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COGNITIVE DISORDERS IN THE HEPOXIC STATUS OF SEVERE PNEUMONIA

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Abstract:

Modern ideas about the clinical picture and its diagnosis in methods of treatment outside the hospital should be noted that pneumonia is divided into two types depending on the conditions under which the disease occurs. Modern guidelines suggest moving away from the term "SARS" and using the concept of "pneumonia caused by atypical pathogens", since it is impossible to completely determine the nature of pneumonia outside the hospital. The clinical picture of pneumonia is well studied and usually consists of signs such as fever to febrile and subfebrile figures, cough, sputum production. Nonspecific clinical manifestations include the syndrome of general intoxication, the common symptoms of which are general malaise, weakness, headache, myalgia, loss of appetite, nausea, sweating. Often this syndrome indicates the severity of the disease and increases with the development of purulent or septic complications in the patient. Separate pneumonia in patients with immunodeficiency states. The legitimacy of this approach is due to the different causes of pneumonia and different approaches to the choice of antimicrobial chemotherapy. Recently, healthcare-associated pneumonia has become increasingly isolated. This category includes pneumonia in people in nursing homes or other long-term care facilities; history of previous antimicrobial therapy within the last three months or hospitalization for more than two days in the last 90 days. According to the conditions of occurrence, such pneumonia is considered hospital. However, they can differ in the composition of pathogens and their antibiotic resistance profile.

Keywords: community-acquired pneumonia, pneumococci, T- and B-lymphocytes, microbiological and immunological parameters

ACTUALITY: an important problem today is the increase in the number of deaths among patients with pneumonia outside the intensive care unit. The leading mechanism in the pathogenesis of the disease is microaspiration of bacteria that reach the normal microflora of the upper respiratory tract. Thus, pneumonia is the result of a violation of the mechanisms of protection of the tracheobronchial tree and (or) a decrease in the resistance of the macroorganism. Of the large number of microorganisms, only those with high virulence can cause an inflammatory process when they enter the lower respiratory tract. These pathogens are primarily pneumococci (Streptococcus pneumoniae). In second place are pathogens called "atypical" pneumonia - Mycoplasma pneumoniae, Chlamydophila pneumoniae, Legionella pneumophila. rare pathogens of pneumonia outside the hospital include Haemophilus influenzae, Staphylococcus aureus, Klebsiella pneumoniae, Moraxella catarrhalis. Recently, rapid tests have been used to detect sufficient antigens of microorganisms in biological fluids, particularly urine. The activity of T- and B-lymphocytes, antibodies and cytokine functions determine the severity of the inflammatory process in the lungs, including its outcome. Cytokines can play both a protective role and contribute to the destruction of lung tissue, increasing inflammation and impairing the body's defenses. Taking these points into account is important for determining the etiology of community-acquired pneumonia, planning microbiological testing tactics, and completing patient management schemes. Thus, a comprehensive analysis of clinical, microbiological and immunological parameters in patients with community-acquired pneumonia seems relevant.

THE PURPOSE OF THE STUDY: to determine the clinical features of patients with pneumonia outside the hospital, adults

METHODS OF CONTROL: Study of the quality of medical care. We retrospectively analyzed 80 case histories of patients diagnosed with community-acquired pneumonia to assess the quality of care before starting the study. To facilitate the calculation, the relative values of the target levels were converted

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into a rating system, and the result was 62 points with full compliance with the quality indicators (Table 1).
Table 1
Indicators of the quality of medical care in hospitalized patients with pneumonia outside the hospital:
1 Hospitalization with clinical signs of community-acquired pneumonia within 24 hours from chest X-ray examination (if not performed on an outpatient basis) 100 10
2 Bacteriological examination of sputum before prescribing antibiotics 50 5
3 Bacteriological blood test before prescribing antibiotics for acute community-acquired pneumonia 100 10
4 Administration of first dose of concurrent systemic antimicrobial chemotherapeutic drug < 4 hours after admission to hospital (< 60 minutes for septic shock). 100 10
5 Compliance of the initial scheme of antibiotic therapy with national or local recommendations / standards of therapy based on them 90 9
6 Step-by-step use of antibiotic therapy 80 8
7 Availability of recommendations for vaccination with pneumococcal and influenza vaccine (in autumn-winter season) for high-risk patients.
Calculations were made for each individual medical history. The presence or absence of this or that quality indicator was assessed. Then, the relative degree of compliance achieved was calculated by converting to a scoring system. After studying the history of the disease, the following inconsistencies were found: very low achievement rate of bacteriological blood tests (8%) and use of stepwise antibiotic therapy (5%); the initial scheme of antibiotic therapy corresponds to 60% of national recommendations; bacteriological examination of sputum was carried out in 40% of cases; only half of the cases were recommended to vaccinate at-risk patients (Table 2). As a result of the evaluation of the medical history, we obtained the obtained results equal to 34.3 points. This means that in this sample, 44.7 percent non-compliance with the specified level was detected.
One of the main components of the disease, as well as a severe and complicated course of pneumonia, is a violation of immune reactogenicity of various genesis in the patient population. Diseases leading to severe complications, including pandemics (pneumonia caused by "atypical" pathogens, swine flu, etc.) recently, in the study of pathogenetic processes, science and health institutions difficult tasks to develop new methods of diagnosis, treatment and prevention of pneumonia caused not only by bacterial agents, but also by viruses is putting
The purpose of the study was to comprehensively analyze the clinical, immunological and microbiological characteristics, as well as to improve the results of diagnosis and treatment of patients with pneumonia outside the hospital based on the prevention of the disease. We retrospectively analyzed 80 case histories of patients diagnosed with community-acquired pneumonia to assess the quality of care before the start of the study.

In accordance with the established tasks, 78 patients diagnosed with out-of-hospital pneumonia were medically examined. Among them, 44 (55.1 percent) were men and 34 (44.9 percent) were women aged 18 to 83 years. The average age of men was 47.4 years, and that of women was 58.3 years. In both men and women, the highest number of cases of community-acquired pneumonia occurred in patients aged 18 to 30 years and over 51 years of age.

SUMMARY: A comprehensive analysis of clinical signs. cough with or without sputum). sputum, pain in the chest, reduction of percussion sound, increased vibration of the voice, appearance of bronchophonia, weakening of breathing, wet wheezes with small and large bubbles) are observed.

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