



## ETIOLOGICAL STRUCTURE OF ACUTE BRONCHIOLITIS IN YOUNG CHILDREN

**Turdalina B.R., Bayesheva D.A., Seydullaeva A.Zh., Omarova A.K., Esimkhanova G.O.,  
Zhumabek P.**

*NpJSC "Astana Medical University"*

[turdalina777bayan@gmail.com](mailto:turdalina777bayan@gmail.com)

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**Introduction:** Bronchiolitis is most common in children under the age of 9 months in (90% of cases). Every year, 150 million cases of bronchiolitis are recorded in the world, 7-13% of which require inpatient treatment and 1-3% of hospitalization in the intensive care unit. We conducted a prospective study to analyze the etiological structure of acute bronchiolitis in young children.

**Methods:** medical histories of 50 patients treated in the viral department with suspected acute bronchiolitis from the age of 1 month to 1 year for the period between September 2019 to December 2019 were analyzed. To determine the etiological structure, a PCR study of ARVI-screen FL was used on the basis of the clinical laboratory of Multidisciplinary City Children's Hospital No. 3.

**Results:** From 50 analyzed medical histories with the clinical criterion of acute bronchiolitis, but with a preliminary diagnosis of obstructive bronchitis, the subsequent diagnosis was confirmed as acute bronchiolitis in 42% of patients, 46% of obstructive bronchitis and 12% were confirmed as community-acquired pneumonia. 60% of the analyzed patients were paratrophic by type of physique, which may serve as a factor affecting the preservation of prolonged bronchial obstructive syndrome in young children. The presence of shortness of breath is the main clinical symptom that determines the severity of the disease. In all analyzed patients bronchial obstructive syndrome (BOS) persisted for three days and only on the 4th day of hospitalization BOS was stopped in 84% of patients. In the remaining 16% of patients this syndrome persisted specifically in the second group of patients who were given a clinical diagnosis: Acute bronchiolitis. Using a PCR study of ARVI-screen FL, it was found that in the group of children with a clinical diagnosis of "Acute bronchiolitis", in 64% of patients respiratory syncytial virus was found, and the virus was not isolated in 14% of patients, on third place was bocavirus (8 %).

**Conclusions:** there is no preliminary diagnosis at the receiving ward level: Acute bronchiolitis. In the etiological structure of acute bronchiolitis the respiratory syncytial virus was dominant, which was confirmed in 64% of patients using PCR studies.