



Analysis of the Basic Principles of Relief of Acute Laryngotracheitis in Children

Abdukhamidova Dilshoda Halimovna

General Practice of Family Medicine, Samarkand State Medical University,
Samarkand, Uzbekistan

Annotation: *This article provides information about the study of 255 case histories of children. The analysis found that the most vulnerable age for the disease of acute laryngotracheitis is 1-3 years of life - this is 47% of the total number of children, followed by children from 3 to 5 years old - 23.5%. The least susceptible to acute laryngotracheitis are children under one year old - 16% and children over 5 years old - 11.5%. Repeated episodes of acute laryngotracheitis were registered in 22% of children, recurrent laryngotracheitis was detected in 2% of children. In 23% of children, a burdened allergic history was established: while 50% of children with a burdened allergic history had food allergies, 40% had drug allergies, and 10% had other types of allergies (hay fever, allergy to sunlight, etc.).). The objective of our work included the study of the features of the current course of acute laryngotracheitis in children, as well as the analysis of the basic principles of relief of acute laryngotracheitis in children at the present stage.*

Keywords: *acute laryngotracheitis, children, diagnostics.*

Introduction: Laryngotracheitis is a variant of the development of the disease, characterized by inflammation of the larynx and the initial parts of the trachea. With laryngitis and laryngotracheitis, hoarseness is observed up to complete loss of voice, dryness, sore throat, dry barking cough. There may be difficulty breathing, pain when swallowing. Treatment includes limiting the voice mode (the patient must be silent, it is impossible to speak in a whisper, since when whispering, the ligaments are subjected to the same load as during a normal conversation); alkaline oil inhalations; diet with the exception of spicy, salty, hot or very cold food. Both laryngitis and laryngotracheitis can be acute or chronic. The latter occurs when the causes that led to acute laryngitis (laryngotracheitis) are not eliminated. Especially dangerous is acute stenosing laryngotracheitis (false croup) in children, because due to the smaller size of the larynx, there is a danger of severe narrowing of the glottis and the threat of respiratory arrest, which without timely medical care can be fatal.

Purpose of the study: to study the features of the current course of acute laryngotracheitis in children, as well as to analyze the basic principles of relief of acute laryngotracheitis in children at the present stage.

Materials and methods. 255 case histories of children were selected for analysis. The analysis found that the most vulnerable age for the disease of acute laryngotracheitis is 1-3 years of life - this is 47% of the total number of children, followed by children from 3 to 5 years old - 23.5%. The least susceptible to acute laryngotracheitis are children under one year old - 16% and children over 5 years old - 11.5%. Repeated episodes of acute laryngotracheitis were registered in 22% of children, recurrent laryngotracheitis was detected in 2% of children. In 23% of children, a burdened allergic history was established: while 50% of children with a burdened allergic history



had food allergies, 40% had drug allergies, and 10% had other types of allergies (hay fever, allergy to sunlight, etc.). It was noted that 5% of children have a tendency to frequent acute respiratory viral infections, acute respiratory infections, bronchitis.

As a result of this study, it was found that the duration of the disease before hospitalization is mainly 1-2 days - 59%, children hospitalized on the 3rd day amounted to 21.5%, and children hospitalized more than 3 days after the initial manifestations amounted to 19.5%. Moreover, it was found that before hospitalization, 24% of children received antiviral drugs as treatment, 5.5% of children received antibiotics, 10% of children received glucocorticosteroids, 60.5% of children did not receive medical treatment. Also, during the analysis, it was found that 76% of children were hospitalized by ambulance, 16.5% of children were referred for hospitalization by a pediatrician, 7.5% of children were hospitalized after their parents independently contacted the children's infectious diseases department. Emergency care before hospitalization was provided: emergency medical care - 36% of children, pediatrician - 3%. Acute laryngotracheitis without stenosis of the larynx was registered in 25.5% of children, with stenosis of the 1st degree in 67.5% of children, 7% - with stenosis of the 2nd degree. According to the severity of the disease: in 98.8% of children the disease preceded with moderate severity, in 1.2% of children a severe course was observed. Duration of hospital stay: 49% of children were in the hospital for more than 3 days, 25.5% of children were in the hospital from 0 to 1 day, 25% of children - up to 3 days. During their stay in the hospital, 70% of children received hormones: in the form of inhalations - 39% of children, intramuscularly - 28%, per os 33%. Antibiotics were received by 85.5% of children. 89% of children were discharged with completely stopped OLT, 11% of children were discharged with positive dynamics. In 1% of children, pneumonia was also observed, in 34% - other concomitant diseases.

Conclusions. This statistical study reflects the features of the course of acute laryngotracheitis in children, its clinical features, reveals the most vulnerable age of children for this disease, and also reflects the modern, most preferred approaches and principles for the treatment of this disease and its most frequent outcomes.

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