

The Problem of Acute Pneumonia-to Solve or Not to Touch?

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“Pneumonia remains the leading infectious cause of death among children under 5, killing over 2,000 children a day. Globally, there are over 1,400 cases of pneumonia per 100,000 children, or 1 case per 71 children every year. The greatest incidence of pneumonia occurs in South Asia (2,500 cases per 100,000 children) and West and Central Africa (1,620 cases per 100,000 children). Pneumonia accounted for approximately 15 per cent of the 5.6 million under-five deaths, killing around 880,000 children in 2017” [1].

This quote is taken from the latest UNICEF report, which reflects the overall state of the problem in a world where developing countries and regions naturally play a leading role. However, in developed countries, despite better living conditions and huge opportunities for medical care, the urgency and priority of the problem does not disappear. For example: “ In the US, pneumonia is less often fatal for children, but it is still a big problem. Pneumonia is the #1 most common reason for US children to be hospitalized” [2].

If we add to these indicators gradually increasing number of complicated forms of the disease, the observed situation looks, to put it mildly, not very fun. At the same time, this state of the problem did not develop yesterday and not one or two years ago. The steady "persistence" of this problem over decades, with the gradual accumulation of new unanswered questions and declining treatment outcomes, should have been the impetus for increased research and debate. Such a desire to move the problem from the "dead point" would be a logical consequence even in the absence of great success.

The discovery of antibiotics and the initial triumph of their use started a trend in the treatment of acute pneumonia(AP) mainly by suppressing its pathogens. The prevalence of this doctrine and the long definition of therapeutic efforts as "antibiotics alone" has led to a gradual distortion of views on the nature of the disease, to the oblivion of its biological basis as an inflammatory process and the modern interpretation of its leading cause as infectious (!).

If we retrospectively evaluate the publications on this problem, we can clearly see the main meaning of the discussion that has been going on for many years: the shortcomings of bacteriological diagnosis of AP prevent targeted antibacterial therapy, which creates a problem of effective treatment of these patients. This idea is repeated in different expositions from publication to publication as a well-learned lesson. Despite the lack of progress in addressing this problem, no one has expressed their doubts about the validity of such a doctrine of disease.

On the contrary, finding no other explanation for the low efficiency of modern treatment of AP, declarative ideas about the excessive danger of symbionts involved in the pathological process continue to be advertised as the cause of failures. For more than two and a half millennia of its history, the AP has never given reason to think that it is a contagious infection that requires isolation. However in recent decades acute inflammation in the lungs of nonspecific etiology for the first time began to be classified as infections, and now voices are beginning to be heard with proposals for separate hospitalization of such patients.

The deceptiveness of modern ideas about the essence of AP will become obvious and provable if we analyze the underlying assumptions and statements from the position of known facts [3-5]. However, in this context, we are talking about a new emerging trend in relation to this problem. Instead of a detailed critical analysis of various data on the course of the disease, attempts to objectively assess the causes of the observed dynamics of the process and revision of views on the essence of the problem, this topic ceases to be the subject of attention and discussion. For the past two years, the Journal "EC Paediatrics" has not appeared a single article about AP. A large number of articles on a variety of pediatric topics surprisingly bypassed the topic number 1. The decline in interest in research in this direction against the background of continuing difficulties in the treatment of this group of patients is, in my opinion, a sign of deep stagnation in understanding and studying the problem of AP. The current situation is not the fault of the editorial Board, which forms the content of each issue from the number of incoming manuscripts, as the choice of topic does not depend on the views and desires of the editors of the publication.

A recently published article in the significant section "Conceptual Paper" only confirms the desire of researchers to avoid even mentioning the problem of AP, the interpretation of the essence of which and possible ways to solve it, apparently, cause them great difficulties [6]. No problem can be solved spontaneously on its own, especially one where medicine has already made its efforts and contributed to changing the baseline. To turn a blind eye to existing circumstances is only to waste time and complicate the path of necessary and inevitable decisions.

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