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ACUTE OBSTRUCTIVE BRONCHITIS OF ATYPICAL MICROFLORA ETIOLOGY

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Since the middle of the last century, mycoplasma and chlamydia, called atypical pathogens, have been considered one of the main pathogens. The term "atypical" first appeared in pulmonology and later took root in other areas of medicine [3,4,5,6].

Keywords: mycoplasma and chlamydia, atypical, clinical symptoms, isolate pathogens.

These were diseases diagnosed without typical clinical symptoms (with few clinical, radiological, auscultatory, and laboratory parameters) that were unsuitable for traditional treatment with penicillin antibiotics. Numerous attempts to isolate pathogens and experiments on infecting various animals and embryos, as well as certain mass vaccinations, played a certain role in the study of these infectious diseases, which did not yield positive results [7,8,9].

Therefore, the assumption about the viral nature of these pathogens began to be considered quite correct. However, due to the accumulation of data, their structure, morphology, and pathogenicity factors were determined, the taxonomic structure was studied, and variants of the clinical course of the disease and treatment principles were studied [10,11,12,13].

These diseases primarily included chlamydia, mycoplasmosis, legionellosis, and pneumocystosis. Therefore, in connection with the accumulated scientific data, the

term "atypical" is now gradually becoming a term used in the past. By now, these infections have begun to acquire specific characteristics and a typical clinical picture [14,15,16].

Since the study of "atypical" infections began primarily with chlamydia and mycoplasma, to date, significant clinical experience has been accumulated, and the main stages of their diagnosis and treatment have been highlighted. Both pathogens are intracellular pathogens, and in previous years they were characterized by damage to the urogenital tract, as well as the upper and lower respiratory tract [17,18,19].

Today, chlamydial and mycoplasma infections occupy the second and third places in the spectrum of pneumonia pathogens after pneumococcal infections, and are the most frequent in chronicity (74%) and mortality (12.9%). Over the past 50 years, extensive experience has been accumulated in the study of chlamydial and mycoplasma infections not only in adults, but also in children [20,21,23].

Even today, chlamydia remains one of the most widespread infectious diseases. Thus, according to the opinion of such prosperous countries as Germany and the USA, 3-4 and 0.3 million new clinically visible cases of chlamydial infection are registered annually, respectively, without taking into account asymptomatic forms of the disease. Similar population studies were conducted on mycoplasma infection in a number of countries (Japan, Denmark, Germany, Finland). Among respiratory diseases, the proportion of mycoplasma infection ranges from 4.9 to 67% [23].

A high incidence of the disease is observed in young children and people with immunodeficiency over 65 years of age [24,25].

We must agree with the opinion of domestic specialists who have developed a modern program for respiratory diseases in children, however, epidemiological data for assessing the frequency of respiratory diseases with intracellular etiologically significant pathogens, both in our country and in Russia, as well as abroad, are still insufficient. It should be recognized that in healthy adults, the incidence of chlamydia is 8-10%, mycoplasma - 2-6%. The probability of developing infectious diseases increases 2-3 times under unfavorable socio-economic conditions, and the circulation of pathogens in the family and their recurrence increases 4-5 times [4,5,6,7,8,9].

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