CHARACTERISTICS OF CLINICAL MANIFESTATIONS OF DESTRUCTIVE AND OTHER FORMS OF TBL IN COVID-19 INFECTION IN THE FERGANA REGION

Mamasaliev N. S.
Sadikxodjaev S. Sh.
Xakimova R. A.
Tursunov X. X.
Mamasaliev Z. N .
Usmonov B. U.
Kurbanova R. R.
Andijan State Medical Institute, Uzbekistan

Relevance

According to the World Health Organization (WHO) for 2019, 10 million people in the world are infected with tuberculosis, including 5.6 million men, 3.2 million women and 1.2 million children. It is estimated that 1 million children worldwide suffer from tuberculosis every year. The reduction in the incidence rate from 2015 to 2019 was 9%, and the global goal for 2030 was 80%.

Therefore, the main task of anti-tuberculosis and practical work is to prevent the development of tuberculosis lung lesions, including in comorbidity and especially against the background of the pandemic growth of COVID-19 among the population. Only on the basis of screening and "targeted" formation of groups of low, medium, high and very high risk of COVID-19 patients for tuberculosis lung lesions and modern implementation of primary, secondary or tertiary prevention measures can solve this currently extremely urgent task.

In this article, it was concluded that in the absence of clinical manifestations of an active form of tuberculosis infection, there is a constant state of immunoassay caused by the presence of mycobacterium tuberculosis antigens in the body, there is no "gold standard" diagnosis that allows a direct method to identify an infection in which mycobacterium tuberculosis occurs in humans, most infected individuals do not have It is believed that Lti is 10% probability of transition to active tuberculosis, 5% in the first two years of infection and 5% for the rest of a person's life.

In addition, the article emphasizes that the placement of persons who, as is known from mathematical models, about 30% of the world's population are considered carriers of lti, who are at risk of developing active tuberculosis for the detection and preventive treatment of persons with lt, is very important for the elimination of the disease.

The aim of the study was to study the clinical and epidemiological characteristics and prognostic and preventive aspects of tuberculous lung lesions in COVID-19 infection.

Materials and methods: The object of the study 1499 patients with COVID-19 (PCR+- 239 and PCR-1260), having broken through and "undergone examination" were treated at the hospitals/clinics of the "Fergana Regional Medical Centers of Phthisiology and Pulmonology" and COVID centers.

The subject of the study The medical history, physical data, risk factors, instrumental and biochemical data, results of the questionnaire examination and report forms No. 8 ("Information on active tuberculosis cases"), No. 003/u ("Medical record of a rational patient") and No. 060 ("Journal of registration of infectious diseases") were included.

Research methods. The study of pain used epidemiological, survey, instrumental, functional research methods, and statistical analysis.

Results and discussion. In the population of KovATPL of the Fergana Valley region, the features of clinical manifestations of various forms of tuberculous lung lesions in COVID-19 infection were studied and assessed. Table 1 and Fig. 1. show the characteristics of clinical manifestations of destructive and other forms of TB in COVID-19 infection, i.e. in the population of KovATPL.

From the presented analysis of the data in Table 1 and Fig. 1 it follows that in case of DLB and COVID-19 and other forms of TB (DrTB), the incidence of the main clinical manifestations was characterized by the following prevalence levels, respectively: 1) symptoms of acute respiratory viral infections (ARVI) - 3-4 times a year - 53.0% and 47.0%, 1 time per year - 18.0% and 82.0% and the absence of ARVI during the year - 43.0% and 57.0% ($P < 0.001$); 2) cough during work - 24.0% and 76.0% ($P < 0.001$); 3) cough in winter - 26.0% and 74.0% (no cough in winter - 19.0% and 81.0%), respectively ($P < 0.001$); 4) sputum production in winter – 58.0% and 42.0% (no sputum production in winter – 16.0% and 84.0), respectively ($P < 0.001$);

The clinical symptoms of DLB and COVID-19 and DrTB are that every second patient experiences acute respiratory viral infection up to 4 times a year, cough with sputum production increases in winter (8 in 58.0% of cases); every fourth patient (with DLB and COVID-19) and in 70.0% of cases in patients with DrTB experience cough during work (Fig. 1).

CONCLUSION

In the clinical manifestation of COVID-associated tuberculosis of the lungs with a relatively high prevalence rate, frequent acute respiratory viral infections, cough during work, cough in winter, sputum production in winter, close contact (family outbreak) route of infection and the route of tuberculosis infection in the workplace and drug resistance (monoresistance, multiresistance, polyresistance, complete resistance) are observed. The most frequently noted diseases in the population with TB are type 2 diabetes mellitus, COPD, gastroduodenitis, anemia, arterial hypertension, chronic hepatitis B. In 73.0% (in the population of health workers) and 21.0% (in the PDP group) of cases, COVID - 19 is combined with a mild degree of TB.

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