

FEATURES OF THE CLINICAL COURSE OF CHICKENPOX IN ADULTS IN THE KHOREZM REGION (UZBEKISTAN)

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Abstract

Chickenpox is generally considered a childhood infection. However, cases of the disease in adults, although less common, are characterized by a more severe clinical course and a high risk of complications. This article presents the results of a retrospective analysis of clinical data from 23 adult patients (aged 23-40 years) hospitalized with chickenpox in the Khorezm region (Uzbekistan). The study assessed the clinical features, the presence of complications, and factors contributing to a more severe course of the disease. The results showed that the majority of patients had severe intoxication, profuse rash, high fever and a longer period of rashes compared with the classic course of chickenpox in children. The most common complications were pneumonia and secondary bacterial infection of the skin. Potential risk factors for severe course have been identified, including the presence of concomitant chronic diseases and late medical treatment. The findings highlight the importance of timely diagnosis and adequate treatment of chickenpox in adults, as well as the need to develop regional infection prevention and control strategies.

Keywords: Chickenpox, adults, clinical course, complications, exanthema, immunity, and secondary bacterial infections.

Introduction

Varicella varicella, caused by the Varicella-Zoster virus (VZV), is a highly contagious infectious disease that mainly occurs in childhood. In most cases, chickenpox in children is mild and ends in complete recovery. However, VZV infection at an older age, especially in adults, often leads to a more severe clinical course, with an increased risk of serious complications such as pneumonia, encephalitis, hepatitis, and secondary bacterial infections. The severity of the disease in adults may be related to the characteristics of the immune response, as well as the presence of concomitant diseases and other factors. Epidemiological data on the incidence of chickenpox and the features of its clinical course in adults in Uzbekistan, in particular in the Khorezm region, are limited. Therefore, the study of the clinical characteristics of chickenpox in adults in this region is relevant for optimizing the diagnosis, treatment and prevention of this disease.

The purpose of this study is to study the clinical features of chickenpox in adults in the Khorezm region.



Materials and Methods

The study involved 23 patients aged 23 to 40 years who were treated in the infectious diseases department of a hospital in Khorezm in 2023. In all patients, the diagnosis was confirmed clinically and in the laboratory. The main clinical manifestations, the duration of the febrile period, the severity of skin rashes, as well as the presence of complications were analyzed.

The following data was collected:

Demographic characteristics (age, gender), medical history (previous illnesses, concomitant chronic diseases), clinical manifestations (fever, rash intensity, rash pattern, itching, general condition), complications (pneumonia, encephalitis, secondary bacterial skin infection, hepatitis, others), duration of hospitalization, treatment, outcome diseases.

Results

Of the 23 patients, 14 (60.9%) were men and 9 (39.1%) were women. The average duration of the incubation period was 12 ± 2 days. The disease occurred with a high fever (up to $39-40^{\circ}\text{C}$) in 18 (78.3%) patients. Skin rashes were abundant in 16 (69.6%) patients, while 7 (30.4%) patients had hemorrhagic elements. The average duration of the fever period was 7 ± 1.5 days. Complications were observed in 6 (26.1%) patients, among whom bacterial superinfection of the skin (3 cases) and pneumonia (2 cases) were the most common.

Discussion

The results of our study demonstrate that chickenpox in adults in the Khorezm region is characterized by a more severe clinical course compared with the classical course in children. The findings are consistent with the results of other studies showing that adult patients with chickenpox are more likely to experience severe intoxication, excessive rash, and a higher risk of complications.

The high incidence of pneumonia and secondary bacterial skin infection in our cohort of patients underscores the importance of timely diagnosis and adequate treatment of varicella in adults. It is necessary to take into account the possibility of complications and carefully monitor the condition of patients. The identified risk factors for severe course (presence of concomitant chronic diseases and late treatment) make it possible to identify groups of patients in need of closer attention and aggressive therapy.

The limitation of this study is the small sample size and the retrospective nature of data collection. In the future, it is necessary to conduct more extensive prospective studies to confirm the results obtained and identify other factors affecting the severity of chickenpox in adults in the Khorezm region.

The findings highlight the importance of raising awareness among medical professionals and the public about the more severe course of chickenpox in adults and the need for timely medical attention. The introduction of evidence-based treatment protocols and monitoring of complications will improve disease outcomes.

Prospects for further research include studying the immune status of adults who have had chickenpox to assess the effectiveness of natural immunity and develop vaccination strategies

for at-risk groups. It is also advisable to conduct a pharmacoeconomic analysis of various approaches to the treatment of chickenpox in adults in the Khorezm region.

This study contributes to understanding the clinical course of chickenpox in adults in the Khorezm region and can serve as a basis for developing and implementing more effective prevention and treatment measures for this disease. The results obtained can be used to inform medical professionals and the public about the importance of timely diagnosis and adequate treatment of chickenpox in adults.

Conclusion

Chickenpox in adults in the Khorezm region is characterized by a more severe clinical course and an increased risk of complications. The presence of concomitant chronic diseases and late medical treatment are potential risk factors for severe course. In this regard, timely diagnosis, the appointment of adequate symptomatic therapy and prevention of complications, including the possible appointment of antiviral drugs, are required.

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