

## SPECIFIC CHARACTERISTICS AND TREATMENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN OF EARLY AGE

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**Abstract.** *Obstructive, in this case, there is a blockage (obstruction) of the lumen of the bronchi with a large amount of mucus and sputum. Blockage of the bronchi is dangerous for the development of respiratory failure and oxygen starvation, which is especially dangerous in young children. The inflammatory process can spread from the trachea to the bronchus. In this case, they talk about tracheobronchitis. Inflammation can also spread from the bronchus to the lungs and contribute to the development of bronchopneumonia.*

**Keywords:** *obstructive bronchitis, cough, acute obstructive bronchitis, bacterial bronchitis, bronchospasm.*

### What is Obstructive Bronchitis?

The most common complication that develops as a result of ventilation is obstructive bronchitis. The respiratory system is a powerful system. This chain is a complex structure with different functions and features of the multi-link beam. structural changes that occur due to immediate system disorders or internal effects. If the respiratory system is continuously affected, this will lead to a degree of protection of the bronchi. It is hard to clean the inhaled air, causing them to develop bronchitis. Cough, in this case, protection of the body from environmental influences. When dry, then cough a cold yellow-green color, that Bal'am production. additional and the reason - for the narrowing of the bronchi due to the difficulty of exhalation. rapid, obstructive bronchitis is characterized by hard-rolled exhalation. Doctors have several types of bronchitis: obstructive and non-obstructive, acute or safe. Obstructive bronchitis is characterized by swelling and inflammation of the respiratory system. As a result, it becomes difficult to ventilate.

If children are affected by obstrukivnym bronchitis, clean them, manage with a dry inhalation and a complex procedure. It reduces the condition of the blood and relieves bile. Acute obstructive bronchitis lasts, on average, from several days to several weeks. In this case, the recovery process of the disease is caused by an infection or disease. In children, the disease can be caused by birth trauma.

If acute obstructive bronchitis is treated immediately and correctly, patience will save without any consequences. What can be the cause of the wrong type of treatment, removal of obstructive pulmonary bronchitis. The attack is a very difficult situation, especially because there are a number of reasons that accompany it. The acute form of the disease is characterized by fever and general weakness. severe shortness of breath and shortness of breath. Causes of obstructive bronchitis in children are viral infections, severe hypothermia. Adults are also bought by smoking. One of the obstructive bronchitis leads to periodic obstructive bronchitis. This form of the disease occurs when the diagnosis of "obstructive disease" occurs three times a year. Obstructive bronchitis treatment is complicated: First, remove the cause of feeding (it will not be pointless to treat), eliminate the necessary infection, and then clean the lungs and treat several preventive

procedures. Bronchitis rarely develops on its own and is often a complication of influenza and other viral diseases. In this case, viruses are the cause of bronchitis.

Bacterial bronchitis is very rare. Such bronchitis is especially severe in children and is accompanied by the discharge of purulent sputum. Bacteria that often affect the bronchi include staphylococci, streptococci, chlamydia, pneumococcus, mycoplasma, and others.

Bronchitis is divided into several types. Depending on the duration of the disease, it can be acute and chronic. And with the development of repeated bronchitis (relapses) within a few months after the acute - repeated.

**According to the nature of the disease, bronchitis can be:**

- Catarrhal - the mildest form of bronchitis;
- Obstructive, in this case, there is a blockage (obstruction) of the lumen of the bronchi with a large amount of mucus and sputum. Blockage of the bronchi is dangerous for the development of respiratory failure and oxygen starvation, which is especially dangerous in young children.
- The inflammatory process can spread from the trachea to the bronchus. In this case, they talk about tracheobronchitis. Inflammation can also spread from the bronchus to the lungs and contribute to the development of bronchopneumonia.

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**Allergic form**

Allergic bronchitis develops in the bronchial mucosa under the influence of various allergens (house dust, plant pollen, drugs). Only an allergist can distinguish allergic bronchitis from viral bronchitis. At the same time, in order to eliminate the effect on the child as soon as possible, it is necessary to identify the allergen that caused the development of bronchitis. Antihistamines and bronchial dilators are the most effective for the treatment of allergic bronchitis.

**Relapse of obstructive bronchitis**

With the development of repeated episodes of bronchitis, the disease becomes a relapse. This form of the disease is characterized by the frequency of the disease at least 3-4 times a year for at least 2 weeks, and in some cases up to 1 month.

**SYMPTOMS OF OBSTRUCTIVE BRONCHITIS IN CHILDREN**

Obstructive bronchitis is characterized primarily by a cough - at first it is dry, and then it turns into a productive cough with the release of purulent-mucous sputum. Acute bronchitis is usually accompanied by an increase in temperature up to 38 ° C.

**Bronchitis symptoms that indicate intoxication:**

- Headache;
- General weakness;
- Accused.
- Dry wheezing on the surface of the chest can also indicate bronchitis. Obstructive bronchitis is characterized by pallor, frequent breathing - up to 40-50 breaths per minute.

**TREATMENT OF OBSTRUCTIVE BRONCHITIS IN CHILDREN**

Treatment of obstructive bronchitis should be aimed at eliminating the factor that caused the disease. With viral bronchitis, antiviral drugs (Tamiflu, Arbidol, Ingavirin), bacterial

bronchitis, antibiotics are prescribed. It is also important to eliminate the symptoms of the disease that cause discomfort in the child. When the temperature exceeds 38 ° C, the child is given an antipyretic (paracetamol).

Mucolytic and expectorant drugs such as (ACC, Lazolvan, Ambrohexal) are prescribed to dilute and facilitate the separation of sputum. In children under two years of age, mucolytic drugs should be given with caution, because they can produce large amounts of sputum that a small child cannot cough up.

Antitussives containing codeine may be prescribed for severe coughs. These remedies are usually indicated for severe dry cough. Antitussives are usually not prescribed when sputum is separated, as they can interfere with its separation.

Bronchodilators (Berotek, Atrovent) may be prescribed to relieve bronchospasm. These drugs expand the bronchi and make it easier for the baby to breathe.

#### **Treatment with antibiotics**

The appointment of antibiotics is possible only if the bacterial origin of bronchitis is confirmed. Only a doctor will help you choose the right antibiotic. Self-administration of antibiotics is contraindicated.

With bronchitis, it is also indicated to drink a lot of water during the recovery period after the child recovers, because the child's body loses a lot of fluid, which is excreted with sweat and sputum.

During the recovery period, doctors recommend special breathing exercises with balloon inflation, physiotherapy (UHF, electrophoresis, etc.). Therapeutic exercises can be used to improve the general condition of the child's body.

#### **Treatment of obstructive bronchitis with the help of various tinctures**

During the rehabilitation period, nebulizer inhalations with herbal tincture are usually prescribed, but steam inhalations, which were popular before, are not recommended. However, it should be remembered that some of the plants can cause allergies in your child, so the choice of herbal preparations is made by a doctor. With bronchitis, inhalations based on decoctions of calendula, maple, licorice, coltsfoot are effective.

#### **PREVENTION OF OBSTRUCTIVE BRONCHITIS IN CHILDREN**

To prevent obstructive bronchitis in children, it is important to strengthen the child's immunity through regular exercise, walks in the fresh air, and proper nutrition rich in vitamins. It is necessary to limit the child's stay in a smoky room, to treat acute respiratory viral infections in time, to prevent hypothermia of the child's body, that is, to dress according to the weather. In fact, often bronchitis is a complication of influenza and other acute respiratory viral infections.

#### **REFERENCES**

1. Шавази Н. М. и др. Эффективность наружного применения сульфата цинка в базисной терапии атопического дерматита у детей //Достижения науки и образования. – 2020. – №. 15 (69). – С. 54-56.
2. Джураев Ж. Д., Абдукодирова Ш. Б., Мамаризаев И. К. Оптимизация лечения острых обструктивных бронхитов у детей с миокардитами на фоне аллергических реакции //Студенческий вестник. – 2021. – №. 21-4. – С. 84-85.
3. Шавази Н. М. и др. Факторы риска развития острого обструктивного бронхита у часто болеющих детей //Вопросы науки и образования. – 2021. – №. 9 (134). – С. 26-29.

4. Шавази, Н. М., Рустамов, М. Р., Лим, М. В., Мамаризаев, И. К., & Абдукодирова, Ш. Б. (2020). Эффективность наружного применения сульфата цинка в базисной терапии atopического дерматита у детей. Достижения науки и образования, (15 (69)), 54-56.
5. Джураев, Ж. Д., Абдукодирова, Ш. Б., & Мамаризаев, И. К. (2021). Оптимизация лечения острых обструктивных бронхитов у детей с миокардитами на фоне аллергических реакции. Студенческий вестник, (21-4), 84-85.
6. Шавази, Н. М., Закирова, Б. И., Лим, М. В., Джураев, Д. Д., & Абдукодирова, Ш. Б. (2021). Факторы риска развития острого обструктивного бронхита у часто болеющих детей. Вопросы науки и образования, (9 (134)), 26-29.
7. Мурадова Р. Р., Хайдаров М. М., Омонов Э. М. ОПТИМИЗАЦИЯ ТЕРАПИИ БОЛЬНЫХ С ОТКРЫТОУГОЛЬНОЙ ГЛАУКОМОЙ С УЧЕТОМ ПАРАМЕТРОВ СОСТОЯНИЯ МИКРОЦИРКУЛЯТОРНОГО РУСЛА ЦЕНТРАЛЬНОЙ ЗОНЫ СЕТЧАТКИ //Вопросы науки и образования. – 2021. – №. 10 (135). – С. 66-69.
8. Хайитов У., Ахмедов Ю., Бегнаева М. Клинико-рентгенологическая картина септической пневмонии у детей //Журнал гепато гастроэнтерологических исследований. – 2021. – Т. 2. – №. 3.2. – С. 35-36.
9. Меликова Д. У., Бегнаева М. У. CLINICAL FEATURES OF CHRONIC PYELONEPHRITIS IN CHILDREN //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2022. – Т. 3. – №. 2.
10. Мурадова Р. Р., Хайдаров М. М., Бегнаева М. У. СОВРЕМЕННЫЕ КЛИНИКО-
11. ФАРМАКОЛОГИЧЕСКИЕ АСПЕКТЫ ПРИМЕНЕНИЯ НЕФРОТОКСИЧНЫХ АНТИБИОТИКОВ //Достижения науки и образования. – 2021. – №. 3. – С. 98-100.
12. Мурадова Р. Р., Хайдаров М. М., Омонов Э. М. ОПТИМИЗАЦИЯ ТЕРАПИИ БОЛЬНЫХ С ОТКРЫТОУГОЛЬНОЙ ГЛАУКОМОЙ С УЧЕТОМ ПАРАМЕТРОВ СОСТОЯНИЯ МИКРОЦИРКУЛЯТОРНОГО РУСЛА ЦЕНТРАЛЬНОЙ ЗОНЫ СЕТЧАТКИ //Вопросы науки и образования. – 2021. – №. 10 (135). – С. 66-69.