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Features Of The Course Of Nonspecific Interstitial Pneumonia

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Abstract. The purpose of the study was to establish the frequency of occurrence, clinical characteristics, and diagnosis of interstitial lung pneumonia in the activities of the pulmonology department of hospitals. To identify the frequency of occurrence, clinical characteristics, and diagnosis of interstitial pneumonia in the pulmonary department of hospitals, a retrospective analysis of case histories of 22 patients with nonspecific inter¬stitial pneumonia who were hospitalized in the pulmonology department of the Samarkand medical association was performed. An increase was found in patients with interstitial lung diseases, which are observed more often in women of working age, with prevalence of dyspnea, weakness, cough in the clinic, and the importance of the use of imaging technologies is indicated. Among the causes, it is necessary to note the presence of rheumatic diseases (systemic scleroderma, polymyositis), and rare ones - Goodpasture's syndrome, histiocytosis X, drug and allergic alveolitis. Consultation of a pulmonologist is recommended for patients with rheumatic diseases.

Key words: nonspecific interstitial pneumonia, clinical signs, diagnosis, rheumatic diseases.

INTRODUCTION.

. According to WHO, in many countries there is an increase in diseases of the respiratory system, which leads to an increase not only in disability, but also in mortality. In particular, among the various problems of clinical pulmonology, interstitial lung diseases and, above all, idiopathic ones, attract close attention of researchers. This interest of specialists of various profiles in the defeat of the respiratory sections of the pulmonary interstitium, which were previously considered rare, is explained by the widespread increase in the number of cases observed in recent years, especially its severe form - idiopathic fibrosing alveolitis. The course of the pathology is characterized by the development of irreversible pulmonary fibrosis with loss of respiratory functions and is clinically manifested by severe respiratory and, subsequently, heart failure, requiring constant respiratory support [1,2,9]. Untimely diagnosis of such pathologies leads to the development of adverse outcomes [3,4,5,8].

It should be noted that the main pathogenetic mechanism of this pathology is inflammation, which in such patients is heterogeneous in etiology and pathogenesis. This inflammation develops when endotheliocytes, plasma and cellular blood factors (neutrophils, hemostasis and complement systems), stromal cells of perivascular connective tissue are damaged and inflammatory reaction [6,7,10].

The purpose of the study was to establish the frequency of occurrence, clinical characteristics, and diagnosis of interstitial lung pneumonia in the

activities of the pulmonology department of hospitals.

Material and research methods. As a material, we carried out a retrospective analysis of the case histories of 22 patients with nonspecific interstitial pneumonia who were hospitalized in the pulmonology department of the Samarkand City Medical Hospital. For all patients, the required amount of examination was performed, using chest X-ray, spirometry, computed tomography, echocardiography.

Results and discussion. The results of the study indicate that the number of patients with nonspecific interstitial pneumonia has recently increased. In the study in the gender aspect, there was a clear predominance in women 16 (72.7%), and in men 6 (27.3%). In the age aspect, there was a variation from 31 to 70 years, with a predominance in the interval of 35-42 years. In all patients, shortness of breath was always clinically determined, weakness (86%), unproductive cough (78%), chest discomfort (73%), fever (41%), acropachia (33%) were also noted.

At the same time, up to 3 months, the diagnosis was suspected only in 4 (18%) patients who were hospitalized due to fever in combination with severe respiratory failure. In these cases, all patients were diagnosed with "Bilateral pneumonia", with the appointment of 2-3 courses of antibiotic therapy. During X-ray diagnostics on a computer tomogram, an infiltration pattern of the "frosted glass" type was revealed. It should also be noted that ordinary and nonspecific interstitial pneumonia were detected more often.

At the same time, high-resolution computed tomography has a high diagnostic efficiency - it has the ability to reveal details that cannot be determined by X-ray examination, as well as excluding projection summation artifacts.

Typically, such a pathology was diagnosed in patients several years after contacting outpatient facilities (SVPs, family clinics), where they mainly complained of respiratory failure. During repeated visits to these institutions, he was diagnosed with "Chronic obstructive pulmonary disease", respectively, treatment was prescribed, but no significant improvement was observed. And during hospitalization in a hospital, clinical and spirographic signs of bronchial obstruction were not detected, but severe restrictive disorders were found - the vital capacity of the lungs was 48%, the Tiffno index was 112%.

In most cases, acropachy was observed. Auscultation in the lungs showed bilateral end-inspiratory basal crepitus. It should be noted that outpatient physicians make diagnostic errors in the fact that often a history of long-term smoking is perceived by them as a reason for diagnosing "Chronic obstructive pulmonary disease", although bronchial obstruction as such is not noted. Among the causes, it is necessary to note the presence of rheumatic diseases (systemic scleroderma, polymyositis), and rare ones - Goodpasture's syndrome, histiocytosis X, drug and allergic alveolitis.

Conclusion. Thus, the data obtained indicate an increase in patients with interstitial lung diseases, which are more common in women of working age, with a predominance of shortness of breath, weakness, cough, etc. in the clinic. At the same time, the use of imaging technologies is important. It is recommended to consult a pulmonologist when managing patients with rheumatic diseases.

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