

FEATURES OF PNEUMONIA ON THE BACKGROUND OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE: CLINICAL CASE

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Introduction. Pneumonia remains one of the most actual problems for a practicing physician. Important pathogenetic significance in the development of pneumonia has already existing structural and functional changes in the lungs, and in particular chronic obstructive pulmonary disease (COPD). Development of pneumonia in patients with COPD can lead to a worsening of the prognosis and an increase in mortality in such patients.

Objective. This clinical case show the features of pneumonia on the background of chronic obstructive pulmonary disease.

Results: Female patient, 48 years old, complains of dry cough of moderate intensity, difficulty in breathing, headache in the frontaland occipital region, runny nose with yellowish mucus, fever up 37.5C. COPD in this patient was first diagnosed in 2002, since then is under supervision of pulmonologist. The occurrence of COPD patient associates with excessive smoking. During this period constantly takes glucocorticoids and salbutamol for inhalation. During past year had being hospitalized 2 times due to exacerbations of COPD. Last worsening of the state in December 2018 when appeared mentioned above complaints. Patient was hospitalized in day department of polyclinic№ 24. Patient is a smoker since 16 years smoked about 3 packs of cigarettes a days, after 2002 he decreased amount of cigarettes to 1 pack per day. Objective status: skin is pale;lungs: resonance percussion sound with dullness on the lower part of the right lung, hash breathing, wheezing, diminished breathing in lower part of the right lung, RR -26/min; heart borders are not enlarged, heart tones are clear, loud, rhythmic; HR -96/min equal to the pulse, BP - 130\80 on both arms. Investigations: leukocytosis - $12,4 \times 10^9/L$, spirometry–signs of pulmonary insufficiency, obstructive type with significant impaired bronchial patency at all levels, FEV₁ – 55,3% from predictive value, FEV₁/FVC – 61.8%; 1 Consult of the otolaryngologist: bilateral sinusitis. Diagnosis: COPD, II stage, moderate degree. Community-acquired right-sided focal pneumonia of the inferior lobe. Sinusitis. Treatment: Ceftriaxone, Dexamethazone, Euphiline, Ambroxol, oxymethazoline.

Conclusion. Pneumonia in patients with COPD aggravates the course of the underlying disease; at the same time, the presence of structural changes of lungs in COPD patients affects the state and prognosis of patients with pneumonia. In this regard, general practitioners should use accurate approach to this category of patients.