

INTENSIVE REGIMEN OF BRONCHODILATOR NEBULIZED THERAPY IN RECURRENT BRONCHO-OBSTRUCTIVE SYNDROME IN CHILDREN

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Abstract

Respiratory tract diseases, associated with a broncho-obstructive syndrome, hold a significant share in the structure of morbidity in children.

The principles of nebulized therapy in children with broncho-obstructive disorders are summarized in this report. The author's experience of using nebulized short-acting bronchodilator for intensive therapy of children with acute and recurrent obstructive bronchitis, exacerbation of mild-to-moderate asthma is presented.

52 school-age children with acute obstructive bronchitis and exacerbation of asthma were examined (main group — 27 children; control group — 25 children). The patients of the main group were prescribed intensive nebulized therapy with salbutamol 2,5 mg in 2 ml of saline 2 to 4 times in a row with an interval of 20 minutes. Control group patients were treated with nebulized therapy three time a day plus with intravenous infusions of theophylline and dexamethasone.

Intensive nebulized therapy with salbutamol caused significantly faster regression of clinical symptoms. The cough disappeared on the 2–3 day of treatment in 11,1% of patients already, sputum production by day 6–10 — in 81,5%; scattered dry and wet rales by day 5 in 74,1 %. A transition of dry into wet cough in control group patients was delayed by 2–3 days, and the time of its cessation — by 1 week.

Conclusions. The intensive nebulized short-acting bronchodilator therapy relieved bronchoconstriction in very short terms and prevented possible hypoxia from the first day of the disease, reducing the duration of treatment in both in-patient and out-patient settings.

Key words: broncho-obstructive syndrome in children, nebulized therapy, intensive treatment.

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