound in the treatment of pleural empyema, giant lung abscesses can effectively cleanse the pleural cavity, which helps to reduce toxicity; quickly restore lung mobility and aeration.

2. The complex for the treatment of patients with lobitis allowed preventing the development of destructive forms of ADP, to reduce the treatment time by an average of 7 days.

3. As a result of introducing into treatment practice, the complex of intensive treatment of the most severe forms of ADP in children (pyothorax, pleural empyema, lung abscesses) increased the effectiveness of antibacterial therapy and local treatment of inflammation, which resulted in a 1,3-fold decrease in drug loading, and decrease the duration of treatment by an average of 7.4 days.

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