IJACT, Volume 2, Issue 7, 2024 ISSN: 2995-5378
http://medicaljournals.eu/index.php/IJACT

INTERNATIONAL JOURNAL OF ALTERNATIVE AND CONTEMPORARY THERAPY

The Main Clinical Features of Patients with Community- Acquired Pneumonia in Children with Myocarditis

Davurova Laylo Shokir kizi

Assistant of the Department of clinical pharmacology, Samarkand State Medical University, Samarkand, Uzbekistan

Abstract: In the article, the anamnestic, clinical, traditional laboratory and special examination methods of 80 out-of-hospital pneumonia children aged 1 to 5 years, emergency pediatrics and child resuscitation II of the Samarkand branch of the Republican Emergency Medical Research Center in 2020-2024 The results of 40 patients with myocarditis admitted to the hospital are presented.

Keywords: pneumonia outside the hospital, children, myocarditis, ECG.

Introduction. For several decades, severe bronchopulmonary diseases remain one of the urgent problems of modern medicine, because despite the use of new principles and methods of treatment, the number of patients increases and the death rate is constantly high [3 ,4]. The possible reason for this is delayed diagnosis and, as a result, late initiation of treatment, as well as the inability to adequately assess the effectiveness of therapy. Diagnosis of bronchopulmonary diseases in children is often difficult, especially if symptoms of respiratory failure have developed against the background of ARVI. The problem of acute myocarditis is related to its prevalence, especially in childhood.

Myocarditis is an infectious, toxic-infectious, infectious-allergic, autoimmune and toxic etiological inflammatory injury of the heart muscle. This disease mainly occurs in children and young people, but the disease can develop at any age. Any viral or bacterial agent, as well as non-infectious factors, can be the cause of myocarditis. The most common cause of the disease is viruses. In 6-8% of cases, myocarditis develops during or shortly after various sporadic or epidemic viral infections [1].

The purpose of the study. Determining the general characteristics of patients in the course of pneumonia in children against the background of myocarditis.

Research materials and methods. The patients in the 1st stage of the study were divided into 3 groups: 40 children without myocarditis, with community-acquired pneumonia, were included in group I. 40 patients with mild to moderate severity of community-acquired pneumonia against the background of myocarditis were included in group II. All patients traditional clinical, laboratory and instrumental examinations, as well as special research methods were carried out. In stage 2 (patients were taken from stage 1 of the study), patients were divided into 2 subgroups: subgroup Ia (20) received traditional therapy. Subgroup Ib (20) received differential corrective treatment in addition to traditional therapy. Control group consisted of 20 almost healthy children.

Exclusion criteria from the study were patients with chronic (hereditary) diseases of the pulmonary bronchial system and congenital heart defects that naturally occur with changes in the cardiovascular system.

Checking the diagnosis of pneumonia was carried out in accordance with the classification of the main clinical forms of pulmonary-bronchial diseases in children approved at the meeting of the XVIII National Congress on Respiratory Diseases [5].

We used the classification of myocarditis in children of the working group of the Russian Association of Pediatric Cardiologists (2016) [2].

Most patients are hospitalized 1 to 4 days after the onset of illness; after admission, all patients were prescribed the same basic etiotropic, pathogenetic and symptomatic therapy for pneumonia and myocarditis according to generally accepted treatment schemes [3].

Research results. The discharge of sick children from the hospital was carried out in accordance with the specifics of the work of the emergency medical service, which cannot be delayed according to the standards of diagnosis and treatment, in which the recommended period of inpatient treatment was 9 days for pneumonia outside the hospital. During the retrospective analysis, observation and treatment of patients continued until the main symptoms of the disease were resolved.

After recovery or improvement of the underlying disease, the children continued to be followed up for 1 month to 3 years, which was terminated when all studied parameters normalized or changes were noted that did not require continued therapy. In all children included in the study the etiological diagnosis of the main disease was fully investigated by clinical analysis of blood and urine. Analysis of patients by gender showed that boys (58.7%) were more affected than girls (41.3%). Myocarditis and myocarditis were mostly diagnosed in boys, most often myocarditis occurred against the background of myocarditis in children aged 1-3 years (68.3%), on the contrary, most cases of myocarditis were observed in children under 1 year (87.0%).

Among the examined patients, the largest share was 3-4-year-old children - 81 (54.0%), 1-2 years old - 47 (31.2%), and 5-year-old children - 22 (14.7%) less, which indicators can be compared with literature data on the incidence of pneumonia.

A study of 80 children with pneumonia and myocarditis outside the hospital showed that the clinical signs correspond to the main manifestations of the disease, and the clinical manifestation of the disease is characterized not only by pathological changes in the lungs, but also by other vital organs. It is also manifested by its frequent involvement in the pathological process.

The condition of hospitalized patients was graded from moderate to severe. Moderate forms of the disease are less common (18.7%) and mainly observed in patients with pneumonia without myocarditis, severe course of the disease is the majority of children (77.3%). Severe forms (4.0%) were mainly caused by children with pneumonia and myocarditis, who were hospitalized late.

A comparative analysis of clinical symptoms and syndrome complexes showed that an increase in body temperature was characteristic of 83.3% of patients with myocarditis, and in most cases (48.3%) the temperature was higher than 38.5 ° C, Temperature reaction as a less characteristic sign in children who came with CAP - 76.6%, there were a number of cases (43.3%) with a temperature higher than 38.5 °C. Complaints of fatigue (54.2%) and loss of appetite (73.3%) were observed mainly in children with myocarditis and in patients with pneumonia outside the hospital (13.3% and 46.7%).

Cyanosis of the skin and mucous membranes was observed more often in patients with CAP, therefore, the frequency of perioral cyanosis was almost the same in the observed groups - 79.2% and 70.0%, while the frequency of acrocyanosis in myocarditis with CAP (26.7% and 6.7%) was 4 times more.

Patients with CAP are characterized by mild respiratory disorders in the body, in this regard, acute respiratory failure of the first degree (20.0%), while in patients with CAP with myocarditis, acute respiratory failure of the II degree (82.5) manifested and observed more than III degree (12.5%).

Differences in the data of percussion and auscultation during the examination of respiratory organs were almost not noted in the compared groups of patients.

Pneumonia in children is manifested not only by breathing, but also by cardiovascular insufficiency, the cause of which is a pathogenetically determined blood circulation disorder, an overload of blood circulation in the lungs that occurs when organs are damaged.

The analysis of the frequency of development of clinical signs reflecting the state of the cardiovascular system showed that in the clinical presentation of pneumonia outside the hospital in children, during auscultation of the heart, muffled heart sounds are heard in 66.7% of cases, tachycardia is heard in

26.7% of cases., bradycardia in 3.3% of cases and expansion of cardiac boundaries was detected in 10.0% of cases.

The data in the group of patients who came on the background of myocarditis with CAP showed that tachycardia increased 2.6 times, bradycardia 3 times, arrhythmia 3.5 times, heart limits increased 5 times and systolic noise increased 2 times, heart tones were muffled. the frequency of heart failure was almost the same - 68.3% and 66.7%.

In an ECG study of all 80 hospitalized patients, sinus tachycardia - 29 (19.3.7%), sinus bradyarrhythmia - 10 (6.7%), extrasystole - 14 (7.3%), complete No blockade is detected. A decrease in the amplitude of the QRS complex was observed in 12 (8.0%) and 23 (15.3%) patients with right bundle branch block.

When analyzing the frequency of the above ECG changes depending on the nosological form of the disease (in patients with pneumonia outside the hospital and patients with myocarditis), a significant difference was found for almost all the studied parameters

Discussion. Studies have shown that at present, the criteria for early detection of heart pathology in patients with bronchopulmonary diseases have not been developed sufficiently. Since the number of cardiac pathologies at autopsy significantly exceeds its lifetime detection, the problem of early diagnosis of cardiovascular pathology and risk factors for its development in patients with bronchopulmonary diseases remains an urgent problem of clinical medicine [6] .

Among the pulmonary and extrapulmonary complications of bronchopulmonary diseases, damage to the cardiovascular system takes an important place [7,8]. According to many authors [9,10], the dysfunction of the cardiovascular system is an almost constant companion of broncho-pulmonary diseases and develops from the first hours, while circulatory disorders are often associated with broncho-pulmonary diseases. determines the prognosis and outcome.

Conclusion. Thus, in patients with myocarditis, the frequency of sinus tachycardia decreased by 3.4 times, sinus arrhythmia by 2 times, blockade of the right bundle of Hiss by 2.8 times, and the amplitude of the QRS complex by 5.5 times, and extrasystole by 11 times, compared to patients with CAP. It decreased by 7%, then this condition was not observed in the group of patients with CAP, respectively.

Determining the importance of electrocardiographic indicators in patients with myocarditis compared with pneumonia outside the hospital revealed a number of indicators with different degrees of reliability.

LITERATURE:

1. Aleroev D. V. and others. The course of myocarditis in children observed in the Stavropol Children's Regional Clinical Hospital // Bulletin of the Young Scientist.– 2020. – T. 9. – No. 2. – S. 60-64.
2. Balykova L. A. and others. The method of functional diagnosis and development of porogenia serdtsa and detey s new viral infection // Russian Cardiology Journal. – 2021. – no. S5. - S. 15-16.
3. Balykova L. A., Krasnopolskaya A. V., Vlasova E. A. Myocarditis u detey: klinicheskaya kartina, diagnostika i lechenie //Pediatricheskaya pharmakologiya. – 2020. – T. 17. – No. 2.
4. Belozerov Yu.M. Pediatric cardiology. - M.: MED press-inform, 2004. - 597 p.
5. Brin I. L., Dunaykin M. L., Lisitsina S. V. Problemy dozirovaniya preparatov carnitina v detskom vozraste //Rossiyskiy vestnik perinatologii i pediatrii. - 2014. - T. 59. - No. 4.
6. Kardjavova G.A., Mukhammadiev I.S. Acute myocarditis in children in the background of community-acquired pneumonia: clinical features Multidisciplinary Scientific Journal Scholar ISSN: 2181-4147 Volume 2 | Issue 3 | January, 2024 p.15-21.

7. Kardjavova G.A., Rakhmonov R.N., Zubaydullayev S.V. Acute myocarditis in childre on the background of broncho-pulmonary diseases Multidisciplinary Scientific Journal January, 2024 Golden brain ISSN: 2181-4120 volume 2 | issue 3 | 2024 p.70-75.
8. Karjavova G.A., Rakhmonov R.N., Acute myocarditis in children against the background of community-acquired pneumonia: features of the clinical picture Scientific journal ERUS ISSN: 2181-3515 Volume 3 | Special Issue 3 | January 2024. P-395-400.
9. Karzhavova G.A. Rakhmonov R.N. New approaches for the etiological aspects of community-acquired pneumonia in children Scientific journal ERUS ISSN: 2181-3515 Volume 3 | Special Issue 3 | January 2024. P-389-394.