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Clinical and pathogenetic features and the state of micronutrition status in children with community-acquired pneumonia

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Relevance. Pneumonia remains one of the leading causes of morbidity and mortality among young children. Community-acquired forms of pneumonia are characterized by a variety of clinical and pathogenetic manifestations and can be associated with disturbances in the micronutrition status, which affects the course of the disease and prognosis.

Objective of the study. To assess the clinical and pathogenetic features and the state of micronutrition status in children with community-acquired pneumonia who underwent inpatient treatment at the clinic of the Tashkent Pediatric Medical Institute.

Methods. The study involved 68 children aged 1 to 14 years, admitted with a diagnosis of community-acquired pneumonia. Clinical examinations, laboratory blood tests to determine the level of microelements (iron, zinc, magnesium, vitamins A and D), and an assessment of the immune status were carried out. Statistical data processing was carried out using descriptive and inferential statistics.

Results. Most patients (about 75%) had severe forms of pneumonia with severe intoxication and gas exchange disorders. Analysis of the micronutrient status showed iron deficiency in 60%, zinc in 50%, magnesium in 40% of children, as well as a decrease in the level of vitamins A and D in 55% and 50% of patients, respectively. There was a correlation between the severity of pneumonia and the severity of micronutrient deficiency. Children with severe deficiency had a longer recovery time and a higher risk of complications.

Conclusions. Community-acquired pneumonia in children is often accompanied by a violation of the micronutrient status, which aggravates the clinical and pathogenetic picture of the disease. Early diagnosis and correction of micronutrient deficiencies are important components of the comprehensive treatment of pneumonia in children, contributing to improved clinical outcomes and a reduction in the period of hospitalization.

