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Why Need a New Concept of Acute Pneumonia

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"Pneumonia was described 2,500 years ago by Hippocrates, the father of medicine".

To date, medical science has a broad view of the role of lungs in the body, including their non-respiratory functions. The huge volume of scientific information gives an idea of the dynamics of changes in the body of patients with pneumonia and finds an explanation for the ineffectiveness of treatment and the causes of complications. However, the evaluation of the current situation in this section of clinical medicine looks hopeless, and her improvement is very uncertain [1,2].

"Pneumonia is a leading cause of hospitalization among children in the United States, with medical costs estimated at almost $1 billion in 2009. Despite this large burden of disease, critical gaps remain in our knowledge about pneumonia in children.

"Pediatric pleural empyema has increased substantially over the past 20 years and reasons for this rise remain not fully explained" [3]. Unfortunately, these conclusions follow logically from many years pursued only antimicrobial policy solutions to this problem. New proposals to improve the microbiological tests for earlier etiotropic treatment not change strategy to address this problem. So do not expect significant progress in their implementation. It's impossible to investigate thoroughly and completely any subject or phenomenon from just one perspective isn't it?

The defeat of a multifunctional organ as the lungs requires a correct view on the pathogenesis of the disease. This information helps determine the appropriate methods of therapeutic effects. Currently, in the scientific and academic literature on the topic of "acute pneumonia", you can find the detailed description of the causative agents of disease. At the same time, the section about the pathogenesis of the disease is not presented sometimes. And descriptions of the pathogenesis have not always relation to it. For example, violation of local and general protection contributes to the disease and refers to its etiology. Description of the stages of the inflammatory process in the lung tissue and pleura are the anatomical feature, and do not reveal the mechanisms of their development. Molecular and cellular transformation in the focus of inflammation also does not resolve-"What to do?" Not surprisingly, the best recommendation for the provision of additional assistance in acute pneumonia is oxygen insufflation. This assistance is palliative and aimed at resolving the consequences, rather than the cause of the violations. But why the violation of gas exchange in an entire lobe of the lung in other situations (with atelectasis, for example) does not cause such severe hypoxemia? Why the ratio between ventilation and perfusion lung is so quickly equalized after cervical vagosympathetic blockade or cups therapy [4]. Basic science can give the answers to these questions. But to do so, we must make the most difficult and the most important thing-to change the prevailing stereotype views of acute pneumonia. As a glance at the problem I suggest my own plan of pathogenesis of acute pneumonia and their complications. This scheme was formulated on the basis of known scientific information. This scheme indicates the direction of counteracting medical procedures towards mechanisms of the current process. The disease is a dynamic process and methods of influence on it should vary depending on the period of the disease. Modern medical technologies allow today to get an objective evaluation of different therapies. These results open the possibility of purposeful influence on the reasons of deviations. The first steps in this direction have been made by the author of these lines, and the results exceeded expectations.

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