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Chronic Kidney Disease And Features Current Of Acute Pneumonia

Muminov Davron Kadirovich

Tashkent Pediatric Medical Institute. Uzbekistan

Pneumonia is one of the most important problems of modern healthcare.

Purpose: a comparative study of the clinical and radiological features of acute pneumonia in patients with initially normal renal function and background chronic kidney disease.

Material and methods. The study included 120 patients with acute pneumonia. The average age of patients was 48.46 ± 3.78 years. 40 patients had no history of renal pathology, 80 patients suffered from chronic kidney disease (GFR for 3 months before pneumonia developed $30-60 \text{ ml / min / } 1.7 \text{ m}^2$, group AP + CKD). Control group: 20 healthy individuals. In the group of AP + CKD, the distribution of patients according to the etiology of CKD: chronic glomerulonephritis 64 (80%), chronic pyelonephritis 4 patients (5%), gouty nephropathy - 7 patients (8.75%), unknown etiology - 5 patients (6.25%). Radiological signs were classified as lobar infiltrate and focal drain.

Results: X-ray in all patients revealed one-sided limited infiltration of lung tissue with the phenomenon of "air bronchography" on the background of infiltrate. In the group of AP + CKD, focal drainage pneumonia with a large volume of infiltrate ($p < 0.001$) was significantly more common, which explains the difference in physical data: So in this group of patients, moist rales were significantly more often observed during auscultation ($p < 0.05$) and less often percussion dullness ($p < 0.01$) and palpation increased vocal trembling ($p < 0.01$). Also, in the AP + CKD group, in comparison with the AP group, fever above 38 degrees was less common ($p < 0.001$). Reduced immune reactivity is characteristic of focal confluent pneumonia, in contrast to the hyperergic immune response in croupous pneumonia. AP is characterized by the formation of infiltrate in the lung tissue, which disrupts gas exchange and can reduce blood saturation. In the present study, it was found that the capillary blood saturation rate was reduced in patients with AP, regardless of the presence of CKD. Conclusion. CKD in patients with AP is associated with the development of focal confluent pneumonia with large foci, a hyperergic reaction of the body, and an unfavorable prognosis of AP.