

CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF INTESTINAL INFECTIONS CAUSED BY CONDITIONALLY PATHOGENIC FLORA

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Abstract

World health storage organization (WHO) information according to year the world across approx one to the billion near man diarrhea with gets sick It's sharp intestine infections (O'II) are high level all spread out contagious diseases between stable ranks 2-3 [3, 7] . Last in years sharp intestine of infections etiological It is known that the structure has also changed done bacterial infections share is increasing . This 87.6 percent of infections bacterial to nature have Most of them belong to the Enterobacteriaceae family incoming conditionally pathogenic from bacteria come comes out [1, 6]. The widest spread out pathogens including Proteus mirabilis, P. vulgaris, Klebsiella pneumoniae, Enterobacter cloacae, E. aerogenes, Citrobacter freundii and Serratia etc available [2, 4]. Conditionally pathogenic of microorganisms a person to health effect different environment factors and socio-economic conditions under the influence of their biological characteristics change with depend Intestine in the microflora changes , esp in children , immune to the system effect shows that while cellular and humorous of immunity to the violation take of the organism protection ability reduces [5]. As a result , such circumstances allergic , infectious and autoimmune diseases development reason will be

Keywords : opportunistic flora, acute intestine infection , bacterial infection.

Introduction

Research purpose: in Samarkand region with conditionally pathogenic flora dependent intestine of infections clinical and epidemiological the passing of study

Research methods and materials : 2021 during Samarkand region contagious diseases clinical address to the hospital (IDCH). 461 people who did the patient observed . Research for from patients blood , urine , feces and of the litter bacteriological analyses received. Analyzes clinical, epidemiological , laboratory and statistics methods using done increased Received data retrospective way deep analysis done

Research discussion: Samarkand region contagious diseases clinical address to the hospital (SVYukKSh). did patients on conducted observation results based on research take went Patients in the city of Samarkand and of the region different from the districts came



Patients to live places to the analysis according to their main part from the city of Samarkand (59.9%/276) and region from districts (40.1%/185). was determined (Fig. 1).

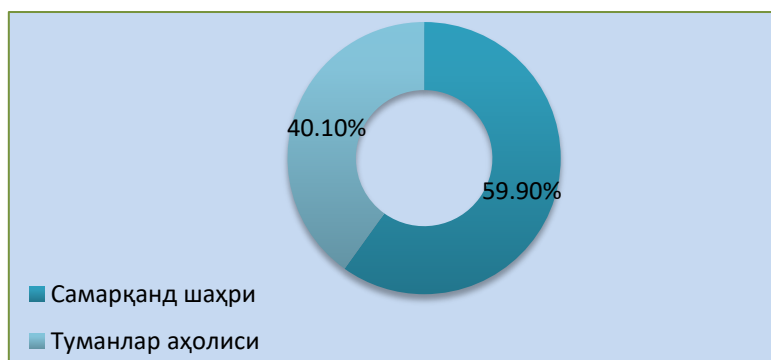


Figure 1. Distribution of patients by place of residence (%).

Analysis of the places of residence of patients from districts showed that the regions with the highest intensity of disease are Samarkand district (14.3%), Tayloq district (10%) and Kattakorgon district (9%). In other regions, the incidence rate is relatively lower and is distributed as follows: Urgut district (7.4%), Koshrabad district (7.3%), Bulung'ur district (6.7%), Pakhtachi district (6.7%), Okdarya district (6.4%), Pastdargom district (6.4%), Payariq district (6.4%), Nurabad district (6.1%), Narpay district (5.2%), Jomboy district (4.5%) and Ishtikhan district (3.6%) (Figure 2).

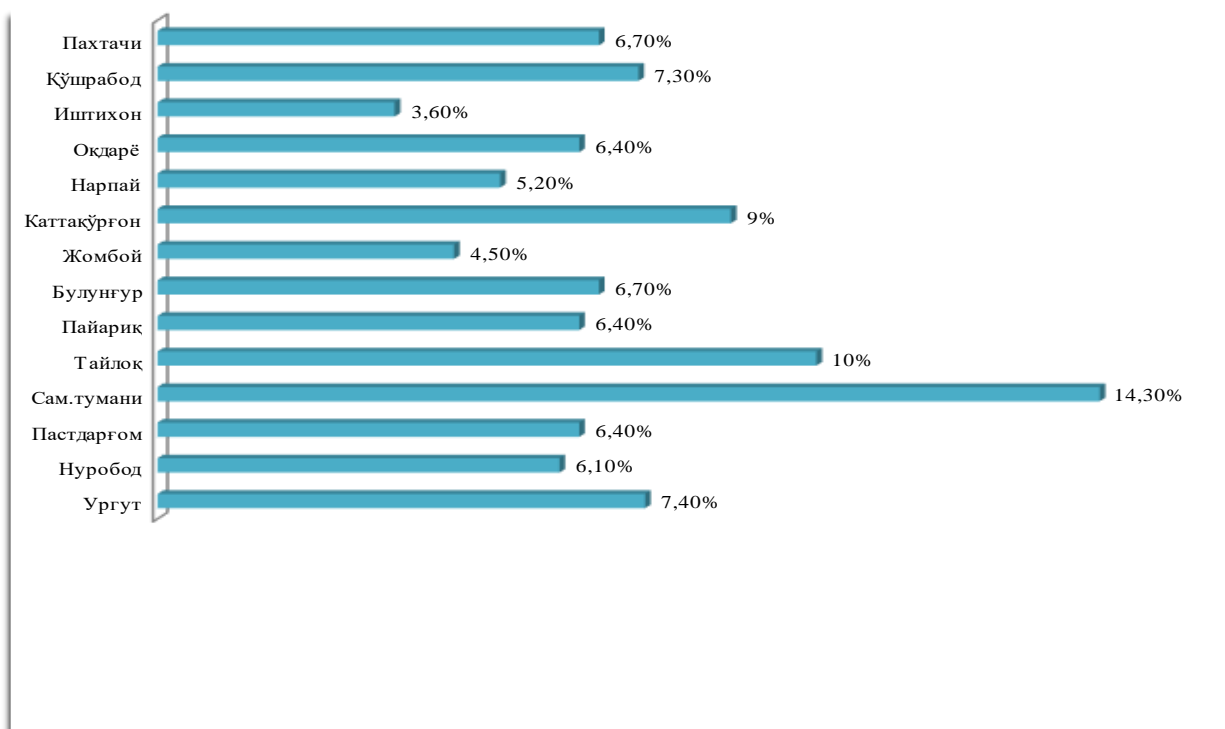


Figure 2. District-wide distribution by place of residence (%).

Analyzing the annual rate of occurrence of intestinal diseases caused by conditionally pathogenic flora among the monitored patients, we found that these diseases appeared in harmony with the



seasonal spread of intestinal infections of other etiologies. These diseases are characterized by the fact that they are especially high in the summer months. Spring in the season illness level relatively lower 3 % in March , April 4% in May and 7 % in May organize reached summer in the season while Cases of O' II significant respectively increased , June 18% in July 19% per month , and the most high indicator August 22% per month done In autumn illness level a little fall , September 14% in October 7% per month , and 2% in November was Winter months while infection indicators to the lowest level Fall , December and January months only 1% of cases , in February and 2% of cases note done (Fig. 3).

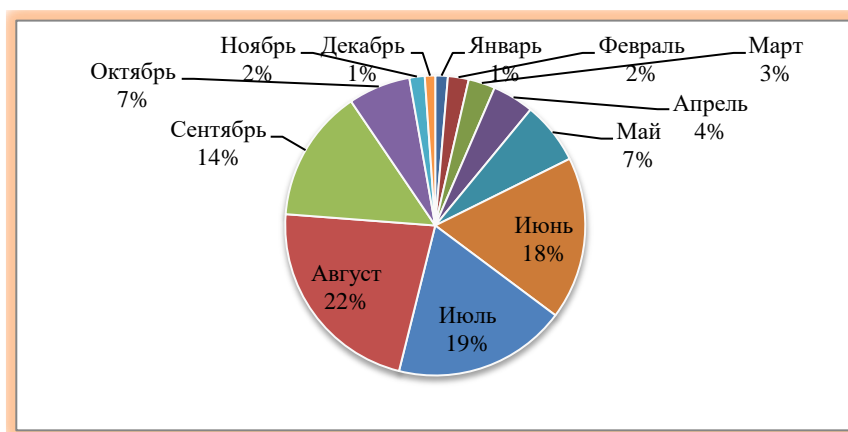


Figure 3. Distribution of incidence during the year (%).

When we divide our sick patients by gender: 42.6% were female, 57.4% were male (Fig. 4).

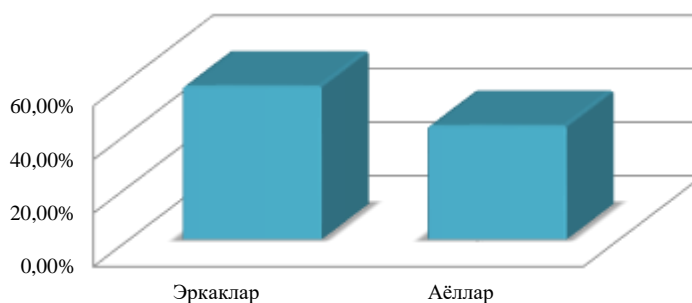


Figure 4. Distribution of patients by gender (%).

According to subjective data, 19.9% of patients associate the disease with the consumption of low-quality food products. Also, 44.8% of patients experienced illness as a result of early transition to artificial feeding, for example, due to consumption of foods such as cow's milk, cream and cookies. And 16.9% of patients developed diseases as a result of adding new products to their usual diet, especially fruits and vegetables. In 18.4% of patients, acute intestinal diseases were caused by the presence of other diseases (premorbid background). 18.9% of patients did not have specific information about the causes of the disease.

Anamnesis and morbidity analysis showed that 29.9% of patients were treated in other medical institutions for diseases such as "Bronchopneumoniae", "Congenital heart defect" and "Cerebral palsy". 13.4% of patients took irregular antibacterial drugs and antibiotics at home before arriving



at the hospital. Year during 24.9% of patients have one how many times " O' sharp intestine infection " or " Acute " gastroenteritis " diagnosis with stationary to treatment needs was 8.6% patients while different in hospitals one how many times treatment from the process past Main diagnosis with together observed companion diseases are the following : anemia in 92.3% of patients , mouth space candidiasis 19.8%, of nutrition disorder (hypotrophy) 49.2%, various different diatheses 14.7%, bronchospasm 16.8% and children cerebral paralysis in 1.9% of cases note done

Of the disease heavy weight level According to , 29.6% of patients are severe in form , medium at 59.7% heavy in the form and light at 10.7% in the form late (Fig. 5). This data of patients common health situation in assessment and sharp intestine infections efficient in treatment important important have Patients diseases and previous medical histories about accumulated data , similar in the future of diseases prevention get for necessary has been events work on the way out useful will be

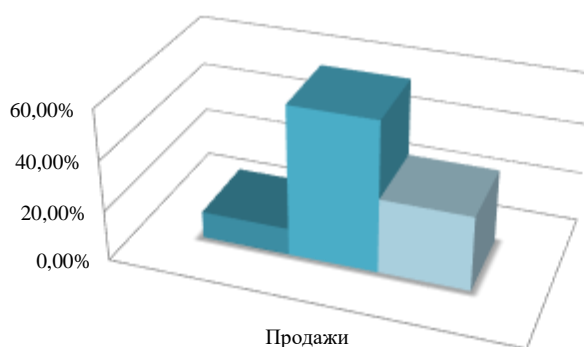


Figure 5. Disease distribution by severity (%).

The clinical manifestations of the patients were analyzed and the results showed the following symptoms: abdominal pain, increased body temperature, liquid and green stools, the presence of foamy and mucous mixtures, vomiting, nausea, general weakness, and decreased appetite. Patients' feces are liquid in 100% of cases with pathological impurities, vomiting in 41.4%, abdominal pain in 59.6%, skin color change in 68.9%, increased body temperature in 57.6% of patients, and loss of appetite decrease in 100% of patients, and general weakness in 100% of patients.

In the process of microbiological analysis of patients' feces, different microorganisms were identified: Citrobacter 18%, Proteus 18.6%, Pseudomonas aeruginosa 8.4%, Enterobacter 34.7%, and Klebsiella 17.2% of cases. Also , 3.1% of patients with Staphylococcus aureus together conditional appearance of pathogenic flora determined .

Illness complications different analyses during of dehydration different degrees note conducted : 31.8% of patients hypotonic (water deficiency type) , 56.3% isotonic , and 11.9% hypertonic (salt deficiency type) cases was determined . Patients common garbage analysis in the process macroscopic in inspections blood , mucus , and purulent separations to the eye thrown away Trash microscopic inspection while erythrocytes and of leukocytes existence confirmed .



Patients blood in the analysis of hemoglobin level from 120 g/l to 50 g/l decrease , leukocytosis and EEC of up to 34 mm/ h acceleration observed . Disease in 21.4% of patients complications with pass note done Including hypovolemic shock 2.3%, ITSh 1.9%, and neurotoxicosis in 3.8% of cases was determined .

Treatment process during all to patients standard antibacterial drugs , detoxification , oral rehydration therapy and symptomatic treatment events was held . Patients in the hospital treatment period 11.05 ± 0.4 days on average organize did and this time during of patients common in the situation significant improvement observed.

Summary:

Conditional pathogenic flora developed sharp intestine infections according to subjective analyses that's it showed that it is artificial to feed conducted children between of the disease a lot meeting determined. Year during of diseases a lot Summer and autumn months more observed. Negative premorbid background of diseases in development important role played. Companion diseases there is was in children while conditional by pathogenic flora triggered intestine infections heavier to pass reason was

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