Unraveling Acute Furnace Pneumonia: Etiology, Diagnosis, and Comprehensive Management

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Abstract: This article delves into the intricacies of acute furnace pneumonia, a condition marked by the acute inflammation of lung lobes, often originating from bronchial inflammation. Timely and comprehensive treatment is imperative, involving hospitalization for monitoring and administration of antibiotics, immunomodulatory drugs, and symptomatic relief. The article emphasizes the importance of early intervention to mitigate complications and highlights the significance of patient care, nutrition, and lifestyle modifications. Despite potential complications, proper management yields a positive prognosis, underscoring the importance of adherence to medical guidance and addressing contributing factors. The article contributes to a deeper understanding of acute furnace pneumonia, guiding healthcare professionals in effective diagnosis and treatment.

Key words: Acute Furnace Pneumonia, Lung Inflammation, Bronchial Inflammation, Microbial Agents, Respiratory Tract Infections, Patient Care, Lifestyle Modifications, Fever, Chest Pain

Main: Acute furnace pneumonia disease lung lump and several it is caused by acute inflammation of the lumps. Since the inflammatory process begins mainly from the bronchi bronx pneumonia is called. Depending on the large size of the inflamed foci, there are small hearths, large hearths and grips the furnace breed is distinguished. As a result of the adhesion of inflamed foci, the segment, segment of the lungs can be damaged. Acute furnace pneumonia is often caused by various diseases and injuries. This disease occurs as a result of Bronchitis, Influenza, inflammation of the upper respiratory tract comes. Therefore, during the winter time, there is an increase in the incidence of influenza epidemics, acute exacerbation among the population. Staphylococci, Streptococci, Pneumococci, Friedlander Rod, viruses, causes microplasmas, rickets to the appearance of this disease. In addition, the acute pneumonia with impaired blood circulation, in kidney diseases, in diseases of pertussis, constipation, rheumatism, collagenosis, sepsis occurs in case of poisoning from certain gases, after narcosis (aspiration), chest, abdomen, head injury

can. At the origin of the disease, microbes often breathe it passes through roads and goes to the alveoli. This includes the bronx glaze the cause is a decrease in the barrier activity of the curtains. Causative causes to the large-small size of the foci of inflammation, the patient's general the condition manifests itself differently depending on the age. In some cases the acute onset of acute pneumonia occurs when the patient's body temperature suddenly Rising to 38-39°C, the patient is cold hardened or, most often, the disease begins gradually after some illness (flu, bronchitis), the patient, mainly, general weakness, headache, cough, phlegm migration, colic in the chest in some cases the causative dry cough complains of poor appetite. The patient's body temperature is uneven for up to 45 days, to 37-38°C rises. Body temperature in elderly, debilitated patients can be subfebrile or in moderation, but there are many of them they complain of sweating. The patient's breathing is accelerated, lips can bruise. When the chest is palpated no change is felt in the sound vibration. When percussed there will be few changes. Foci of inflammation in the center of the lungs in the case, a change is possible when percussion is performed. Inflammation the furnace is located on the edge of the lungs or several when the hearths are adjacent, a muffled percussive sound is heard. Wet on the inflammatory area of the lungs when auscultated a dry wheezing is heard, which is wheezing and spreading. Of course, this auscultative changes are due to the large-small size of the foci of inflammation, and the adjacent acute foci are wet in the brood wheezing can be heard in a large part of the lungs. When the cardiovascular system is examined, the heart tones strangulation, accelerated pulse, arterial pressure there is a tendency to decrease. X-ray examination results in different patient lungs dark spots with uneven borders of size are visible. Blood in the lungs at the expense of inflammation of the groin, bronchi and bronchi it is noted that the vascular part of the lungs is enlarged. Patient blood the number of leukocytes in the blood when examined in general neutrophils increased at the expense of, the left shift of the leukocyte formula, RED it seems that the has accelerated a little. In addition, the blood increased protein composition as well as gammaglobulin fraction, the albumin fraction is observed. The patient has little sputum not, but there will be purulent mucus. Acute furnace pneumonia is often treated properly in timecompletely recovers. Currently rare complications: dry, exudative pleurisy, pulmonary abscess, pulmonary gangrene, pneumosclerosis. If the patient is not treated well, there are currently many complications are observed: the disease develops sluggishly, the disease symptoms can last longer and go to chronic pneumonia. Acute cherry pneumonia clinical depending on the causative causes differentiation of the developmental and clinical picture by its characteristic signs

can. Patient with crouposis pneumonia, of course, it must be treated in a hospital setting. Treatment measures are carried out every methods.

I. To ensure that Bemoming complies with the hospital procedure and make it proper nutrition.

II. Treatment with medication: 1)etiological; 2)pathogenetic; 3)symptomatic.

III. Physiotherapeutic treatment.

IV, periodic transfer from the dispensary examination and outpatient treatment.

Patient, mainly hospital treatment or home hospital conditions must be created. Especially since the temperature of the body A has risen higher the patient can lie in bed, drink plenty of fluids, rich in vitaminsand proteins should eat food. Etiological treatment patient mainly antibiotics, sulfonamide the compounds preparatiari and nitrofuran are given. These include antibiotics treatment with is the main one, in which it is necessary to pay attention to three conditions.

1. Microbes that caused the disease of antibiotic treatment it is necessary to start as early as possible without waiting for detection.

2. Adequate determination of the amount of antibiotics and their content in the blood and to the fact that the concentration in the lung tissue is maintained uniformly must be achieved.

3. With the help of clinical and bacteriological examinations of the effect of the drug it is necessary to monitor.

The disease was provoked before the appointment of antibiotics to the patient given the types of germs and the patient's sensitivity to antibiotics it is necessary to take. Penicillin, semi-synthetics, if gram-negative microbes penicillin and cephalosporins; aminoglycoside if gram-negative, levomycetin is recommended. On the first day, it is prescribed twice as much-0.5 g. Acute pneumonia caused by the presence of a Virus-bacterium semi-synthetics of antibiotics with a wide range of effects in the disease recommended in combination with penicillin. 2-3 days of antibiotic action it can be assessed upon receipt. Antibiotics how much even if it has a good effect after 10-12 days have passed, they can be taken by another should be replaced with. Antibiotic to the norm of the patient's body temperature no more than 5 days after landing should be applied. Sulfanilamide preparations norsulfazole, sulfadimezin, ethazole 1-2 days in large doses - from 6-7 g is given. From 5-4 g per day on the 3-5th day is given. Pathogenetic treatment includes this. When acute pneumonia develops severe, sluggish immunomodulatory drugs (interferon, levamizol, I-activin) recommended is made. Against influenza in patients affected by viruses y-globulin used, antistaphylococcus plasma in the genus Staphylococcus or staphylococcal antitoxins are administered. Group C, E, B to increase patient

body resistance vitamins, biogenic stimulants, adaptogenic drugs are given (aloe, ginseng, limonnik and Eleutherococcus tinctures). Bronx roads for opening, broncholytic drugs are used (eufillin, ephedrine), sputum softening drugs (mucaltin, bromhexine, thermopsis) is given. Symptomatic treatment. When the patient is disturbed by a dry cough cough medicines (codeine, libexin, tusuprex, altey, thermopsis drops) are given. The patient has developed an intoxication syndrome in the case, a disintoxic treatment is carried out (to the patient's vein reopoliglukin, hemodesis drip). Oxygen in the sick body when signs of deficiency appear, oxygen is given. As well as tempering the body, timely adequate nutrition it is necessary to plan. Every xii inflammatory diseases of the respiratory tract timely treatment, causative agent of acute pneumonia smoking tobacco, drinking alcohol from factors to abuse fighting will allow the disease to decrease.

Conclusion: In conclusion, acute furnace pneumonia presents a complex and varied clinical picture, influenced by factors such as the size of inflamed foci, the age of the patient, and the underlying causative agents. The disease, often triggered by infections like bronchitis and influenza, manifests with symptoms ranging from sudden onset fever to gradual development following prior illnesses. Diagnosis involves a combination of clinical examination, X-ray studies, and blood tests, revealing characteristic changes in lung appearance and increased leukocyte count. Effective and timely treatment is essential for a favorable outcome. Complications, if untreated, can lead to chronic pneumonia, emphasizing the importance of prompt and comprehensive management. Diligent adherence to medical guidance increases the likelihood of complete recovery and minimizes the risk of complications.

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