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Acute pneumonia: A new look at the old problem

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reatment of acute pneumonia (AP) in recent decades is focused exclusively on antibiotic therapy, does not include pathogenetic, specific methods of treatment and repeats the principles of treatment of other inflammatory diseases. Localization of AP in the vascular system of the small circle of blood circulation is its fundamental difference from other inflammatory processes, even in the case of identical pathogens. Reducing the effectiveness of antibiotics and increasing resistance to them microflora every year increase the relevance of this problem. The persistence of high rates of morbidity and mortality in AP, the steady increase in the number of complicated forms, the collapse of hopes for vaccination and the lack of strategic proposals to overcome this situation allow us to consider the study of thirty years ago worthy of close attention of experts. This work was performed and tested in clinical conditions in 1976-1985 in the clinic of pediatric surgery at the state Institute of advanced training of doctors (Novokuznetsk, USSR). The main and first step in the study was a radical revision of views on the nature and mechanisms of development of AP. The new doctrine was based on well-known scientific medical axioms and facts that already had the previous justification and confirmation. In addition, the following studies were carried out: 1. Experimental model AP (4 series of experiments, 44 animals) to obtain a model of pleural complications (certificate for invention № 1631574, A1, November 1,1990, USSR).2.X-ray examination of 56 anatomical lung preparations with various forms of AP taken from deceased patients. 3. Record of comparative rheopulmonography before and after treatment procedures (36 patients). 4. Analysis of monitoring and treatment of 994 children with AP and its various destructive and pleural complications. The revised treatment guidelines were applied in 101 patients in the initial period of aggressive forms of AP. The analysis of the results showed that compared with the same group of patients who received the previous complex of care, the number of pleural and pulmonary complications significantly decreased (T=8,65; P<0,001), the length of hospital stay was reduced by three times, respectively, material and financial costs of treatment were significantly reduced, there were no deaths. The received results allow speaking about possibility of the guaranteed prevention of suppurative and destructive complications of the disease. The revised treatment package was also used in 102 patients who already had pleural changes at the time of hospitalization, despite the initial period of the disease. In this group of patients, rapid recovery without lethal outcomes was also achieved, but the final results depended on the nature of pleural changes.

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