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ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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EVALUATION OF THE EFFECTIVENESS OF PRETRACHEAL LYMPHOTROPIC ANTIBIOTIC THERAPY IN CHRONIC LUNG DISEASES IN CHILDREN

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ANNOTATION

One of the reasons for the ineffectiveness of antibiotic therapy in chronic lung diseases is the poor permeability of the antibiotic directly to the focus of inflammation in the lung tissue due to pneumosclerotic changes and reduction of pulmonary blood flow. Therefore, it is important to choose a method of therapy that maximizes the focus of inflammation in the lungs with antibacterial drugs. The purpose of this work was an assessment of the effectiveness of pretracheal lymphotropic antibiotic therapy on the state of hemocoagulation in chronic nonspecific lung diseases in children. **Materials and methods.** We examined 100 sick children with CLD (60 with bronchiectasis and 40 with chronic bronchitis) aged 7 to 15 years in the stage of disease exacerbation. Lymphotropic therapy was carried out by us: pretracheal method. The method of regional lymphotropic antibiotic therapy was proposed by S. U. Dzhumabaev. A comparative study of the effectiveness of RLAT with the traditional intramuscular method made it possible to identify a faster positive clinical dynamics, the elimination of symptoms of exacerbation of CLD.

Key words: children, lymphotropic, antibiotic

The use of pretracheal lymphotropic antibiotic therapy by lymphotropic methods in the complex treatment of chronic lung diseases leads to a pronounced decrease in blood coagulation potential, blocks its intravascular coagulation, along with this, it has a beneficial effect on microcirculation processes, increases pulmonary ventilation, improves tissue metabolism, reduces intoxication, and also stimulates protective strength of the body, which indicates the need for heparin therapy in the treatment of patients with chronic pneumonia.

In recent decades, the prevalence of CLD among children has been growing everywhere, which makes this problem the subject of scientific research and practical interests of many pediatric institutions in our republic. The relevance of this pathology is due to a decrease in the quality of life due to frequent and prolonged exacerbations, disability and an increase in the mortality rate of patients at a young working age [1,2].

In modern conditions, the role of rehabilitation is increasing, since the reform of the healthcare system implies a reduction in the length of the patient's stay in the hospital and a shift in the emphasis of medical care to the rehabilitation and outpatient stages. Therefore, works devoted to the search for new treatment regimens for chronic pneumonia in children are relevant for pulmonology [3,4].

It is known that the cure of a focal infection can be achieved only if the site of its direct action is adequately provided with an antibiotic. However, it is not easy to create the necessary therapeutic concentrations in the lung in chronic diseases, since drugs hardly penetrate into the foci of chronic infection. Therefore, it is important to choose a method of therapy that maximizes the focus of inflammation in the lungs with antibacterial drugs.

The aim of this work was to evaluate the effectiveness of pretracheal lymphotropic antibiotic therapy on the state of hemocoagulation in chronic nonspecific lung diseases in children.

We examined 100 sick children with CLD (60 with bronchiectasis and 40 with chronic bronchitis) aged 7 to 15 years in the stage of disease exacerbation. Children were admitted for inpatient treatment during the period of exacerbation of CLD.

Studies of the hemostasis system were studied in terms of recalcification time according to the method of K. Bergerhof et Roka (1954), Determination of prothrombin time according to the method of A.L. Qwik (1943), fibrinogen concentration in plasma was determined by the gravimetric method of R.A. Rutberg (1961), The level of free heparin according to N.Z. Abrosimov (1977) and according to Fibrinolytic activity according to the Kuznik method (1962).

Lymphotropic therapy was carried out by us: pretracheal method. The method of regional lymphotropic antibiotic therapy was proposed by S. U. Dzhumabaev.

Studies of the indicators of the hemostasis system were carried out for the first time on the days of admission to the clinic in the acute phase, against the background of heparin therapy (5-6 days of treatment), and after the treatment before discharge. The results of the study of the coagulation system in the period of exacerbation of the disease showed that in children the average value of the time of recalcification compared with analogous indicators in healthy children was accelerated by 74.6 ± 4.7 ($P < 0.05$), which indicates an increase in the overall blood coagulation ability.

In the phase of exacerbation of the disease, there was a sharp ($P < 0.001$) decrease in free heparin to an average of 3.8 ± 0.52 , at a rate of 7.1 ± 1.12 seconds.

Analysis of our results revealed an increase in the content of fibrinogen in blood plasma in children with COPD 5.1 ± 0.47 , while in the control group it was 2.69 ± 0.2 ($P < 0.001$). In the phase of exacerbation of the disease, a significant increase in prothrombin activity was observed and amounted to $99.88 \pm 1.02\%$ ($P < 0.05$).

Analysis of blood fibrinolytic activity showed a decrease in blood fibrinolytic activity 6.23 ± 0.74 $P < 0.001$.

Given the severity of the disease and its etiology, we used Cefotaxime in our studies. To address the issue of the effectiveness of RLAT in the complex treatment of chronic pneumonia, the patients were divided into two groups. Group I - 60 patients treated with RLAT, Group II - 40 patients with traditional therapy.

Cefotaxime was used by us in 1 g vials for injection use. The drug was used at a dose of 50 mg/kg of body weight by the pretracheal lymphotropic method according to the method described above. Manipulation was performed 1 time per day. The basic course was 7 injections, depending on the severity of the patients' condition.

With intramuscular injection, the drug was administered 2 times a day at a dose of 60 mg/kg for 12-13 days.

A comparative study of the effectiveness of RLAT with the traditional intramuscular method made it possible to identify a faster positive clinical dynamics, the elimination of symptoms of exacerbation of CLD. Positive clinical observations of RLAT were confirmed by the results of a study of the function of external respiration in dynamics.

After the combined use of PLAT, ventilation insufficiency decreased significantly compared with the group receiving only PLAT and the control group ($P < 0.001$). Compared with the control group, after RLAT in combination with ultrasound therapy, no obstructive type of

ventilation insufficiency was observed in 100% of patients, only 26% of patients had a restrictive type of respiratory failure: I degree in 16.7%, II degree in 6% and III degree in 3.3% of patients.

In 56% of patients, subcompensatory and decompensatory I, II types of hemostasis disorders were found, of which 26 children received heparin in the usual way against the background of conventional therapy and 30 patients received heparin as lymphostimulation by the pretracheal lymphotropic method. Heparin was administered at a dose of 50 IU/kg of body weight once a day. In the usual route of administration, heparin was administered at 150-200 U/kg of body weight per day subcutaneously every 8 hours. The duration of the course of treatment was 7-8 days with the lymphotropic and conventional methods.

In both groups of patients on the 5th-6th day of treatment, there is a decrease in the coagulating activity of the blood.

Of particular interest is the study of the corrective effect of heparin therapy in the recovery period. We found that a number of indicators of the blood coagulation system at the time of discharge, in patients who received heparin in the usual way, after its withdrawal, moderate activation of the coagulation system and some inhibition of the anticoagulation system were found compared with the data of 5-6 days of heparin therapy. In contrast, children who received heparin RL as a lymphostimulation method, despite small doses (3 times less), there was a significant ($P < 0.001$) decrease in total blood coagulant activity by the time of discharge from the hospital.

Thus, our studies allow us to recommend the use of the lymphotropic method of anticoagulant and antibiotic therapy in the complex therapy of CLD in children.

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