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CHARACTERISTICS OF CLINICAL COURSE OF ERYSIPELATOUS DISEASE IN RECENT YEARS

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ОХИРГИ ЙИЛЛАРДА САРАМАС КАСАЛЛИГИНИНГ КЛИНИК КЕЧИШ ХУСУСИЯТЛАРИ

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ХАРАКТЕРИСТИКА КЛИНИЧЕСКОГО ТЕЧЕНИЯ РОЖИСТОЙ ЗАБОЛЕВАНИИ В ПОСЛЕДНИЕ ГОДЫ

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Резюме. Охирги йилларда сарамас касаллигининг клиник кечишида интоксикация синдроми устунлиги билан оғир шакллари кўп учраши, асоратларининг учраш сони ортиши, сарамас касаллигининг ёшариши кузатилмоқда. Таҳлилларга кўра, охирги йилларда сарамас касаллигининг буллёз ва геморрагик шакллари билан беморлар сони ортмоқда. Охирги йилларда беморларда касалликнинг қайталанувчи шакли билан касалланиш ҳоллари тез-тез учраб турмоқда (43,3%). Сарамас касаллиги кўпинча меҳнатга лаёқатли ёшдаги эркекларда нисбатан кўп қайд этилмоқда (66,6%). Сарамас касаллигини даволашда этиопатогенетик ёндашишда антибактериал терапия муҳим аҳамиятга эга. Ҳозирги замонда сарамас касаллигини даволашда қўлланиладиган даволаш схемалари касалликнинг ўткир давридаги клиник белгиларининг регрессиясига нисбатан ҳам, унингтакрорланишининг олдини олишга нисбатан ҳам етарли эмаслиги тадқиқотчиларни даволашнинг янги усулларини излашга, шу жумладан касаллик давосида иммунокорректорлар билан биргаликда антибиотикларни қўллаш кераклигини тақозо қилади. Ҳозирги замонда сарамас касаллигининг ривожланиш хусусиятларини ўрганиш, беморларни даволаш самарадорлигини ошириш, диагностика усулларини такомиллаштириш, касаллик қайталанишининг олдини олишга қаратилган тадқиқотлар, илмий ва амалий изланишлар муҳим аҳамиятга эга.

Калим сўзлар: Касаллик, сарамас, бемор, даволаш.

Abstract. In recent years, in the clinical course of erysipelas, severe forms with a predominance of intoxication syndrome are becoming more frequent, complications are increasing, the number of patients with recurrent and hemorrhagic forms in the clinic of the disease is increasing, and the disease is getting younger. According to the analysis, in recent years there has been a majority of bullous and hemorrhagic forms of erysipelas. In recent years, cases of a recurrent form of the disease have become more frequent (43.3%). The disease is often observed in men of working age (66.6%). Antibacterial therapy is important in the etiopathogenetic approach to the treatment of erysipelas. Currently, the treatment regimens used in the treatment of erysipelas are insufficient both for the regression of clinical symptoms in the acute period of the disease and for the prevention of its relapse, which forces researchers to look for new methods of treatment, including the use of antibiotics in combination with immunocorrectors in the treatment of the disease. Scientific and practical research aimed at studying the characteristics of the development of diseases, improving the effectiveness of treating patients, improving diagnostic methods, and preventing relapses of the disease are of great importance.

Key words: erysipelas, treatment, antibiotic, recurrence, diseases.

Introduction. The problem of erysipelas associated with a constant increase in the number of diseases among the population, which does not have a decreasing trend and is 14-25 per 10,000 population (3,9). Every year, about 100 million people in the world suffer from erysipelas. Erysipelas is a widespread infectious disease, which is treated in a polyclinic by doctors of various specialties (infectious diseases, therapists, surgeons, dermatologists, physiotherapists) (3,6). Nowadays, it is observed that the pathological process is mainly localized in the legs, the recurrence of the disease (up to 60%) and the formation of chronic lymphovenous insufficiency with elephantiasis as a result of undiagnosed causes disability and a significant deterioration in the quality

of life of patients. The disease is often noted in working age (1,2,4,5,6). Often, the disease occurs against the background of low immunity. Antibacterial therapy occupies the most important place in the complex treatment of patients with erysipelas. Oral antibiotics can be prescribed when treating patients in a polyclinic. In severe forms of the disease, taking into account the possibility of the development of complications, parenteral administration of antibiotics is effective. Penicillins play an important role in the etiotropic treatment of erysipelas, because penicillins are still almost 100% effective against *Streptococcus pyogenes*. According to the results of clinical studies, the use of bicillin group to prevent recurrence of the disease also has a

number of advantages. Therefore, in the course of our research, we analyzed the characteristics and treatment of erysipelas in recent years.

Objective of the Study. Analyzing the characteristics of the clinical course of erysipelas in Samarkand region.

Materials for Research. The incidence of erysipelas was conducted between 2014 and 2019. The medical history of patients treated with the diagnosis of MKB-A46.0 "Erysipelas" at the Samarkand Regional Clinical Hospital of Infectious Diseases was analyzed retrospectively. The diagnosis was made on the basis of clinical, epidemiological and laboratory data.

Results. During the study, 62 patients with erysipelas were analyzed. Out of the total number of examined patients, 66.4% are men, 33.6% are women. The age of the patients was mainly from 18 to 78 years. Age distribution of patients: 18 - 25 (4.2%), 26 - 50 (5.6%), 51-60 (34.3%), 61-78 (22.5%). In women: 18-25 (7.9%), 26-50 (8.5%), 51-60 (8.5%), 61-78 (8.5%).

According to scientific publications, among patients with erysipelas, people who do physical work predominate, this situation was also reflected in our study. The disease was most often found in people engaged in agriculture and outdoor active lifestyle (76.8%), less often (23.2%) among people engaged in mental work.

In contrast to other results, there was no seasonality of erysipelas in our study. Streptococcal infection - patients with tonsillitis, scarlet fever, otitis can be a source of erysipelas infection. During our study, when analyzing the medical history of patients, it was found that in 23.4% of cases, they had contact with patients with tonsillitis, 19.8% with patients with scarlet fever, and 26.7% with patients with acute otitis media. detected, and in 1/3 cases the cause of the disease could not be determined. Microtrauma (35.6%), tonsillitis (35.7%) and purulent processes on the skin (28.7%) were the provoking factors in the primary diagnosis. Therefore, the separation of patients with streptococcal infection plays a key role in the recurrence of the disease.

According to the order of the Ministry of Health of the Republic of Uzbekistan and the classification of V. L. Cherkasov (1986), patients were divided according to the local symptoms of the process: 22.8% of patients had the erythematous form of the disease, 47.6% erythematous-bullous, 29.6% were diagnosed with erythematous-hemorrhagic form. According to our data, bullous and hemorrhagic forms of the disease make up the majority of patients with erysipelas. Erythematous bullous and erythematous hemorrhagic forms of the disease were most often detected in elderly people with background pathologies such as diabetes, mycotic

diseases, obesity, and varicose veins. In rare cases, patients with relapsing erysipelas received bicyclinotherapy, physiotherapy together with immunocorrective therapy within a year after the disease. It was found during the analysis that it helped to reduce the recurrence of the disease.

In terms of disease severity, moderate and severe forms of the disease prevailed in patients (90.4%). In patients under observation, the first observation of erysipelas was recorded in 56.7% of patients, and in 43.3% of patients, the disease was re-observed. If the disease recurs at least three times a year, it can be diagnosed as "often recurring erysipelas". From the anamnesis, 45.6% of patients are frequently sick with often recurring erysipelas, and in 54.4% of patients, recurrence of the disease was detected in rare cases. Exacerbation of chronic skin diseases, chronic tonsillitis, sinusitis, and increased stress were noted in patients with recurrent erysipelas.

According to the distribution of the local process, the local form of the disease was detected in 87.3% of the patients, and the migrated form of the disease was detected in 13.7% of the patients. According to the analysis, 27.6% of lesions were found on the face, 47.6% on the legs, and 24.8% on the hands. Our data are consistent with those in the literature.

In patients under investigation (100%), the disease started acutely, intoxication, fever, sleep disorders, regional lymphadenitis were observed (Table 1).

95.2% of patients had intoxication, weakness, 92.8% chills, 88.1% headache, 26.2% sleep disorder. Regional lymphadenitis was detected in 95.2% of patients. Many patients complained of paresthesia, itching or local fever, mild pain in the affected areas of the skin.

An increase in temperature was observed in all patients. 11.4% of patients had a temperature of up to 38°C, 38.4% of patients had a temperature of up to 39°C, 39.4% of patients had a fever from 39.1°C to 40°C, 10.8% of patients had a temperature of 40°C and above..

According to many authors, 70-75% of patients with erysipelas have comorbidities. The frequency of their occurrence in patients with often recurring erysipelas is more than 90%, in patients with recurrent erysipelas - about 50%, and in patients with primary form of the disease, 30-32%.

In our research, 80.9% of the examined patients had the following comorbidities: anemia II-III level - 12.5% of patients, arterial hypertension - 13.4% of patients, chronic tonsillitis - 8.4%; chronic colitis - 3.9%; polyarthritis - 11.3%; obesity - 9.7%; varicose veins - 8.3%; ischemic heart disease - 18.4%; diabetes - 8.7%; foot mycosis 3.4%; liver cirrhosis - 7.8%; uterine fibroids - 4.2%.

Table 1. Basic clinical and laboratory signs in erysipelas

№	Clinical symptoms	%
1.	Chills	92,8
2.	Weakness, malaise	95,2
3.	Sleep disturbance	26,2
4.	Subfebrile temperature 37 - 38 °C	11,4
5.	Body temperature from 38.1 - 39 °C	38,4
6.	Body temperature of 39.1 ° and above	50,2
7.	Headache	83,3
8.	Pain, burning, itching in the area of inflammation	100
9.	Regional lymphadenitis	95,2

In the general blood analysis, leftward shift of leukocytosis - 42.8%, ESR acceleration - 42.8%, hemoglobin decrease - 100% of patients were observed.

Bacteriological blood test gave a positive result in 25.6% of patients. Currently, due to the widespread use of antibiotic therapy in clinical practice, it is almost impossible to isolate streptococci from the skin inflammation in patients with erysipelas.

All patients underwent antibacterial, detoxification, desensitization and symptomatic therapy. Antibacterial therapy occupies the most important place in the complex treatment of patients with erysipelas. Penicillins still retain almost 100% activity against *Streptococcus pyogenes* in the treatment of erysipelas. But even so, there are concomitant diseases, and in severe forms of the disease, antibiotics of the penicillin group did not give sufficient results. Oral antibiotics can be prescribed when treating patients in a polyclinic. Parenteral therapy is prescribed in the severe course of the disease, in the development of complications (abscess, phlegmon, etc.). In the course of research, the following antibacterial agents have been widely used in recent years:

1. Amoxicillin/clavulanate, ampicillin or penicillin 18.4%
2. Macrolide antibiotics 12.6%
3. Cefazolin and penicillins 21.3%
4. Cefotaxime or Ceftriaxone 14.7%
5. Ceftriaxone sulbactam, cefaperazone sulbactam 9.8%
6. Cefepime or cefepime sulbactam 8.6%
7. Antibiotics of the fluoroquinolone series (ciprofloxacin, ofloxacin, levofloxacin) 14.6%

In the course of research, it can be seen that in recent years, penicillins have not lost their importance in the treatment of erysipelas, but at the same time, antibiotics of the fluoroquinolone group are also showing good results.

According to the researchers, antibiotic prophylaxis with the help of bicillin prevents the recurrence of erysipelas. In 2012, research conducted by A. A. Erovinchenkov and others showed that bicillin prophylaxis is an integral part of complex

dispensary treatment of patients with recurrent erysipelas. Prophylactic intramuscular injection of Bicillin-5 at 1.5 million TB prevents recurrence of the disease. By preserving endogenous sites of infection, these drugs prevent L-forms of streptococci from reverting to their original bacterial forms, which helps prevent disease recurrence. With frequent recurrence of the disease (at least three times in a year), 1 or more recurrence (during the year), bicillin prophylaxis with a 3-week break was recommended. In some cases, the interval was reduced to 2 weeks. In the presence of residual changes after the treatment of erysipelas disease, the drug was used for 4-6 months at 3-week intervals [5]. Prophylaxis of bicillin was effective in severe and recurrent forms of the disease. Patients in this group almost did not go to the hospital. Also, proper organization of medical examination of patients after inpatient treatment prevents recurrence of the disease. Therefore, proper organization of dispensary of patients discharged from the hospital in the first joint plays a key role in the prevention of erysipelas.

Conclusion:

1. It is necessary to correctly choose systemic antibiotics in the treatment and prevention of erysipelas. At the same time, in order to prevent the recurrence of the disease, it is recommended to treat additional diseases and use immunocorrective therapy, bicillin therapy, and physiotherapy.

2. In recent years, in the course of research, in cases where the penicillin group was not effective enough in the severe forms of the disease, antibiotics of the fluoroquinolone group also showed good results.

3. Proper organization of medical examination of patients after inpatient treatment prevents recurrence of the disease.

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ХАРАКТЕРИСТИКА КЛИНИЧЕСКОГО ТЕЧЕНИЯ РОЖИСТОЙ ЗАБОЛЕВАНИИ В ПОСЛЕДНИЕ ГОДЫ

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Резюме. В последние годы в клиническом течении рожи все чаще учащаются тяжелые формы с преобладанием интоксикационного синдрома, увеличиваются осложнения, увеличивается число больных с рецидивирующими и геморрагическими формами в клинике болезни, молодеет заболеваемость. По данным анализа, в последние годы наблюдается большинства буллезной и геморрагической формами рожи. В последние годы участились случаи рецидивирующей формы заболевания (43,3%). Болезнь наблюдается часто у мужчин трудоспособного возраста (66,6%). Антибактериальная терапия имеет важное значение в этиопатогенетическом подходе к лечению рожистой болезни. В настоящее время лечебные схемы, применяемые при лечении рожи, недостаточны как для регресса клинических симптомов в остром периоде заболевания, так и для профилактики его рецидивов, что вынуждает исследователей искать новые методы лечения, в том числе с применением антибиотиков в сочетании с иммунокорректорами при лечении заболевания. Важное значение имеют научно-практические исследования, направленные на изучение особенностей развития заболеваний, повышение эффективности лечения больных, совершенствование методов диагностики, предотвращение рецидивов заболевания.

Ключевые слова: рожа, лечения, антибиотик, рецидив, заболевания.