



CLINICAL AND EPIDEMIOLOGICAL TRANSMISSION OF SKARLATINA DISEASES AND CRITERIA FOR DIAGNOSIS

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Received 15th May 2021,
Accepted 26th May 2021,
Online 30th May 2021

ABSTRACT: *The main part of the diseases of streptococcal etiology is scarlet fever, and epidemiologically and clinically this disease remains one of the main problems. Although the incidence of scarlet fever has been low in recent years, the incidence is mainly in young children. Irregular, widespread use of antibacterial drugs has led to the spread of atypical forms of the disease.*

Keywords: scarlet fever, rash, lacunar angina.

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I. Introduction

Allergic process and cardiovascular system due to streptococcal infection pose significant risks in the development of kidney damage. Serious septic complications and even deaths can be observed [Belov B.S., Timchenko V.I].

II. The purpose of the study:

To analyze the clinical and epidemiological characteristics of scarlet fever, its diagnostic capabilities in modern conditions, as well as to evaluate the effectiveness of treatment of patients with scarlet fever in the hospital.

III. Materials and research methods:

Retrospective analysis of the medical history of 82 patients with scarlet fever at the Samarkand Regional Clinical Hospital of Infectious Diseases. All patients in the study underwent clinical and laboratory examinations based on the standard.

IV. Results and discussions:

82 (100%) patients with scarlet fever aged 9 months to 15 years were observed at the Samarkand Regional Infectious Diseases Clinical Hospital.

When we divide the patients by age: 0.6% - children under 1 year, 28.2% - from 1 to 3 years, 4-7 years - 51%, 20.2% - patients over 8 years.

When studying the duration of hospitalization of patients: 47.5% on days 1-2 of the disease, 32.9% on days 3-5 of the disease, 19.6% of patients were hospitalized after 6 days of illness. In most cases, this is due to the onset of other infectious diseases, especially ARVI, or undergoing treatment under a different diagnosis. In the study of the initial diagnosis of patients: 67.9% of those who went directly to the hospital were diagnosed with scarlet fever. However, 32.1% of patients with scarlet fever were hospitalized at the pre-hospital stage after receiving treatment with other diagnoses (ARVI, lacunar angina, allergic condition) after visiting the clinic.

In all children, the disease begins acutely and is characterized by changes in the periods characteristic of scarlet fever. In most children, body temperature rose from 37.1 ° to 39.6 ° C (86.5%) and remained normal in 13.5% of patients. From the onset of the disease, 58.7% of patients complained of sore throat, headache, malaise, fatigue, loss of appetite, nausea, and vomiting. All patients had acute tonsillitis syndrome, hypertrophy of the tonsils, hyperemia of the oral mucosa, enlargement of regional lymph nodes. The rash on the skin lining lasted from 3 to 6 days.

Rash in 32.6% of patients is the first symptom of this disease. The rash was mainly on the affected parts of the body, and in 1-2 days it appeared in 76.6% of people, and on the third day - in 23.4%. All children developed small punctate rashes within a few hours. Rarely, small papules, petechiae were observed in its background. When studying the location of rashes on the skin: 87.3% of patients had a rash on the background of hyperemic skin, 22.7% of patients had a rash on the background of unchanged skin.

In 27.7% of patients, a characteristic appearance of the face was observed: colorless nasolabial triangle, redness of the lips, redness of the cheeks.

During the recovery period (from 8 to 10 days of illness), 16% of children had varying degrees of tingling in the paws of the hands and feet, in the area of the heel.

The incidence of scarlet fever in the patients in our follow-up was typically typical (97.6%). In contrast to the usual, an atypical form (extratonsillar scarlet fever) was observed in 2.4%. The severity of the disease was assessed according to the severity of intoxication symptoms and local changes. Criteria for the severity of scarlet fever were studied depending on the general condition of the patient, the degree of fever, the expression of symptoms of intoxication, changes in the oropharynx, the nature of the rash.

The mild form of scarlet fever was observed in 22.6%, the moderate form in 76.4%, and the severe form in 1.0%.

In the study of complications of the disease: otitis - 9.7%, paratonsillar abscesses - 2.8% in children, the occurrence of complications was delayed in the appointment of antibiotic therapy (3-4 days of the disease -81%) and in children hospitalized late (19 %) may be related to insufficient treatment in the pre-hospital period.

The criterion for diagnosing scarlet fever included screening for the presence of hemolytic streptococcus in all hospitalized patients. The diagnosis of scarlet fever was bacteriologically confirmed in 26.7% of those examined. The low percentage of pathogen detection is explained by the fact that against the background of antibiotic therapy initiated in an outpatient setting, almost half of patients with scarlet fever are hospitalized in the late stages of the disease.

In the general blood analysis in the acute period of the disease: leukocytosis (27.8%), leukopenia (3.5%); relativeneutrophilia (18.2%), relative neutrophilia with left shift (23.6%), eosinophilia (35.9%). In the study of ECHT: 36.5% of patients exceeded 10 mm / h, 36.7% of patients exceeded 10 to 20 mm per hour, 26.7% exceeded 20 mm / h

Treatment of patients with scarlet fever is complex and includes etiopathogenetic treatment. In 18.8% of patients, antibiotic therapy was initiated prior to hospitalization. 58.9% of all patients treated at the clinic before hospitalization received penicillin, erythromycin or ampicillin, in other cases macropen, rulid. At the hospital, 88.4% of patients received intramuscular penicillin and cefazolin. Other antibacterial drugs were used in 11.6% of cases in those in need of secondary antibiotic treatment (cefotaxime, ceftriaxone, lincomycin) due to lack of therapeutic effect due to the introduction of penicillin and repeated inoculation of hemolytic streptococci. This therapy was performed mainly in patients with complications or additional bacterial pathology. The average course duration was 6.8 ± 0.1 days. Patients were discharged from the hospital at home after complete clinical recovery was observed on days 11-14 of receiving treatment at the hospital and were left under the supervision of a local pediatrician.

Conclusions

Due to the low percentage of bacteriological detection of hemolytic streptococci (26.7%) and the clear expression of the typical clinical manifestations of the disease, the main method of confirming the diagnosis of scarlet fever in modern conditions remains clinical diagnosis. Scarlet fever has been found to be more prevalent in children aged 4-7 years. In all age groups, scarlet fever retained all its characteristic clinical manifestations.

References:

1. Balabanova P.M., Grishaeva T.P. Infektsiyagorlasovremenniyvzglyadnametodidiagnostikiprintsipiterapii A-streptococcal infection of the pharynx // Consiliummedicum. - 2004. -T.6. - № 10. - S. 23-25.
2. Belyakova I.V. OF-tipirovaniepriizucheniiiepidemicheskogoprotsessa streptococcal infection // Journal of microbiology of epidemiology and immunology / Minzdrav RF. - M.: Medicine, 1993. -№ 2. - S.48- 49.
3. Belov A.B. A-streptococcal tonsillitis: modern aspects of antibacterial therapy // Pediatric pharmacology: Nauchno - prakticheskiy zhurnal / Soyuz pediatrovRossii, Izdatel'skayagruppa GYOTAR. - M., 2007. - T.4. - №3. - S.58 - 66.

4. Briko N.I., Juravlev M.V., PronskiyA.V. Antibiotics of culture streptococcus group A // Journal of microbiology and infectious diseases / Ministry of Health of the Russian Federation. - M.: Medicine, 2004. - № 6. - P.54-56.
5. Dorofeev D.A. Resistance of hemolytic streptococcal strains to antibiotics in children with different lymphocytes // VestnikRossiyskogogosudarstvennogomeditinskogouniversiteta. - 2006. - №2. - S.279.

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