



Clinical Manifestations of Nonspecific Interstitial Pneumonia

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Abstract: The retrospective analysis of case histories of 82 patients who were hospitalized in the pulmonology department of Samarkand City Medical Association was carried out. An increase in patients with interstitial diseases of the respiratory organs, which play an important role in the formation of pulmonary fibrosis, with subsequent development of respiratory failure was noted. Diagnostic criteria of nonspecific interstitial pneumonia are not fully studied and not fully developed.

Key words: nonspecific pneumonia, acute bronchitis, moist small and medium bubbly rales.

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Introduction: In recent years, according to WHO, in many countries there has been an increase in respiratory diseases, which leads to an increase not only in disability but also in mortality. The increase in chronic respiratory diseases, including nonspecific interstitial pneumonia, is observed in all countries of the world. Given the increase in life expectancy of the population, experts recognize that the prevalence of pathology will continue to increase. For example, about 40,000 new cases are diagnosed annually in the European Union countries. At the same time, the growth of chronic nonspecific pneumonia is promoted on the one hand by a variety of etiological factors, and on the other hand by imbalance of immune and proteolytic enzymes. The course of nonspecific pneumonia is characterized by the development of irreversible pulmonary fibrosis with loss of respiratory functions and clinically manifested by severe respiratory and, subsequently, cardiac failure, requiring continuous respiratory support. Untimely diagnosis of such pathologies leads to the development of adverse outcomes. The main pathogenetic mechanism of this pathology is inflammation, which is heterogeneous in etiology and pathogenesis in detailed patients. Which develops with damage and inflammatory response of endotheliocytes, plasma and cellular blood factors, stromal cells of perivascular connective tissue.

The aim of the study was to investigate clinical manifestations of nonspecific interstitial pneumonia.

Material and methods of research: As a material we conducted a retrospective analysis of case histories of 82 patients with nonspecific interstitial pneumonia who were treated in the pulmonology department of Samarkand City Medical Association in 2010-2020. At all patients the necessary volume of examination with the use of spirometry, computer tomography, immunogram was carried out.

Results and discussion. The results obtained testify to the fact that patients with nonspecific interstitial pneumonia made up about 25% in comparison with all patients with pulmonary pathology who were hospitalized. The clinical picture varied: in "mask" of acute respiratory infection - 8%, in "mask" of acute bronchitis - 13%, in "mask" of chronic bronchitis - 23%, in "mask" of slow-progressing pneumonia - 27%, in "mask" of acute pneumonia - 29 %. The main clinical manifestations were cough with low-productive sputum - 86%, dyspnea, at slight physical activity - 78%, subfebrile temperature - 41%, Auscultatory data were poor. There was increased bronchial breathing - 75%, weakened vesicular breathing - 64%. Crepitating rales - 67%, moist small and medium bubbly rales - 41%. Results of the laboratory tests: general blood test - leukocytosis 9-10 ($10^9/l$), left shift in stabovich - 15-16%, accelerated sedimentation rate - 14-17 mm/hour. Immunological examination of the qualitative composition of T- and B-lymphocytes revealed a decrease in the subpopulation of lymphocytes - 17-18%. The radiological picture was as follows: phenomena of obstructive bronchitis - 47%, root pneumonia - 35%, bilateral pneumonia - 18%. Computed tomography revealed: phenomena of deforming bronchitis with pneumofibrosis - 31%, changes similar to frosted glass - 37%, peribronchial infiltration pattern with focal thickening of lung tissue - 32%.

During spirometry, changes in external respiratory function were observed as follows: restrictive disorders - 42%, mixed type of disorders - 34%, mixed type with predominance of restriction - 24%. At hospital admission, clinical and spirometric signs of bronchial obstruction were not detected, but spirometric revealed severe restrictive disorders, i.e. volume indices. Thus, nonspecific interstitial pneumonia is characterized by a variety of clinical course. The clinical course of the pathology largely depends on the state of reactivity and severity of the organism. At the same time the main clinical manifestations of the disease are cough with sputum in 86%, continuous recurrent course in 34%. The majority of patients had decreased immunity indices.

Conclusions. Consequently, the data obtained testify to the increase of patients with nonspecific interstitial pneumonia, with predominance of dyspnea, weakness, cough, etc. in the clinic. Clinically manifested varied course of the disease with frequent relapses.

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