



## THE CHARACTER AND FREQUENCY OF COMPLICATIONS IN PATIENTS WITH CRONIC TOXOPLASMOSIS

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### ✓ Resume

90 patients with chronic toxoplasmosis were observed. 24 men (27.0%) and women 66 (73.0%) were examined. It was found that the frequency of pathology of the vision organs (weakening and loss of vision) and psychoneurotic symptoms (psychosis, encephalopathy, craniokalsinats) were increasing with duration of the disease. The frequency of detection of various reproductive system disorders in women with chronic toxoplasmosis are also increase with duration of the disease.

**Keywords:** chronic toxoplasmosis, visual organs, reproductive system.

## ХАРАКТЕР И ЧАСТОТА ОСЛОЖНЕНИЙ У БОЛЬНЫХ ХРОНИЧЕСКИМ ТОКСОПЛАЗМОЗОМ

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### ✓ Резюме

90 пациентов с хроническим токсоплазмозом были обследованы. 24(27,0%) пациентов составляют мужчины, 66(73,0%) женщины. У пациентов с хроническим токсоплазмозом больше проявляется органов зрения (снижения и ли потеря зрения)и психоневрологическая симптоматика (психозы, энцефалопатия, краниокальцинаты) с увеличением продолжительности заболевания. А у больных женщин с увеличением продолжительности жизни болезни увеличивается частота регистрации осложнений со стороны репродуктивной системы.

**Ключевые слова:** хронический токсоплазмоз, зрительные органы, репродуктивная система.

## СУРУНКАЛИ ТОКСОПЛАЗМОЗ БЕМОРЛАРДА АСОРАТЛАР ЧАСТОТАСИ ВА ХАРАКТЕРИ

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### ✓ Резюме

96 нафар сурункали токсоплазмоз таиҳиси қўйилган беморлар таҳлилий текиширув остида бўлдилар. Беморларнинг 24 (27,0%) нафарини эркаклар, 66 (73%) нафарини эса аёллар таиҳил этди. Сурункали токсоплазмоз таиҳиси қўйилган беморларда касалликнинг давомийлиги охиши билан кўриш аъзолари (куришининг пасайиши ёки йуцолиши) ва психопервологик симптоматика (психозлар, энцефалопатия, краниокальцинатлар) кўпроқ намоён булади. Бемор аёлларда эса касалликнинг давомийлиги охиши билан репродуктив тизим томонидан асоратлар қайд этилиши частотаси ошади.

**Калит сўзлар:** сурункали токсоплазмоз, кўриш аъзолари, репродуктив тизим.



## Relevance

Toxoplasmosis plays an important role in obstetric and gynecological pathology: the incidence of acute infection markers (IgM-antibodies) in the group of women with obstetric and gynecological pathology (9.2%) is 4 times higher than in alternative groups of blood donors (women) and women with normal pregnancies. 6 and 9.2 times higher [1,4,6,7]. Therefore, in a significant percentage of cases of obstetric and gynecological pathology, the presence of IgM antibodies-markers of acute toxoplasmosis or exacerbation of chronic toxoplasmosis should be considered as an indicator of the appointment of prophylactic and remedial measures in relation to this group [1,3,5]. Toxoplasmosis is a lesion of the visual organs in women and men in more than 45% of cases, urogenital pathology in more than 50% of cases, and in more than 40%; may cause impaired reproductive function in cases [2,8,9,10].

**The purpose of the study.** To study the nature and frequency of various complications in patients with chronic toxoplasmosis.

## Materials and methods

The study to identify patients with toxoplasmosis was conducted in the clinical laboratory of the Bukhara Regional Infectious Diseases Hospital and the Regional Diagnostic Center for 2017-2020. More than 96 patients with chronic toxoplasmosis were examined. Of the examined patients, 29 (27.0%) were men and 66 (73.0%) were women. The diagnosis of chronic toxoplasmosis is based on the clinical picture of the period of exacerbation, the exclusion of other syndromes, similar diseases, the detection of specific IgG antibodies to toxoplasmosis detected by IFA-analysis. In the diagnosis of chronic toxoplasmosis, D.N. The classification proposed by Kazantsev was taken into account [3,5,8]. In doing so, we used the following research methods: "Clinical and laboratory (general examination of patients, analysis of whole blood, urine, feces);

"Biochemical (total bilirubin level and its fractions, serum transaminases, protein sediment tests)"; Immunological. To diagnose chronic toxoplasmosis, T. Determination of the quantity and quality of IgG antibodies to gondii ("Vector-Best", Novosibirsk, Russia). A pair of whey was examined. The results of the study were evaluated on the following parameters:

titer > 0.750 ± 15% positive IgG was considered antitoxoplasmosis;

titer < 0.750 + 15% negative IgG was considered antitoxoplasmosis.

The statistical results include the determination of the average size of absolute values (M), their standard deviations (O), errors of average absolute magnitude (t), reliability of differences of comparative absolute values (R), taking into account the criteria of formulas for absolute symbols using Excel developed by the method of variational statistics.

## Results and analysis

Applicants were referred by various treatment and prevention facilities (ophthalmology - 16 (16.6%) patients, gynecological and urology - 29 (31.1%), reproductive health centers - 14 (14.4%), outpatient services - 17 (17.7%), other treatment and prevention facilities, including neurological - 11 (11.1%) patients, 9 (9.1%) patients with inpatient flow. Chronic toxoplasmosis of fertile age women were included in the study because of their high risk of intrauterine infection and reproductive health disorders. All 96 patients received generally accepted treatment using the following drugs: Drugs that reduce folic acid activity and synthesis of toxoplasmosis - 1 week 1 tablet once a day, the next course of therapy after 2 weeks (if the patient is still receiving treatment, in the hospital, in the outpatient setting when leaving the hospital). In the presence of obvious inflammatory changes and pain syndrome, nonsteroidal antiviral drugs (ibuklin, ibuprofen, etc.) as well as desensitizing drugs are prescribed. The patients were also prescribed vitamins, enzymes, physiotherapy and treatment of comorbidities (when they get worse). In most cases (57,%) patients were hospitalized due to chronic process exacerbation. However, 9 (10.0%) patients were admitted on the basis of infertility, stable (more than 2 months) infertility (women). The main reasons for patients with toxoplasmosis are pathological complications of the disease, neurological symptoms, damage to muscles and lymphoid tissues, cardiovascular disorders, as well as reproductive health disorders in women (abortion, infertility, neurons in childbirth, etc.). We analyzed the frequency and nature of complications from the anamnesis data based on the duration of the disease when the examined patients arrived. It should be noted that in the group of patients with the duration of the disease from 3 to 3 to 5 years, no cases of loss of psychoses were registered. Pathological changes by these organs of vision and psychoneurological symptomatology were detected only in patients whose disease lasted from 5 to 10

years and more than 10 years. It should be noted that in pathologies of the nervous system, such as encephalopathy and craniocalcinosis, the duration of the disease is high and is reliable compared to other groups of patients. The following disorders of reproductive function have been identified in women of a certain contingent. In women with the disease lasting up to 3 years: - infertility in 3 (4.5%), - spontaneous abortion in 7 (10.6%), stillbirth in 2 (3.0%); In women lasting from 3 to 5 years: - 5 (7.5%), 9 (13.6%), (6.0%) and 4 (6.0%), and from 5 to 10 years: 7 (10.6%), 10 (14.1%), 5 (7.5%) and 5 (7.5%), respectively; in women with a disease duration of more than 10 years: 9 (13.6%), 11 (16.6%), 6 (9.0%) and 6 (9.0%), respectively.

### Conclusion

Thus, in patients with chronic toxoplasmosis with increased duration of the disease, the incidence of pathology is increased by kurit organs and psychoneurological symptoms. Also, in sick women, the frequency of complications by the reproductive system increases with increasing duration of the disease.

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