



How Many Times Have You Suffered from Upper Respiratory Tract Infections Until 3 Years and 5 Months When You Can Communicate to Some Extent Case Report

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Commentary

Infants have nasal breathing, and when nasal congestion due to nasal discharge occurs, milk alone becomes difficult and causes sleep disturbances. Therefore, for the treatment of acute upper respiratory tract inflammation in children, aspiration of nasal discharge is an essential procedure. First, use an olive tube to suck out the nasal discharge in front of the nose. After that, purulent posterior rhinorrhea is aspirated with a thin pine suction tube. Even at the stage of aspiration, the amount and properties of posterior rhinorrhea, to some extent, can be understood. By sucking, the feeling of zero is greatly improved. The nasal entrance is often inflamed with drooping nasal discharge. Spray saline solution to wipe off dry nasal discharge with gauze and apply ointment of a combination of antibiotics and steroids. Adults have purulent posterior rhinorrhea, and snoring becomes severe. It is important to suck with a thin suction tube.

Acute sinusitis with mycoplasma or purulent posterior rhinorrhea causes a high rate of intrafamily infection. The cause is that we eat together. In this case it is to treat the whole infected family together. That is, it is important to administer appropriate antibiotics at the same time. Especially in adults, it is not possible to understand whether they are currently suffering from allergic rhinitis or acute sinusitis, or both at the same time. It is essential to check for the presence or absence of pus or purulent posterior rhinorrhea, median nasal tract with a nasopharyngeal fiberscope. Thirty years ago, there were many sinusitis, which was called a nasal drooling monk, and allergic rhinitis was rare. In modern times, the number of patients with allergic rhinitis has increased, and the narrowing of the nasal passages due to the tendency of the face to be small has progressed, and it has become difficult to know when the patient contracted sinusitis by getting used to the constant state of nasal congestion.

Adults cause upper respiratory tract infection when there is a severe temperature difference or when they experience cold. The same applies to children, but when visiting a nursery school or other hospital, the chance of infection among children increases and the frequency increases. In families with children, the frequency of suffering from acute upper respiratory tract inflammation in all family members living together increases. The child goes to the pediatrician, the father goes to the internal medicine department, and even if only the mother comes to our department, there is no way to cure it.

In the case of acute upper respiratory tract inflammation, when the viral infection that is prevalent was denied by a simple test, it was determined whether it was mycoplasma or other bacterial infection from the nasopharyngeal findings. When purulent posterior rhinorrhea, Sawacillin was administered. When purulent posterior rhinorrhea changed to serous posterior rhinorrhea, antibiotics were discontinued. It was found that when administered early, it changes to serous posterior rhinorrhea, in 3.4 days. In adults, if purulent posterior rhinorrhea does not change even after administration of Sawacillin or augmentin for 4 days, phalom is often effective. However, there are cases where clavit is effective, and the antibiotics that work differ depending on the individual. If bacterial upper respiratory tract inflammation was suspected in patients over the age of 80 or with underlying respiratory conditions such as asthma or emphysema, patients themselves requested an intravenous drip of the antibiotic rocephin in the hope of a speedy recovery.

Nasopharyngeal findings in mycoplasmas are smooth rhinorrhea and phlegm in the posterior wall of the nasopharynx. The cough is like a dry cannon cough that doesn't have zero, and once it comes out, it doesn't stop. However, like the flu, there may be a sudden high fever, sore throat or

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rhinorrhea. If you see phlegm in the nasopharynx due to wheezing or swelling of the cervical lymph nodes, it is a ribotest-positive mycoplasma infection.

The accuracy of the ribotest is 70%. Depending on the position where phlegm was collected, it may come out negative, and observation of the nasopharynx is essential. In this case, the ribotest was negative after 4 days of Ozex. The 10-day administration of macrolides recommended in Japan improves symptoms compared to natural healing unless it is a resistant bacteria, but even after administration, it becomes positive for ribotest and is often not completely eliminated. Phlegm in the posterior wall of the nasopharynx after taking macrolides for 10 days does not disappear but aggregates.

If the eardrum is cloudy, it is a trace of repeated otitis media several times under 2 years old. These patients frequently suffer from acute upper respiratory tract inflammation. As an adult, he is diagnosed with earache, but his eardrum is cloudy and there is no abnormality. However, when observing the nasopharynx, purulent posterior rhinorrhea and inflammation of the nasopharynx are often observed. It is necessary to administer appropriate antibiotics.

The case is my grandson. Of course, I suffer from acute upper respiratory tract inflammation, but every time I went to see a friend's pediatrician, and if necessary, I asked him to take blood or administer an intravenous drip and manage his general condition. At the same time, as an otolaryngologist, I observed the eardrum and nasopharyngeal findings and decided to administer antibiotics.

The reason why I have made it this far is that I usually observe about 30 patients with infectious diseases including mycoplasma, influenza, etc. with nasopharyngeal fiber every day, but in the past few years I have been receiving patients from I have no memory of being infected with acute upper respiratory tract inflammation. However, in the first year since I started eating lunch with my grandson who does not live with me, I have contracted acute upper respiratory tract inflammation five times. Probably two of them are mycoplasmas.

My mycoplasma infection, which had passed the age of 60, was so painful that I had nowhere to put myself in it, and my body was hot with chills. I took Kravit in a hurry, but I felt like I was going to lose my back for about 10 days. After that, as soon as I felt the

early symptoms of a throaty infection, I took antibiotics. Then, in 2 to 3 days, the patient recovers without becoming seriously ill. In order to prevent infection from grandchildren and protect himself, he placed disinfectants in each room of his home and washed his hands frequently, but to no avail. I realized that the best way to prevent my infection is to quickly cure my grandson, who is the source of the infection.

The first acute upper respiratory tract infection of a case of grandson was in October 2018. When he was nine months old, he suddenly developed a high fever in the 38-degree range. The nasopharyngeal findings were smooth rhinorrhea and found a puddle of phlegm on the posterior wall of the nasopharynx. When scooped with a cotton swab, the phlegm was raised. Pediatric blood tests showed normal white blood cells and CRP. The ribotest was negative, but the clinical findings and blood findings are mycoplasma infection. On the fifth day after taking Ozex, the high fever was relieved. Then, by the age of 3 years and 5 months, he had experienced 3 ribotest-positive mycoplasmas and 14 times acute sinusitis with purulent posterior rhinorrhea. One dose of ribotest-positive mycoplasma was a mixed infection with streptococcus. That is, in this case, by 3 years and 5 months after diagnosis of bacterial upper respiratory tract infection Ozex was administered 4 times and Sawacillin 14 times. Others are RS viruses twice, one of which is mixed with influenza A. Hand, foot, and mouth disease is one time.

Although the characteristics and treatment of mycoplasma were known (Fuse T: About mycoplasma infection. Integrative Molecular Medicine 2019), I wanted to know how often it develops. When the grandson was observed with a pediatrician for 3 years and 5 months, the above results were obtained. In this case, 4 out of 18 cases of acute upper respiratory tract inflammation thought to be bacterial infection by 3 years and 5 months (22%) were mycoplasma infections. By the time you reach the age of 3 years and 5 months, you will be able to express your own physical condition. Until then, everything depends on the diagnostic ability of the parent who directly observes the child's condition and the doctor who examines it, and it depends on the bacterial infection. It is determined whether a natural cure is expected if appropriate antibiotics are not administered, or whether the disease becomes severe requiring hospitalization and treatment at the expense of family members.