

ANTIBACTERIAL THERAPY IN MILITARY SERVICE RECRUITS WITH VIRAL-BACTERIAL COMMUNITY-ACQUIRED PNEUMONIA, OCCURRED DURING MOBILIZATION FOR ATO/UFO UNDER THE MILITARY ACTION

**Y. O. Dziublyk, Y. O. Slesarenko, G. B. Kapitan,
R. E. Sukhin, S. S. Simonov**

Abstract

The community-acquired pneumonia is a serious medical and social problem, especially under the conditions of military operations, associated with ATO/UFO.

The aim is an optimization of antibacterial therapy of patients with group III viral-bacterial community-acquired pneumonia (CAP).

Materials and methods. 74 patients with moderate CAP were enrolled into this study. 44 patients in group 1 were treated with ceftriaxone 2 g OD in combination with azithromycin 500 mg OD 3 days. In 3-4 days the therapy was switched to amoxicillin/clavulanate 1000 mg BID. In group 2 the patients received sequential therapy with levofloxacin 500 mg OD.

Results. The favorable outcomes (cure or improvement) were registered in $(72,7 \pm 6,7)$ % of patients in group 1 and $(93,3 \pm 4,5)$ % in group 2 ($p < 0,05$).

Conclusion. In military service recruits with viral-bacterial community-acquired pneumonia, occurred during mobilization for ATO/UFO under the military action, the sequential therapy with fluoroquinolones proved to be more effective, leading to the reduction of timelines of evacuation and hospitalization, and as well to improvement of treatment and rehabilitation outcomes.

Key words: community-acquired pneumonia, diagnosing, treatment, military servants.

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Yaroslav A. Dziublyk

SI "National institute of phthiology and pulmonology named after F. G. Yanovsky

National Academy of medical sciences
of Ukraine"

Leading research associate,

Doctor of medicine

10, M. Amosova str., Kyiv, 03680, Ukraine

Tel.: 38044 275-20-04, fax: 38044 275-20-04, dziublyk@gmail.com