



Features Of The Clinical Current Of Scalls In The Modern Stage

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ABSTRACT

Measles is a highly contagious disease of viral etiology. To this day, the measles remains one of the main causes of death in younger age groups, even despite many years of positive experience in using an effective live measles vaccine. With the ongoing complication of the epidemiological situation regarding the measles, both in the country and globally, it seems appropriate to study the immune layer to the measles virus in various gender, age, and social groups and to identify risk groups most susceptible to infection. According to our observations, in most cases, 94.4% of cases of measles proceeded in a typical moderate form. The typical moderate form of measles was characterized by a cyclical course with a change in classical periods, the presence of characteristic clinical syndromes of the disease. Pathognomonic symptoms for measles were identified: Belskiy-Filatov-Koplik spots (67.7%), staged eruption (100%), staged pigmentation (100%). Modern comprehensive therapy of young children with measles in combination with antioxidants (vitamins C and E) has significantly reduced the severity of complications, the frequency of the uneven course of the disease, and prevented the spread of acute respiratory viral infections.

Keywords:

measles, rash, Belskiy-Filatov-Koplik stains, complex treatment, antibiotics

Measles is a highly contagious disease of viral etiology. To date, measles remains one of the main causes of death in younger age groups, even despite many years of positive experience in using an effective live measles vaccine.

Measles outbreaks can lead to severe complications and deaths, especially among young children suffering from malnutrition. In countries that have approached the elimination of measles, cases imported from other countries remain a significant source of infection. Most deaths from measles are caused by complications associated with this disease. Most often, complications develop in children under 5

years of age and in adults over 30 years of age. They are more common in children who do not receive adequate nutrition, especially those with vitamin A deficiency or a weak immune system due to HIV infection or other diseases [1].

In 2015 alone, more than 130,000 people died from measles, primarily children under the age of 5 [2, 3]. Nevertheless, the planned vaccination of the population against measles has had a significant impact on reducing the mortality rate from this disease. According to the World Health Organization, over 16 years (2000–2015), more than 20 million deaths were prevented thanks

to measures for the immunoprophylaxis of measles. Due to the ever-increasing coverage of the population with vaccinations, a pronounced trend toward a decrease in morbidity was noted in most states, and in certain periods of time, even the cessation of the circulation of the measles virus. Given the successes achieved in the fight against measles, the elimination of this infection has become a fully realistic and feasible task, the achievement of which is scheduled for 2015 [4].

However, in most regions of the world, starting from 2013, there has been an increase in measles incidence, with large outbreaks of measles occurring in communities, primarily in medical organizations and educational institutions. The leading factor that influenced the change in the epidemiological situation regarding measles in the world was likely the significant increase in the volume of migration processes caused by the active development of business and tourism. Number of territories where measles epidemic discomfort was registered [4].

Given the ongoing complication of the epidemiological situation regarding measles, both in the country and globally, it is advisable to study the immune layer to the measles virus in various gender-age and social groups and identify the risk groups most susceptible to infection.

Purpose of the study: to study the clinical presentation of measles in patients of various ages and to evaluate the effectiveness of modern therapy.

Research materials and methods. We observed 26 children hospitalized in the airborne infections department of the Andijan Regional Infectious Diseases Hospital. Among all patients, children in their first year of life accounted for 7 patients (29.1%). The diagnosis of measles was based on epidemiological history, medical history, and the thorough accounting and analysis of all clinical symptoms throughout the entire observation period. Particular attention was paid to identifying symptoms pathognomonic to measles: the presence of Belsky-Filatov-Koplik spots, the staging of rashes, and pigmentation. For laboratory confirmation of measles, specific

antibodies (Ig M) were determined in the blood. Children underwent clinical analyses: blood, general urinalysis, and, if indicated, biochemical blood analysis (determination of ALT, AsT, total bilirubin and its fractions, total protein and protein fractions, creatinine, and urea). All patients underwent comprehensive drug therapy alongside diet, regimen, and care.

Results and their discussion. We identified infection sources in all the children. In the majority of patients (91.6%), an intra-hospital source of measles was identified in hospital pediatric departments; in 5.6% of patients, contact with a measles patient within the family was identified, and in 1/2.8%, no contact was identified. Analysis of the vaccination history showed that 11/45.8% of children were not vaccinated against measles, while 3 patients (30.6%) were not vaccinated by age, 6 patients (52.8%) had medical rejections of preventive vaccinations, and 2/16.6% had parents' refusal of vaccination. The vast majority of children with measles - 23/88.9% - were admitted to specialized infectious disease departments during the first week of the disease: 5/19.5% during the 1st-3rd days of the catarrhal period, 18/69.4% during the 4th-6th days of the disease, and 3/11.1% during later periods (7-12 days of the disease). In 25/94.4% of early childhood measles patients, the typical moderate form was diagnosed. In 1/25.6% of patients, the disease was severe. Clinical presentation of typical measles in 34 children. The incubation period for typical measles lasted from day 9 to day 17, averaging 12 ± 2 days. The catarrhal period of measles lasted from day 1 to day 3 and was characterized by an increasing intoxication syndrome, an increase in body temperature, and pronounced catarrhal inflammation of the mucous membranes of the upper respiratory tract and eye conjunctiva. Fever in 17/64.7% of patients ranged from 38.6-39.2 °C. 9/35.3% increased to 38.0-38.5 °C. Intoxication syndrome was characterized in all patients by decreased appetite, weakness 76.4%, sleep disturbances (75.3%), malaise and headache (70.3%), lethargy, and crying in 92%. Catarrhal syndrome was noted in 100% of patients and was characterized by a dry cough, nasal congestion, moderate mucosal discharge

from the nasal passages, and minor conjunctivitis. The sick child's face acquired a characteristic appearance - puffy, with swollen eyelids and "red" eyes; they developed photophobia and tearfulness, and subsequently, the cough became more persistent and barking. Moderate hyperemia of the oral mucosa (100%) and enanthem in the soft palate in the form of large dark red spots (22.2%) were identified. In 7/26.5% of sick children, a disorder of the gastrointestinal tract (frequent liquid stool without pathological impurities) was identified due to the infection of the intestinal mucosa with the measles virus. In 18/67.6% of cases, Belsky-Filatov-Koplik spots were identified (a pathognomonic symptom that allows for the diagnosis of measles in the early stages of the disease).

The eruption period began on average on the 2nd day after the onset of the disease and was characterized by the appearance of an exanthem against the background of a highly pronounced fever, intoxication, and catarrhal syndrome. Fever syndrome: body temperature in 2/3 of patients was febrile, and in 1/3 - subfebrile. As a rule, the appearance of the rash was accompanied by a new increase in body temperature. The intoxication syndrome was most pronounced in the first two days of the rash period and was characterized by lethargy, patient idleness, and refusal to eat or drink. 7/26.5% of children exhibited nausea and single vomiting. Catarrhal syndrome manifested in all patients with cough, conjunctivitis, and rhinitis. Frequent, persistent, and sometimes agonizing coughs; in 32.4%, the cough was barking with a hoarse voice. During the first 1-2 days of the eruption period, Belsky-Filatov-Koplik spots, spotted enanthem, and desquamation of the gingiva mucosal epithelium persisted. Exanthem syndrome had characteristic features, the most important of which is the stage-by-stage spread of the rash (pathognomonic measles symptom). The first elements of the rash appeared on the nose and face in 88.2% of patients, and behind the ears in 11.8%. Within the first 24 hours, the rash spread to the face, neck, upper chest, and shoulders. Subsequently, on the 2nd day of the eruption period, the rash completely covered the body

and spread to the proximal parts of the arms, and by the 3rd-4th day, to the distal parts of the arms and lower extremities. The pigmentation period began as early as the 3rd day of the rash period and occurred in stages (pathognomonic symptom) in the same order as the rash appeared. The rash elements in measles patients began to darken and turn brown due to the formation of hemosiderin. The pigmented rash did not disappear when the skin was pressed and stretched; in 5/14.7%, the pigmentation ended in a slight, bran-like peeling of the skin. The stages of rash appearance and its transition into pigmentation determined the nature of the exanthem on the 3-4th day of the rash period: on the face and upper part of the body, the rash acquired a reddish-blue tint with individual pigmented elements, while on the hands and especially the legs, the rash was still bright with pronounced papularity. With a smooth course of the disease, the condition of 86% of sick children became satisfactory, body temperature normalized, appetite and sleep were restored. A non-smooth course of measles was identified in 14% of sick children. Complications (obstructive bronchitis, stenosing laryngotracheitis, acute left-sided lower lobar pneumonia, lacunar tonsillitis, etc.) and exacerbations of concomitant somatic diseases were the reasons for the unfavorable course of the disease. Children suffering from measles received comprehensive treatment. Throughout the entire fever period and during the first two days after the body temperature normalized, bed rest was prescribed. Great attention was paid to the patient's hygienic condition. The diet was prescribed taking into account the child's age, the severity and duration of the disease, and the presence of comorbidities. In the acute period of the disease, milk-plant food, mechanically and chemically gentle, enriched with vitamins, as well as plenty of drinking water. Pathogenetic and symptomatic therapy included antipyretic, expectorant, and desensitizing agents. Antibiotics (cefotaksim, ceftriakson, azithromycin) were prescribed based on indications.

Conclusions. In the children we observed, measles occurred in most cases. 94.4% in the

typical moderate form. At the same time, in patients who received normal donor human immunoglobulin during the incubation period (5.6%), an atypical (mitigated) mild form of the disease was recorded. The typical moderate form of measles was characterized by a cyclic course with alternating classic periods and the presence of characteristic clinical syndromes of the disease. Pathognomonic symptoms for measles were identified: Belsky-Filatov-Koplik spots (67.7%), stage eruption (100%), and stage pigmentation (100%). Modern comprehensive therapy for children with measles in early childhood, combined with antioxidants (vitamins C and E), has significantly reduced the severity of complications, the frequency of the disease's unstable course, and prevented the superposition of acute respiratory viral infections.

References:

1. National Clinical Protocols on the Nosology of "Measles" of the Republic of Uzbekistan 2025.
2. Measles. Information bulletin. March 2017. [Electronic resource] // World Health Organization. - Access mode: <http://www.who.int/mediacentre/factsheets/fs286/ru/> accessed 22.10.2018).
3. Mazankova, L.N. Measles in children and adults at the elimination stage: a study guide / L.N. Mazankova, N.M. Belyayeva, S.G. Gorbunov, et al. - M.: MEDpress-inform, 2018. - 72 p.
4. Timchenko, B.H. Civilization Diseases (measles, VEB-mononucleosis) in Pediatrician Practice: A Guide for Doctors / V.N. Timchenko, S.A. Khmylevskaya. - St. Petersburg: Special Literature, 2017. - 527 p.
5. Palamara, M.A. Measles outbreak from February to August 2017 in Messina, Italy / M.A. Palamara, G. Visalli, I. Picerno et al. // J Prev Med Hyg, 2018. - N 59(1). -P. 8-13.