



## FEATURES OF ACUTE STENOSING LARINGOTRACHEITIS IN CHILDREN

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### ANNOTATION

*Acute stenosing laryngotracheitis is often a complication of acute respiratory disease of viral etiology and occurs as a result of the descending path of the spread of the inflammatory process. The clinical picture of laryngotracheitis depends on the form and stage of the disease. Adequate measures for the prevention of pathology include various directions. First of all, attention should be paid to strengthening the immune system. For this, it is important to ensure adequate rest and a balanced diet.*

**KEY WORDS:** acute stenosing laryngotracheitis, patients, clinic, diagnostics, treatment, prevention.

Acute stenosing laryngotracheitis (OSL) in children is often a complication of acute respiratory disease of viral etiology. The reasons for the development of OSL can be: chronic tonsillitis and adenoiditis; sore throats; fungal infections of the oral cavity and pharynx; insufficient fluid intake; chronic diseases of the paranasal sinuses; chemical and thermal burns of the mucous membranes of the upper respiratory tract, etc.

The primary localization of the pathological process is observed in the larynx, which may be accompanied by a sore throat. Then the tracheal mucosa is involved in the pathological process.

Acute stenosing laryngotracheitis is often diagnosed in children under the age of 5-7 years. This is due to the peculiarities of the anatomical development of the larynx and the imperfection of the immune defense of its mucous membrane. Local inflammatory edema develops with low production of mucous secretions. This causes bouts of dry, sometimes barking cough.

The clinical picture of the disease develops gradually in the form of a deterioration in the patient's condition with a prolonged course of acute respiratory disease. Often, with the onset of typical symptoms in young children, emergency care and hospitalization may be required.

The clinical picture of laryngotracheitis depends on the form and stage of the disease. Patients with OSF present complaints: fever, headache, chills; unpleasant sensations of perspiration, sore throat, attacks of dry cough with a barking component and a small amount of secreted sputum; change in voice up to complete aphonia. Body temperature stabilizes approximately 5-7 days of illness. The cough may persist for 2-3 weeks.

Sputum culture and antibiotic susceptibility testing are used to determine the infectious agent. Allergic laryngotracheitis requires a different approach in differential diagnosis, since antibacterial and antiviral drugs may be contraindicated in this process. Their unreasonable appointment can worsen the patient's condition.

Patients undergo a general analysis of blood and urine, according to indications, tracheoscopy, bronchoscopy and laryngoscopy are recommended. With OSL in children, emergency first aid is required. In order to provide first aid, you need to provide fresh air, put the patient in bed or raise the head end of the bed and immediately call an ambulance.

Children are hospitalized in a hospital with signs of respiratory failure. In the first 48 hours from the onset of the disease, an antiviral drug is prescribed (Ergoferon, Anaferon, Arbidol, Amiksin, Kagocel). If, after 3 days from the start of treatment, the body temperature has not returned to normal, antibiotics are added to the scheme (Ciprofloxacin, Azithromycin, Sumamed, Amoxiclav, Erythromycin, Ampicillin, Klacid and others).

V.F. Uchaikin et al., Noting that the main cause of laryngeal stenosis in children is influenza or parainfluenza infection, as an etiotropic method of treatment suggests the use of a complex homeopathic drug aflubin. The authors also note that in any given case, especially with croup syndrome in a child, it can be difficult to exclude the role of the bacterial flora. The use of aflubin against the background of antibiotic therapy significantly shortens its duration and reduces the frequency of side effects of the antibiotic [3,5,9].



An important component of the treatment of acute stenosing laryngotracheitis is inhalation therapy aimed at restoring the patency of the airways, combating the drying of exudate and affecting the inflammatory focus. Inhalation therapy was performed in all patients using compression inhalers and ultrasonic nebulizers. The frequency and duration of nebulizer therapy was determined by the severity of stenosis and ranged from 2 to 4 inhalations per day [8].

It is imperative to prescribe an antihistamine, even with a non-allergic form of pathology. Such drugs as Suprastin, Tavegil, Ketotifen, Pipolfen, Tsetrin eliminate the edema of the mucous membrane and facilitate the breathing process.

To facilitate the process of sputum discharge, a mucolytic drug is prescribed (Lazolvan, Bromhexin, Libeksin). In the complex therapy of acute stenosing laryngotracheitis, bifiform was used - a combined preparation, which includes natural bifidum bacteria and enterococci, fenspiride hydrochloride, which has an anti-inflammatory effect [6], retinol acetate or Triovit capsules containing vitamins C, E and  $\beta$ -carotene [10], Phenibut is a nootropic drug that was prescribed to patients with significant disorders of the bioelectrical activity of the brain.

The main thing in the treatment of laryngotracheitis is to eliminate the cause of the pathological process in the larynx and trachea. Therefore, wet cleaning is carried out in the room at least 2 times a day. Airing - every 3 hours. An abundant alkaline drink is recommended (mineral water, milk with soda, some juices and fruit drinks). This stimulates the discharge of sputum and relieves the patient's condition.

The approach to the choice of a complex of treatment and rehabilitation measures should be individual and determined by the nature of dysbiotic disorders on the mucous membranes of the upper respiratory tract and large intestine, the sensitivity of the respiratory tract and the established changes in the bioelectric activity of the brain. Adequate measures for the prevention of pathology include various directions. First of all, attention should be paid to strengthening the immune system. For this, it is important to ensure adequate rest and a balanced diet. The diet should be dominated by fresh vegetables and fruits. If necessary, they are compensated with complexes of vitamin and mineral supplements. Physical education and hardening of the body minimize the risk of seasonal colds.

The duration of immunotherapy courses and the choice of the drug is determined by the presence of an etiologic pathogen and concomitant microflora, the prevalence of the inflammatory process, the age of the child [2,4]. For the treatment

of children suffering from recurrent stenosing laryngotracheitis, bacterial lysates were used, such as bronchomunal and ribomunil, which are stimulants of specific and nonspecific immunity [1,7].

Thus, during an epidemic of colds, it is necessary to take personal safety measures: wear a gauze mask; take an antiviral drug for prophylactic purposes; refuse to regularly visit places with a large crowd of people and regularly wash your hands. It is important to exclude secondhand smoke, take food and liquids only warm, and regularly ventilate the room. Walking in the fresh air strengthens the mucous membranes of the upper respiratory tract and makes them less susceptible to pathogenic microbes.

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