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Review Article

CLINICAL STUDY AND ANALYSIS OF 100 CASES OF PNEUMONIA IN CHILDREN

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ABSTRACT

Pneumonia remains the first cause of the death of the children in China, Mycoplasma pneumoniae (MP) is a particularly common cause of older children and young people, the main pathogens of pneumonia in infants and children are viruses. The mortality rate has remained high. Pneumonia in infant's morbidity and mortality are far higher than those in young adults. The incidence of pneumonia in children is rapid, respiratory symptoms are obvious, and the condition of the disease is progressed rapidly, and other complications can occur. In this paper, 100 cases of pneumonia in The First Affiliated Hospital University of South China were summarized, the children and clinical manifestations of the disease is associated with pneumonia diagnosis and treatment in recent years.

INTRODUCTION

Pneumonia is a common acute disease of the respiratory tract in childhood. Children's pneumonia also often caused by the mixed infection both of bacteria and viruses. The incidence of pneumonia in children is rapid, respiratory symptoms are obvious, and the condition of the disease is progressed rapidly, and other complications can occur. Infantile pneumonia is the main anti infection and treat the complications. With the widespread use of antibiotics and the changes in the body's responsiveness, low immune function in children and imperfect defense function of respiratory system, pediatric pneumonia has become one of the most common diseases in children. In this paper, 100 cases of pneumonia in The First Affiliated Hospital University Of South China were summarized. All seasons are easy to occur, especially in winter and spring. It is easy to recurrent attacks affect children's growth and development, if the treatment is not complete. The clinical data of the children are reported as follows.

BACKGROUND

General information and methods: From January 2019 to December 2019, 100 cases of children pneumonia were investigated in The First Affiliated Hospital University of South China. Among the 100 children, 65 were boys and 35 were girls; 36 cases aged 2 years were occupied 23%.

METHODS

Patients:

We report the clinical features of 11 deceased patients with confirmed diagnoses of pneumonia, who presented to hospitals in The First Affiliated Hospital University of South China between January 2019 to December 2019, Demographic, clinical and laboratory data from inpatient were collected. This study has been approved by the Ethics Committee related to the Hospital.

MATERIALS

General characteristics: gender and age; (2) Clinical data: Hospitalization days, clinical performance, disease course; (3) Auxiliary examinations: laboratory examination or etiological examination clinical; (4) Prognosis.

Accessory Examination:

In 100 cases of chest radiography, 4 cases of lobar pneumonia accounted for 4 % of the total. 13 cases of double pulmonary bronchitis were 13 %, 55 cases of bronchitis were 55%, 15 cases of interstitial pneumonia were 15%, and 13 cases of lobule in chest were 13%.

Complication:

4 cases of laryngitis, 2 cases of pleural effusion were found, 1 case of empyema , 2 cases of parapneumonic effusion , 1 case of lung abscess, 1 case of pneumothorax, 1 cases of respiratory failure.

Treatment:

65 cases of treatment with the second generation cephalosporins +antivirus were 65%, 32 cases of treatment with the third generation cephalosporins+antivirus were 32%, 3 cases of Penicillin + antiviral were 3%, 4 cases of > 14 days of treatment were 4%, 37 cases of 7-10 days of treatment were 37%, 52 cases of 5-7 days of treatment were 51% 8 cases of <5 days of treatment were 8%.

RESULTS

Infantile pneumonia's main treatment is anti-infection and treat the complications. At the time of anti-infection, a wide range of antimicrobial spectrum, less drug resistant bacteria, and low toxicity of liver and kidney are used, combined use of two kinds of broad-spectrum antibiotics, such as cephalosporins, macrolides, and antiviral drugs, and give oxygen therapy, nutritional support, Correcting the acid-base balance and electrolyte disturbance in some children, actively dealing with the complications and avoiding heart failure.

DISCUSSION

According to the latest research reports, Pneumonia is still the first cause of the death of the children in our country, Serious threat to children's health, Because of its serious clinical manifestations, rapid progress, and a dangerous condition, the mortality rate has remained high. There is no definite diagnostic standard, and the diagnosis of etiology is very difficult. Through the analysis of the results of 100 cases of pneumonia, children's pneumonia is not only caused by some bacteria or viruses, but also often caused by the mixed infection of both. Some children have mycoplasma infection. Through the above analysis, we can draw a conclusion. The cure rate of antibacterial drugs such as Cephalosporin mixted some antivirus drugs such as interferon is 90%. It is show that Children pneumonia is an infectious lung disease caused by a variety of pathogenic microbes and protozoa. Because of low immune function in children and imperfect defense function of respiratory system, pediatric pneumonia has become one of the most common diseases in children. Morbidity and mortality are far higher than those in young adults. The incidence of pneumonia in children is rapid, respiratory symptoms are obvious, and the condition of the disease is progressed rapidly, and other complications can occur. If the treatment is unseasonal, it can lead to serious consequences, the clinical manifestations of partial pneumonia in children are not typical, which results in the early diagnosis of pneumonia in children, and it is easy to develop into severe pneumonia. At present, children with pneumonia disease are more serious, there will be more factors to induce the emergence of pneumonia, seriously infringing the health of the children's lungs. This is some of the knowledge that we have to know. The clinical manifestations of respiratory symptoms are shortness of breath, cough, expectoration, mostly white phlegm,

Other manifestations were fever, drooping spirit loss of appetite, abdominal pain, diarrhea, vomiting. The lungs can be heard dry and wet rales, individual can hear wheeze sounds. The chest X-ray, or CT, showed that the double lung texture was thickened, and the increase was blurred, visible scattered in between, high density shadow, edge blurred. Part of the children were large, reticulate. The common pathogenic bacteria of bacterial pneumonia are Streptococcus pneumoniae, Staphylococcus aureus, Streptococcus, gram-negative tumors and so on. Bronchopneumonia caused by Streptococcus pneumoniae is the most common in infancy. The common virus of viral pneumonia is respiratory syncytial virus, adenovirus, influenza virus, parainfluenza virus, In addition, there are mycoplasma, chlamydia, fungi, protozoa, etc. Pathogens are mostly invaded by respiratory tract, causing bronchioles, alveoli and interstitial lung inflammation, causing small airway stenosis or even obstruction, resulting in ventilation disorders. Inflammation causes thickening of respiratory membranes and inflammatory exudates in alveolar cavity, resulting in ventilation disorder., Hypoxic and carbon dioxide retention, even respiratory failure caused by ventilation and ventilation disorder. The reflex contraction of the pulmonary artery causes increased pulmonary arterial pressure, and the effect of pathogens and toxins can cause toxic myocarditis. The results of two factors together lead to psychological exhaustion, hypoxia and the role of pathogen toxin. It can also cause toxic encephalopathy, hemorrhage of digestive tract and toxic intestinal paralysis, as well as metabolic and respiratory acidosis, electrolyte disorders encephalopathy, disseminated intravascular coagulation may occur in severe case.

CONCLUSION

In the developing countries,Lower respiratory tract infection is usually the main cause of death or next to diarrhoea, The most common cause of the disease is bacteria, of which Streptococcus pneumoniae is the most common, other pathogens including anaerobic bacteria, Staphylococcus aureus, Haemophilus influenzae, parrot fever, Chlamydia trachomatis, M. Mora and Legionella pneumophila, Klebsiella pneumonia and other gram negative bacillus coli. Mycoplasma pneumoniae (MP) is a particularly common cause of older children and young people, common in spring. The main pathogens of pneumonia in infants and children are viruses: respiratory syncytial virus, adenovirus, parainfluenza virus, type A and B influenza virus. With the widespread use of antibiotics and the changes in the body's responsiveness, low immune function in children and imperfect defense function of respiratory system, pediatric pneumonia has become one of the most common diseases in children. Morbidity and mortality are far higher than those in young adults. The incidence of pneumonia in children is rapid, respiratory symptoms are obvious, and the condition of the disease is progressed rapidly, and other complications can occur. Infantile pneumonia is the main anti infection and treat the complications. At the time of anti-infection, a wide range of antimicrobial spectrum, less drug resistant bacteria, and low toxicity of liver and kidney are used, combined use of two kinds of broad-spectrum antibiotics, such as cephalosporins, macrolides, and antiviral drugs, and give oxygen therapy, nutritional support, Correcting the acid-base balance and electrolyte disturbance in some children, actively dealing with the complications [1-9].

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