



CLINICAL MANIFESTATIONS OF NON-SPECIFIC INTERSTITIAL PNEUMONIA

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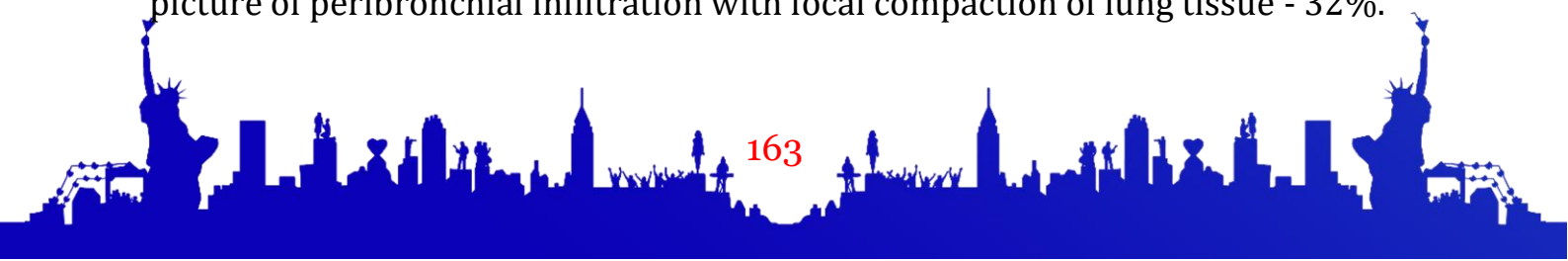
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Introduction. In recent years, according to WHO data, many countries have seen an increase in respiratory diseases, which leads to an increase in not only disability, but also mortality. An increase in chronic respiratory diseases, including non-specific interstitial pneumonia, is observed in all countries of the world [2].

Objective: to establish clinical manifestations of non-specific interstitial pneumonia.

Material and methods of research. As material, we conducted a retrospective analysis of the case histories of 82 patients with non-specific interstitial pneumonia, using the necessary volume of clinical research.

Results and discussion. The obtained results indicate that patients with nonspecific interstitial pneumonia accounted for about 25% of all patients with pulmonary pathology who were treated in hospital. The clinical picture was varied: under the "mask" of acute respiratory disease - 8%, under the "mask" of acute bronchitis - 13%, under the "mask" of chronic bronchitis - 23%, under the "mask" of sluggish pneumonia - 27%, under the "mask" of acute pneumonia - 29%. The main clinical manifestations were cough with unproductive sputum - 86%, dyspnea, with minor physical activity - 78%, subfebrile temperature - 41%. Auscultatory data are scarce. Increased bronchial breathing was noted - 75%, weakened vesicular breathing - 64%. Crepitating wheezing - 67%, wet small and medium bubbling rales - 41%. Laboratory test data: general blood test - the presence of leukocytosis 9-10 ($10 \times 9 / l$), band shift to the left 15-16%, accelerated ESR - 14-17 mm / hour. Immunological study of the qualitative composition of T and B lymphocytes revealed inhibition of the decrease in the lymphocyte subpopulation - 17-18%. The radiological picture was expressed as follows: obstructive bronchitis - 47%, hilar pneumonia - 35%, bilateral pneumonia - 18%. Computed tomography revealed: signs of deforming bronchitis with pneumofibrosis - 31%, changes of the ground glass type - 37%, a picture of peribronchial infiltration with focal compaction of lung tissue - 32%.





Thus, non-specific interstitial pneumonia is characterized by a variety of clinical course. In this case, the main clinical manifestations of the disease are cough with sputum, which occurred in 86%, and continuous recurrent course in 34%. Most patients have a decrease in immunity indicators [1].

Conclusions. The data obtained indicate an increase in patients with non-specific interstitial pneumonia, with a predominance of dyspnea, weakness, cough, etc. in the clinic. Clinically, it was manifested by a varied course of the disease with frequent relapses.

References:

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