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| **ARTICLE TITLE** | **ANALYSIS OF THE ETIOLOGICAL STRUCTURE OF NOSOCOMIAL PNEUMONIA ASSOCIATED WITH ARTIFICIAL LUNG VENTILATION** |
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| **Abstract** (**Relevance, Aims, Materials and Methods, Results, Conclusions)**For review: **Relevance, Aims, Conclusions.** | Nosocomial pneumonia is one of the most frequently reported infectious complications with patients of intensive care units. They constitute up to 44% of all infections in the intensive care units. The risk of their development increases with the artificial lung ventilation.**Objective:** to analyze the etiological structure with an assessment of the spectrum of antibiotic resistance of pathogens extracted from patients with signs of infections of the respiratory tract patients on artificial lung ventilation in the intensive care unit of the neurological department.**Materials and methods** - the study included the records of 98 patients with acute cerebrovascular accident being on artificial lung ventilation in the resuscitation ward of the Neurological Department in 2015 - 2017.**Results**: During the analyzed period, based on the epidemiological analysis, an adverse epidemic situation on respiratory tract infections was established among patients on artificial lung ventilation in the intensive care unit of the neurological department of a multidisciplinary hospital. According to the results of microbiological studies, gram-negative bacteria dominated in the clinical material of these patients. In parallel, a study on strains susceptibility to antibiotics was conducted. A high proportion of polyresistance was more often observed among A. baumani.**Conclusion**: Microbiological monitoring of the colonization of the respiratory tract will allow targeted prevention and treatment of lower respiratory infections. To improve disinfection measures for artificial lung ventilation apparatus. |
| **References**  | 1. Spalding MC, Cripps MW, Minshal CT. Ventilator-Associated Pneumonia: New Definitions. *Crit. Care Clin.* 2017; 33 (2): 277-92.2. Craven DE, Kunches LM., Kilinsky V, et al. Risk factors for pneumonia and fatality in patients receiving continuous mechanical ventilation. *Am. Rev. Respir. Dis.* 1986; 133 (5): 792-6.5. Holzapfel L, Chevret S, Madinier G, et al. Influence of long-term oro- or nasotracheal intubation on nosocomial maxillary sinusitis and pneumonia: results of a prospective, randomized, clinical trial. *Crit. Care Med*. 1993; 21: 1132-8. |