

## ETIOLOGICAL STRUCTURE OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN

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### Abstract

Active identification of etiological factors of respiratory infections and development of criteria for timely diagnosis and treatment is, from the position of clinical bronchology, a promising scientific direction.

**Purpose of the study.** To identify the etiological structure of acute obstructive bronchitis in children at the present stage.

**Materials and methods of research.** The work was performed at the Specialized Children's Surgical Clinic of Samarkand State Medical University in the period 2020-2022. 90 sick children aged 5 months and older were under observation. up to 6 years of age with a diagnosis of acute obstructive bronchitis. Infection with pathogens of persistent intracellular infections (Chlamidia pneumonia, Mycoplasma pneumonia) was determined by the results of enzyme-linked immunosorbent assay (ELISA). PCR diagnostics were used to verify respiratory viruses. The patients were divided into 4 groups depending on treatment.

**Research results.** A virological study was carried out on 67 patients with AOB using the polymerase chain reaction (PCR) method. Compared to other pathogens, the RS virus was detected significantly more often. Thus, in the control group, the RS virus was detected in 50.0% of cases, in the second group 46.7%, in the third 44.5%, in the fourth group 50.0%. Adenoviral infection was detected significantly more often in group III and group IV. In groups I, II, III, rhinovirus infection was detected in equal quantities.

In the examined patients, along with a viral infection, atypical microflora was also identified, as mentioned above. Using a continuous sampling method, 365 children aged from 5 months to 6 years with a diagnosis of AOB were examined, among



whom 90 children (24.7%) were tested for IgM, IgG antibodies in various titers to Ch.pneumoniae, M.Pneumoniae.

### Conclusions

The greatest etiological significance in the development of AOB in children is MS infection, adenovirus infection, less parainfluenza and rhinovirus, and in 24.6% of cases the etiological factor is viral-mycoplasma and viral-chlamydial infection. In the formation of severe and protracted forms of AOB, MS infection with chlamydial association occurs.

