

OPTIMIZATION OF MANAGEMENT OF VIRAL-BACTERIAL PNEUMONIA IN RECRUITS, MOBILIZED FOR MILITARY SERVICE IN ANTI-TERRORIST OPERATION ZONE

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Abstract

To date, empiric antibacterial therapy for patients with community-acquired pneumonia (CAP) in Military Force of Ukraine (MFU) is the most common treatment strategy, whereas anti-viral drugs are almost not used at all. At the same time the data from recent surveys suggest that viruses along with bacterial pathogens play crucial role in the development of CAP.

The *aim* of this study was to optimize the management of group III CAP in recruits, mobilized for military service in anti-terrorist operation zone, adding anti-viral compound vitaglutam to antibiotic therapy.

Material and methods. 98 patients with moderate viral-bacterial CAP were enrolled. Initially, the onset of the disease manifested as acute viral respiratory infection, complicated by CAP in 4–7 days, while military servants were located at training center. All patients were either treated with third generation cephalosporins (IV or IM) or protected aminopenicillin (IV). After patient's condition have been stabilized (3–4 days), the therapy was switched to oral antibiotic (protected aminopenicillin or second generation cephalosporin). In main group of patients antibacterial therapy was enforced with administration of vitaglutam (Ingavirin by Stada, Germany) from the first day of treatment in dose 90 mg once daily regardless of meals for 5–7 days (mean 5,3 days). Control group used antibacterial therapy alone.

Results. Clinical, laboratory and radiological data analysis suggested about equal ($p > 0,05$) effectiveness of therapy in both groups (main group: cure — $(86,0 \pm 5,4) \%$; improvement $(14,0 \pm 5,4) \%$; control group cure — $(83,3 \pm 6,1) \%$; improvement $(16,7 \pm 6,1) \%$). But time to improvement/cure between study groups differed significantly: $(11,3 \pm 0,7)$ days in main group and $(13,8 \pm 0,8)$ days in control group, ($p < 0,05$). Mean duration of antibiotic therapy was $(9,2 \pm 0,5)$ and $(11,6 \pm 0,7)$ days in main and control groups, respectively ($p < 0,05$).

Conclusion. The use of anti-viral compound vitaglutam in patients with group III viral-bacterial CAP in addition to sequential antibacterial therapy significantly reduced the rate of infectious complications and the term of their occurrence, duration of antibacterial therapy and time to cure/improvement.

Key words: pneumonia, treatment, anti-terrorist operation, vitaglutam.