



THE ROLE OF BRONCHOSCOPY IN OBTAINING FOREIGN BODIES IN THE RESPIRATORY TRACT IN CHILDREN

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Annotation

The foreign body in the respiratory tract enters the cat of diseases that require the most urgent treatment and can endanger the child's life if help is not provided in the emergency department. The complication of foreign body in the respiratory tract is aspiration, which is 68-93% more common among children under the age of 0 - 5 years. In the case of a foreign body that has fallen into the respiratory tract, the respiratory tract in children is numb and respiratory failure can cause symptoms and lead to asphyxia. Due to the foreign body in the respiratory tract, a strangulation is observed, which suddenly appears in the xocurge-like cough, the head is covered in the Triangle of the nose. The wheezing of the breath, autumn is characterized by rejuvenation and sulac separation. Further clinical signs are blurred manifestations of numbness in the location of the foreign body.

Keywords: Bronchoscopy, respiratory tract, sleeping body. endobronchitis, emphysema atelectasis

Introduction

At present, according to a number of authors, the incidence of foreign bodies in children in the respiratory tract, their number of complications, is increasing. Such a patient is able to provide children with the first ambulance, prevent complications, determine the necessary treatment tactics regardless of the age of the children: when to take a foreign body, where to take it, who should do it endoscopy, otolaryngologist, surgeon, anesthesiologist are distinguished from the current problems of the current day. A foreign body in the airways falls into the right lung according to various authors, which is bound to the anatomical-physiological characteristics of the structure of the respiratory tract. In young children, foreign bodies are intrigued and put into the mouth. it happens to go away when breathing, and this is relevant in that it requires urgent help, leading to severe complications.





Currently, two main methods of obtaining foreign bodies in children are used under general anesthetic from a soft-flex bronchoscope and fibrobronchoscopy. The trajectory is exceptional in obtaining foreign bodies with the help of a rigid bronchoscope. Getting foreign bodies with the help of a traditionalist rigid bronchoscope has its special purpose in our hospital, and especially in older children, this is the hand.

Purpose of Research

The respiratory tract in children consists in treating the disease and preventing its complications, based on its existing results in the treatment of foreign bodies.

Verification Materials and Methods

Clinical trials were carried out by employees of RSHTYOIM AF and employees of the Department of Pediatric Surgery of ADTI in 270 children between the ages of 0 and 18 who were treated with a diagnosis of respiratory foreign bodies at RSHTYOIM AF.

Results

All the sick children were admitted to our hospital in an urgent order, of which 165 were boys and 105 were girls. By age, he made up 215 people (79.6%) aged 0 to 3, 36 people (13.3%) aged 4 to 7, 12 people (4.4%) aged 8 to 12, and 7 people (2.7%) aged 13 to 18.(Table 1) 185 patients on the character of foreign bodies were exposed to organic, 85 to inorganic foreign bodies. As a result of aspiration of organic foreign bodies into the respiratory tract, inflammation occurs in the bronchi, endobronchitis develops, narrowing of the bronchi, pneumonia, atelectasis and bronchoectasis develop.

Table 1 1-clinical evaluation of table alien bodys1-clinical evaluation of table alien bodies

Anamnesis, clinical signs	Distribution by age									
	0 - 3		4 - 7		8 - 12		13-18		of all	
	n	%	n	%	n	%	n	%	n	%
The presence of a foreign body	215	79,6	36	13,3	12	4,4	7	2,7	270	
Cough	205	81,3	30	11,9	10	3,9	7	2,7	252	
Difficulty breathing	210	81	32	12,3	11	4,2	6	2,3	259	
shigillas	212	79,4	36	13,4	12	4,4	7	2,6	267	
Shortness of breath	135	82,3	25	15,2	2	1,2	2	1,2	164	
X-ray symptoms	25	40,9	20	32,7	10	16,3	6	9,8	61	
Without clinical signs	1	50	1	50					2	



In terms of the location of foreign bodies, 32 patients were found to have 128 in the khalkum, 16 in the trachea, 94 in the left bronchus, and 128 in the right bronchus. In the case of foreign body complications, 224 patients were diagnosed with uncomplicated types and 46 patients with complications. Acute complications by type of complication: pneumonia – in 12 patients, atelectasis – in 7, pneumothorax – in 5, interstitial emphysema – in 4 patients, chronic complications: bronchiectasis - in 4 patients and abscess-in 2 patients suffered in children.

Table 2 Complications when foreign bodies fall into the airways

Types of complications	Distribution by age									
	0 - 3		4 - 7		8 - 12		13-18		of all	
	n	%				%		%		%
tbc	7	58,3	2	16,6	2	16,6	1	8,3	12	
Atelectasis	2	28,5	3	42,8	1	14,2	1	14,2	7	
Pneumothorax	1	20	2	40	1	20			5	
Lowland emphysema	2	50	1	25			1	25	4	
Bronchoectosia			1	25	1	25	2		4	
Abscess			1	50	1	50			2	
Bleeding	1									

The role of curative – diagnostic bronchoscopy in diagnosing these patients has become greater. In the majority of patients, 238 people received various complications in these patients, applying on 1-2 days after the fall of the foreign body. For a period of 27 patients infected for up to 1 month, 5 patients for a period of up to 1 year, with various complications, the foreign body was placed under suspect kilinib and diagnosed during bronchoscopy. In 1 patient, clinical signs characteristic of a foreign body were constantly observed, they were resorted to after a long period of treatment, and congenital malaise: in one, congenital left bronchus was found to be narrow. In one patient, a foreign body was detected in the right bronchi (pen spring) after 3 years, this patient was treated several times in children's hospitals, and finally in the children's tuberculosis hospital. It was found that all late-referral patients developed various complications and were treated with a diagnosis of pneumonia in a children's hospital several times.

When patients were bronchoscopy, 259 patients received a foreign body on the first attempt, while 11 were re-bronchoscopy. Treatment complications during bronchoscopy: in 24 patients, bronchospasm was observed and relieved in time, which was observed especially in young children, in all bronchoscopy patients, bronchial cleansing ended with antibiotic and enzyme washing. The bleeding occurred in 1 patient, which the patient resorted to after dressing endobronchitis very late and ended in death.



Conclusion

In the case of foreign bodies in the respiratory tract in children, it is definitely recommended to do emergency bronchoscopy. The first emergency medical care for such sick children should be carried out in hospitals with modern equipment, in which there should be an endoscopist, anesthesiologist Doctors. The role of diagnostic – therapeutic bronchoscopy in obtaining foreign bodies in the respiratory tract in children is large, so many complications can be reduced if patients apply early in time, in which the experience of an endoscopist doctor plays an important role.

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