Tracheal Bronchitis and the New Bacteria

Sometimes, it can be very confusing to distinguish one illness from another. The symptoms are similar and oftentimes, misdiagnosis can occur. This is the reason why medical practitioners must be very careful in their chosen field so that they can give an accurate diagnosis, coupled with the right medication or treatment.

Bronchitis is defined as a condition characterized by the irritation and inflammation of the bronchial tubes and this is divided into different classifications, namely: acute tracheal bronchitis, chronic bronchitis (simple to complicated), and bronchiectasis.

This condition still remains to be a major threat to the health of millions of people. In the US, bronchitis ranks fourth as a leading death cause. Controlling the illness recently got complicated because of the new transformations in the illness' nature.
A new and nasty bacteria emerged that can resist or tolerate conventional antibiotics. These bacteria are forcing doctors and physicians to re-evaluate and re-examine their practices and methods pertaining to bronchitis and pneumonia.

The researches conducted by disease specialists are not that valuable since the cultured data or bacteria are already dead by the time it is to be tested. Therefore, the specific etiology and preferred treatment course are not determined. That is why doctors and physicians are forced to focus more on their knowledge and skill about the illness. What they usually do is to conduct a physical examination that is largely based on the things that they observe or see, and they would give the proper treatment. The diagnosis made by these doctors and physicians are empiric and intuitive; but a scientific and systematic approach is still important to design an antimicrobial therapy.

Antibiotics must satisfy certain criteria such as efficacy in the treatment of bronchitis, safety, and convenience and cost-effectiveness. The ideal antibiotic for bronchitis and other respiratory disorders are those that:

- offer action against principal respiratory organisms
- pharmacokinetic
- optimal pharmacologic
- pharmacodynamic profiles
- experimental response rates are high

- tissue penetration is good
- profiles of drug-interaction
- side effects are low
- bacterial resistance is developed slowly

Amoxicillin, macrolides and cephalosporins are considered as traditional antibiotics and are greatly used in antimicrobial therapy. Their usefulness varies, as well as incidence of resistance among bacteria.

Last 1999, gatifloxacin and moxifloxacin were released and these medications offered better options for the treatment of respiratory diseases. Since new ones are introduced, some drugs are pulled out from circulation because of their hazardous side effects.

In managing tracheal bronchitis and other respiratory illnesses, the doctors and physicians must have a great understanding of all organisms involved in the infection, and a thorough awareness of potential therapies that are quite effective. In treating tracheal bronchitis, there are various strategies being utilized.

Today, physicians are having a controversy as to what course of medication and treatment is required if the patient has symptoms of tracheal bronchitis. Generally, the patients are treated quickly. The patients are expecting that once they paid for a consultation, they are already entitled to get an antibiotic. The doctor must educate his patients and tell them that if they have a cough for a day or two, they should not rush into the doctor's clinic. They have to wait about five to seven days. Viral infections disappear, but if your bronchitis is caused by bacteria, the coughing will continue. Then, that is the time that they should go the doctor.

In fact, most specialists recommend non-treatment if the cough doesn’t persist for at least five days. The time allows development and elimination of the viral infection that will disappear even without using antibiotics. If after such time the cough persists, then the doctor can now prescribe an antibiotic. If the patient has tracheal bronchitis and coughs (with sputum) for several days, but with no fever or pneumonia, COPD, or emphysema, it is customary for physicians and doctors to give antibiotics.

With further studies underway, perhaps new antibiotics will be developed to treat tracheal bronchitis and other classifications of bronchitis. Patients can look forward for a much better line of antibiotics to treat their condition. Let's just hope that before those nasty bacteria settle into the bronchial tubes, new antibiotics are already available to combat them. For the mean time,

prevention is the best way to combat the illness.