



**SCIENTIFIC JOURNAL OF RESEARCH IN MEDICINE
(SJRM)**

Article available online : <https://savanticjournals.uz> Volume 1 Issue 4 October 2022

**PNEUMONIA IN 1-YEAR-OLD CHILDREN: SYMPTOMS,
TREATMENT AND PREVENTION**

Alimova Iroda Anvarovna

Assistant in Pediatrics department Ferghana medical institute of public health

Abstract: This article studies the pneumonia in 1-year-old children. The author gives data about the symptoms of this illness, effective methods of its treatment and prevention by vaccinating.

Key words: pneumonia, symptoms, treatment, vaccinate, infection, bacteria.

Introduction

The word **pneumonia** means "*infection of the lung.*" While pneumonia was extremely dangerous in past generations, today most children can recover from it easily if they receive proper medical attention. Most cases of pneumonia follow a viral upper respiratory tract infection. Pneumonia also can be caused by bacterial infections. Also, if a viral infection has irritated the airway enough or weakened a child's immune system, bacteria may begin to grow in the lung, adding a second infection to the original one.

Certain children whose immune defenses or lungs are weakened by other illnesses, such as cystic fibrosis, asthma, or cancer may be more likely to develop pneumonia. Children whose airways or lungs are abnormal in other ways may have a higher risk. Because most forms of pneumonia are linked to viral or bacterial infections that spread from person to person, they're most common during the fall, winter, and early spring, when children spend more time indoors in close contact with others. The chance that a child will develop pneumonia is not affected by how she is dressed or by air temperature on cold days.

Signs & symptoms of pneumonia in children

Like many infections, pneumonia usually produces a fever, which in turn may cause sweating, chills, flushed skin, and general discomfort. The child also may lose her appetite and seem less energetic than normal. Babies and toddlers may seem pale and limp, and cry more than



SCIENTIFIC JOURNAL OF RESEARCH IN MEDICINE (SJRM)

Article available online : <https://savanticjournals.uz> Volume 1 Issue 4 October 2022

usual. Because pneumonia can cause breathing difficulties, you may notice these other, more specific symptoms, too:

- Cough
- Fast, labored breathing
- Drawing in of the skin between and around the ribs and breastbone
- Flaring (widening) of the nostrils
- Pain in the chest, particularly with coughing or deep breathing
- Wheezing
- Bluish tint to the lips or nails, caused by decreased oxygen in the bloodstream

Although the diagnosis of pneumonia usually can be made on the basis of the signs, symptoms and examination, a chest X-ray sometimes is necessary to make certain and to determine the extent of lung involvement.

Pneumonia treatment

When pneumonia is caused by a virus, usually there is no specific treatment other than rest and the usual measures for fever control. Cough suppressants containing codeine or dextromethorphan should not be used, because coughing is helpful in clearing the excessive secretions caused by the infection. Viral pneumonia usually improves after a few days, although the cough may linger for several weeks.

Because it is often difficult to tell whether the pneumonia is caused by a virus or by a bacteria, your pediatrician may prescribe an antibiotic. All antibiotics should be taken for the full prescribed course and at the specific dosage recommended. You may be tempted to discontinue them early, but you should not do so some bacteria may remain, and the infection might return unless the entire course is completed.

Check back with the doctor if your child shows any of the following warning signs that the infection is worsening or spreading:

- Fever lasting more than a few days, despite using antibiotics
- Fever that goes away and then returns after a few days
- Breathing difficulties
- Increased lethargy and sleepiness
- Evidence of an infection elsewhere in the body: red, swollen joints, bone pain, neck stiffness, vomiting, or other new symptoms or signs

Prevention: the pneumonia vaccine

Your child can be vaccinated against pneumococcal infections, a bacterial cause of pneumonia. The Specialists of Pediatrics recommends that all children starting at 2 months of age receive this immunization (called pneumococcal conjugate or PCV13). A series of doses needs to



SCIENTIFIC JOURNAL OF RESEARCH IN MEDICINE (SJRM)

Article available online : <https://savanticjournals.uz> Volume 1 Issue 4 October 2022

be given at 2, 4, 6, and 12 to 15 months of age, at the same time that children receive other childhood vaccines.

If your child did not receive the first doses at the recommended times, talk to your pediatrician about a catch-up schedule. One dose of PCV13 should be given to all healthy children who are aged 2 through 5 years who have not previously received their recommended doses before the age of 2 years and to children aged 2 years through 18 years with certain underlying medical conditions who have not previously received a dose of PCV13.

Another pneumococcal vaccine (pneumococcal polysaccharide or PPV23) also is recommended for older children (2 through 5 years of age) who have a high risk of developing an invasive pneumococcal infection. These include children with:

- Sickle cell anemia
- Heart disease
- Lung disease
- Kidney failure
- Damaged or no spleen
- Organ transplant
- HIV (human immunodeficiency virus) infection

It's also recommended for children taking medications or who have diseases that weaken their immune system. Some children with certain underlying medical conditions may need a second dose of pneumococcal vaccine given at least 8 weeks later.

Reference

1. Ахмедова, Н., & Собирова, Б. (2021). КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ТЕЧЕНИЯ ДИЛАТАЦИОННОЙ КАРДИОМИОПАТИИ У ДЕТЕЙ. *InterConf*.
2. Жамолов, А. Ш., & Ахмедова, Н. А. (2022). *Psychological aspects of commitment treatment Of patients with rheumatoid arthritis* (Doctoral dissertation, Ташкент).
3. Исмаилова, Ф. Р., & Ахмедова, Н. А. (2022). *Оптимизация пути профилактики язвенной болезни желудка в период пандемии COVID-2019* (Doctoral dissertation, Ташкент).
4. Абдуразакова, Д. С., Матчанов, С. Х., Ахмедова, Н. А., & Алиева, К. К. (2022). *Качество жизни пациентов с диагностированным ревматоидным артритом* (Doctoral dissertation, Ташкент).
5. Абдуразакова, Д. С., Матчанов, С. Х., Ахмедова, Н. А., & Алиева, К. К. (2022). *Качество жизни пациентов с диагностированным ревматоидным артритом* (Doctoral dissertation, Ташкент).



SCIENTIFIC JOURNAL OF RESEARCH IN MEDICINE (SJRM)

Article available online : <https://savanticjournals.uz> Volume 1 Issue 4 October 2022

6. Касимова, М. Б., Ахмедова, Н. А., Махаматходжаева, Х. Б., Шарапов, З., Худойназаров, А., & Кадирова, Ш. (2022). Erap-1 and il-23r as a leading genetic predictors of development of ankylosing spondyloarthritis.
7. Хамраев, А. А., Ахмедова, Н. А., & Алиева, К. К. (2022). *Клинические особенности течения реактивного артрита у больных с Хроническим вирусным гепатитом* (Doctoral dissertation, Tashkent).
8. Ахмедова, Н. А. (2022). The role of genes regulating inflammatory mediators in the etiopathogenesis of chronic pancreatitis.
9. Касимова, М. Б., & Ахмедова, Н. А. (2022). Анкилозловчи спондилитли беморларда скелетдан ташқари зарарланишларни баҳолаш.
10. Ахмедова, Н. А. (2022). Патогенетические основы системной ферментотерапии при ревматических заболеваниях.