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ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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THE PREVALENCE OF RECURRENCE OF OBSTRUCTIVE BRONCHITIS IN CHILDREN

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ANNOTATION

To determine the prevalence of recurrence of obstructive bronchitis in the structure of bronchopulmonary pathologies in children. In the course of the work, a descriptive-evaluative method of epidemiological research was used, a retrospective analysis of 12869 case histories of children who were hospitalized in the period from 2020 to 2022 regarding relapses of obstructive bronchitis was carried out. We obtained data on the frequency of occurrence of children with recurrent obstructive bronchitis. By periods of the year, the incidence of recurrence of the disease in children is in the form of a "wave-like" curve, the severity of which largely depends on climatic conditions. Recurrence of obstructive bronchitis is more common in children aged 6 months to 2 years, and the peak rise in incidence occurs between the 2nd and 8th month of life. Basically 1 episode of bronchial obstruction was observed.

Keywords: prevalence, obstructive bronchitis, relapse.

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РАСПРОСТРАНЕННОСТЬ РЕЦИДИВОВ ОБСТРУКТИВНОГО БРОНХИТА У ДЕТЕЙ.

АННОТАЦИЯ

Определить распространенность рецидивов обструктивного бронхита в структуре бронхолегочных патологий у детей. В ходе работы использовался описательно-оценочный метод эпидемиологического исследования, проведен ретроспективный анализ 12869 историй болезни детей, которые находились на стационарном лечении в период с 2020 по 2022 годы по поводу рецидивов обструктивного бронхита. Нами были получены данные о частоте встречаемости детей с рецидивами обструктивного бронхита. По периодам года, частота развития рецидивов заболевания у детей имеет вид «волнообразной» кривой, выраженность которой в большей степени зависит от климатических условий. Рецидивы обструктивного бронхита чаще встречается у детей в возрасте от 6 месяцев до 2 лет, а пик подъема заболеваемости приходится на период между 2-м и 8-м месяцем жизни. В основном наблюдался 1 эпизод бронхообструкции.

Ключевые слова: распространенность, обструктивный бронхит, рецидив.

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BOLALARDA QAYTALANUVCHI OBSTRUKTIV BRONXITNING TARQALISHI

ANNOTATSIYA

Bolalarda bronx-o'pka patologiyalar tarkibida obstruktiv bronxitning qaytalanishining tarqalishini aniqlash. Ish davomida epidemiologik tadqiqotning tavsifiy-baholash usulidan foydalanildi, 2020-2022 yillar davomida qaytalanuvchi obstruktiv bronxit bilan kasalxonaga yotqizilgan 12869 nafar bolalarning kasallik tarixi retrospektiv tahlil qilindi. Biz obstruktiv bronxitning qaytalanishi bilan og'rikan bolalarning kasallanishi haqida ma'lumot oldik. Yil fasllariga ko'ra, bolalarda kasallikning qaytalanish chastotasi "to'lqinli" egri shaklga ega bo'lib, uning og'irligi asosan iqlim sharoitiga bog'liq. Obstruktiv bronxitning qaytalanishi 6 oylikdan 2 yoshgacha bo'lgan bolalarda tez-tez uchraydi va kasallikning eng yuqori darajasi hayotning 2 va 8 oylarida sodir bo'ladi. Asosan, bronxial obstruksiyaning 1 epizodi kuzatildi.

Kalit so'zlar: tarqalish, obstruktiv bronxit, residiv.

Relevance. The role of obstructive bronchitis in the proportion of respiratory pathology in children is of great importance; often the process of bronchial obstruction takes on a protracted, wave-like and recurrent character [5,7]. At the same time, an increase in relapses of obstructive bronchitis in children attracts attention, with obstructive forms occurring 4 times more often than non-obstructive forms [2,4,8].

Despite the fact that in recent years there has been an increase in the number of bronchitis occurring with bronchial obstruction syndrome, there is still no clear data on the prevalence of relapses of obstructive bronchitis in children; there is a study in which the prevalence of relapses of obstructive bronchitis is 16.4 per 1000 children [5,6].

Diagnosis, treatment and timely prevention of diseases are impossible without knowledge of their reliable prevalence. At the same time, in our region, there is no data on the prevalence of relapses of obstructive bronchitis in the structure of childhood morbidity; in this regard, the study of the true prevalence is relevant.

Target. To determine the prevalence of relapses of obstructive bronchitis in the structure of bronchopulmonary pathologies in children.

Material and research methods. The study was conducted at the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, in the emergency pediatric and pediatric intensive care units. Indications for hospitalization and discharge from the hospital

were the standards of diagnosis and treatment provided for emergency medical services of the Republic of Uzbekistan [2].

The criterion for including cases of recurrent obstructive bronchitis in the study group was that nosological units belonged to section J 40 of the International Classification of Diseases, 10th revision [1,6].

During the work, a descriptive-evaluative method of epidemiological research was used [1], a retrospective analysis of 12,869 medical histories of children who were hospitalized in the period from 2020 to 2022 for relapses of obstructive bronchitis was carried out. The following indicators were studied: diagnosis, date of admission, gender, age, place of residence and medical history.

The obtained data were processed using statistical methods using the statistical program package "Statistica 6.0" on a personal computer [1].

Results. The comparative dynamics of nosological forms of diseases presented in Figure 1 shows that the main reasons for hospitalization of children were pneumonia and acute respiratory infection, the share of which ranged from 33.1% and 37.1% in 2020, and 31.7% and 33.5% in 2022, respectively. At the same time, there is a steady trend towards an increase in the proportion of relapses of obstructive bronchitis - 3.9% in 2020, 4.2% in 2021, 7.1% in 2022, amounting to an average of 5.1% of the total for the period studied admitted patients.

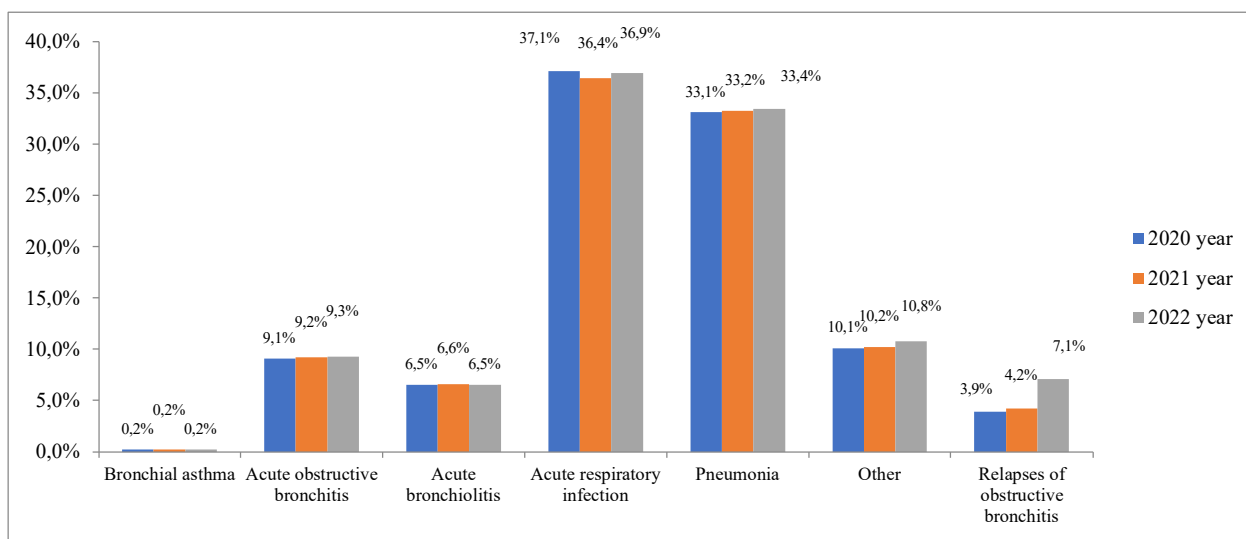


Figure 1. Structure of nosological forms of diseases in the emergency pediatric departments of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care

The increase in both the absolute and relative number of relapses of obstructive bronchitis in the structure of nosological forms in children undergoing hospital treatment has several causal connections: global trends in increasing the frequency of relapses of obstructive bronchitis

in children [3], improved quality of diagnosis and registration of this disease, which are the result of our research [7].

Epidemiological indicators of admitted children with relapses of obstructive bronchitis.

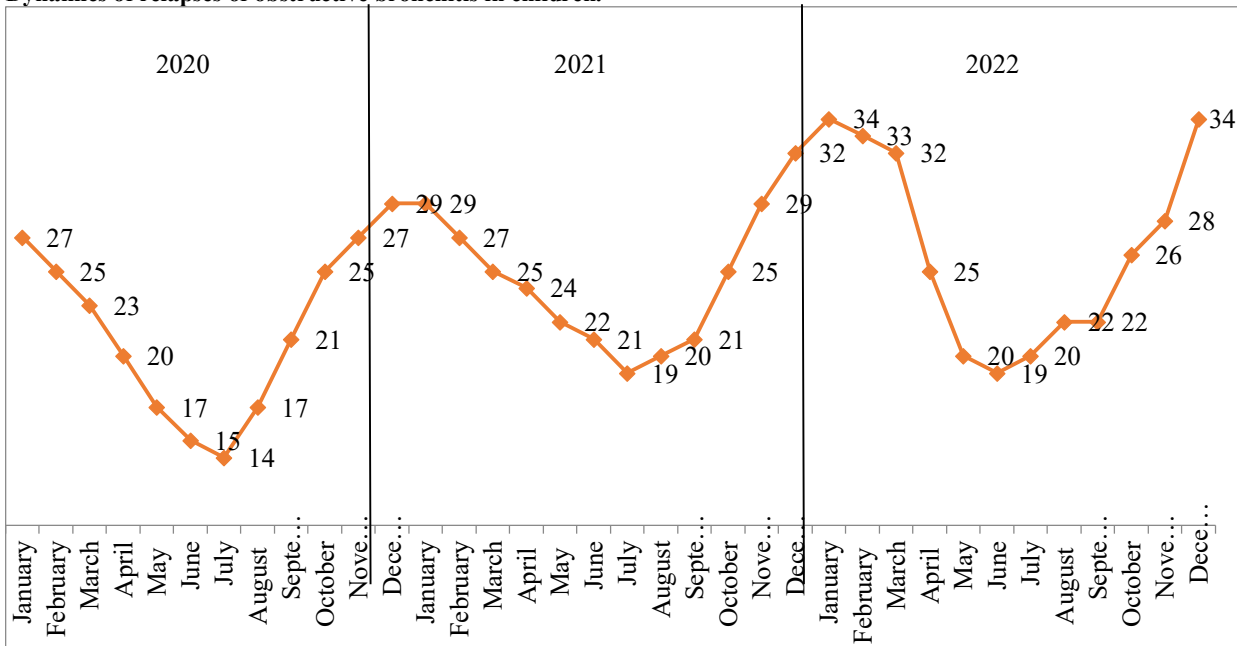
Table 1.

Indicators		2020	2021	2022
Age	1-12 months	88 (17,0%)	71 (14,1%)	104 (19,8%)
	1-3 years	349 (67,2%)	356 (70,9%)	351 (66,9%)
	Over 3 years old	82 (15,8%)	75 (14,9%)	70 (13,3%)
Gender	Boys	311 (59,9%)	296 (59,0%)	303 (57,7%)
	Girls	208 (40,1%)	206 (41,0%)	222 (42,3%)
Address	City	189 (36,4%)	181 (36,1%)	194 (37,0%)
	Village	330 (63,6%)	321 (63,9%)	331 (63,0%)

The age dynamics of the number of children with relapses of obstructive bronchitis is characteristic. For the first time 2 years of life, no relapses of obstructive bronchitis were noted; in the interval of 3-4 years, such patients amounted to 3 per 100 children, and at the age of 5-6 years - 4 per 100. In the age period of 7-8 years, patients with relapses of obstructive bronchitis were noted 1 -2 per 100 children. After 8 years

of age, none of the 100 children had relapses of obstructive bronchitis. Among the examined children, by gender, boys predominated: n = 521 (59.9%), and girls: n = 348 (40.1%). It was noted that urban children (64.1%) were more often affected than rural children (35.9%), which is apparently due to environmentally unfavorable urban conditions.

Figure 2. Dynamics of relapses of obstructive bronchitis in children.



In the vast majority of cases, relapses of obstructive bronchitis occur in the cold season - the autumn-winter period. It should be noted that with relapses of obstructive bronchitis, the incidence had the character of a “wavy” curve, without extreme changes, indicating the multifactorial etiopathogenesis of the disease [4]. It has been established

that the lowest “seasonality” of diseases with relapses of obstructive bronchitis is observed mainly in June, July and September in 2020, April, June, July, August and September in 2021, as well as in April, June, July and September in 2022 ;

Table 2. Distribution of the frequency of relapses of the disease in children for 2020-2022.

Number of relapses	1 episode in the last year	2 episodes in the last year	3 or more episodes in the last year
2020	74%	11%	15%
2021	65%	13%	21%
2022	62%	15%	27%

It is clearly seen that the majority of children were admitted with 1 episode of obstruction over the past year, on average during the study period 520 (67%), 2 episodes 253 (13%), and more than 3 episodes amounted to 230 (21%).

According to the results of our study, the prevalence of relapses of obstructive bronchitis in children, depending on age, gender, territorial,

seasonal characteristics, allowed us to obtain data that differed somewhat from the results of similar foreign studies; having received reliable data on the prevalence of relapses of obstructive bronchitis in children, the epidemiological situation of the disease was revealed in our region.

Conclusions: The study of the prevalence in our region made it possible to obtain a real level of increase in the incidence of children with relapses of obstructive bronchitis, amounting to 3.9% in 2020 to 7.1% in 2022, respectively, in the structure of the overall morbidity of hospitalized children for bronchopulmonary diseases.

According to periods of the year, the frequency of relapses of obstructive bronchitis in children has the form of a “wavy” curve, the severity of which largely depends on climatic conditions.

Relapses of obstructive bronchitis are more common in children aged 6 months to 2 years, and the peak incidence rate occurs between the 2nd and 8th month of life.

Most of the admitted children experienced 1 episode of bronchial obstruction over the past year, amounting to 67% per year of observation, which is apparently due to the patient’s urgent visit for the disease.

Knowledge of the prevalence of relapses of obstructive bronchitis will make it possible to plan and implement programs to improve health and quality of life, which leads to the “accumulation” of populations in need of dispensary registration.

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