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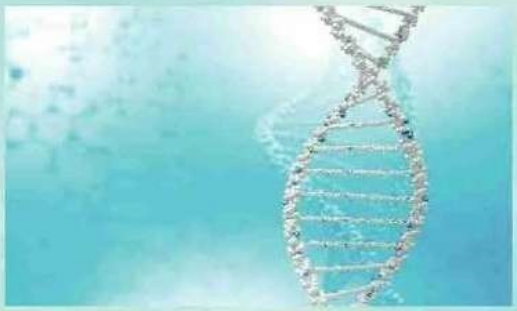

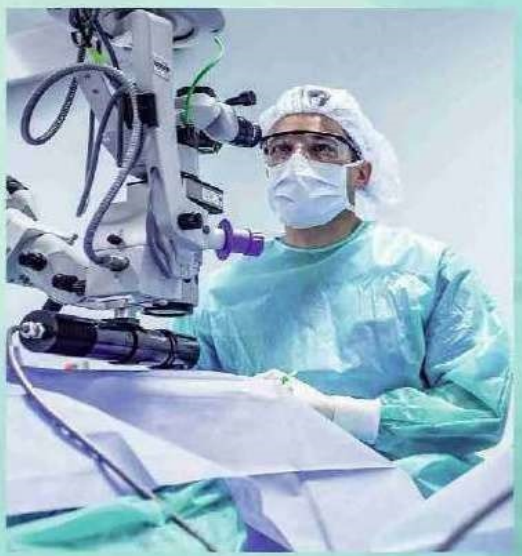

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ТИББИЁТДА ЯНГИ КУН
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NEW DAY IN MEDICINE

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THE IMPORTANCE OF DIFFERENTIAL DIAGNOSTICS IN THE TREATMENT OF PATIENTS WITH COVID-19.

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✓ ***Resume***

Coronavirus infection – is an acute infectious disease caused by a new strain of SARSCoV-2 coronavirus with an aerosol droplet and a home transmission mechanism. Like many researchers, we also studied the features of the course of COVID-19, and decided to analyze in detail one patient in a clinical situation. in our study, we followed all clinical guidelines for diagnosis and treatment protocols, prescribed drugs as recommended Temporary guidelines for the management of patients infected with COVID-19. As a result, the patient after treatment was discharged from the hospital satisfactorily.

Key words: COVID-19, immunology, PCR test, treatment, antiviral therapy.

COVID -19 BO'LGAN BEMORLARNI DAVOLASHDA DIFFERENTSIAL DIGNOSTIKANING AHAMIYATI

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✓ ***Rezyume***

Koronavirus infektsiyasi - bu SARSCoV-2 koronavirusining yangi shtammidan kelib chiqqan aerozol tomchisi va uy orqali yuqtirish mexanizmi bo'lgan o'tkir yuqumli kasallik. Ko'pgina tadqiqotchilar singari, biz ham COVID-19 kursining xususiyatlarini o'rganib chiqdik va klinik vaziyatda bitta bemorni batafsil tahlil qilishga qaror qildik. tadqiqotimizda biz diagnostika va davolash protokollari bo‘yicha barcha klinik ko‘rsatmalarga amal qildik, tavsiya etilgan dori-darmonlarni qabul qildik. COVID-19 bilan kasallangan bemorlarni boshqarish bo‘yicha vaqtinchalik ko‘rsatmalar. Natijada, davolanishdan so'ng bemor qoniqarli tarzda shifoxonadan chiqarildi.

Kalit so'zlar: COVID-19, immunologiya, PCR testi, davolash, virusga qarshi terapiya.

ЗНАЧЕНИЕ ДИФФЕРЕНЦИАЛЬНОЙ ДИАГНОСТИКИ В ЛЕЧЕНИИ БОЛЬНЫХ С COVID-19

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✓ ***Резюме***

Коронавирусная инфекция – острое инфекционное заболевание, вызываемое новым штаммом коронавируса SARSCoV-2 с аэрозольно-капельным и бытовым механизмом передачи. Как и многие исследователи, мы также изучали особенности течения COVID-19 и решили подробно разобрать одного пациента в клинической ситуации. в нашем исследовании мы следовали всем клиническим руководствам по диагностике и протоколам лечения, назначали препараты в соответствии с рекомендациями Временных руководств по ведению пациентов, инфицированных COVID-19. В результате больная после проведенного лечения выписана из стационара в удовлетворительном состоянии.

Ключевые слова: COVID-19, иммунология, ПЦР-тест, лечение, противовирусная терапия.

Relevance

In modern reality, during the COVID-19 pandemic, the issue of differential diagnosis of respiratory diseases manifested by the radiological symptom of "frosted glass" has acquired particular relevance. At the end of 2019, an outbreak of a new coronavirus infection occurred in the People's Republic of China with an epicenter in the city of Wuhan (Hubei province). On February 11, 2020, the World Health Organization assigned the official name of the infection caused by the new coronavirus - COVID-19 (Coronavirus disease 2019). On February 11, 2020, the International Committee on Virus Taxonomy gave the official name to the causative agent of the infection - SARS-CoV-2 [1,8,11].

Coronavirus infection (COVID-19) is an acute infectious disease caused by a new strain of the SARS CoV-2 coronavirus with an aerosol droplet and contact-household transmission mechanism. Pathogenetically, COVID-19t is characterized by viremia, local and systemic immune-inflammatory processes, endotheliopathy, hyperactivity of the coagulation cascade, which can lead to the development of micro-macrothrombosis and hypoxia. Clinically proceeds from asymptomatic to manifest forms with intoxication, fever, predominant lung damage and extrapulmonary lesions of various organs and systems (vascular endothelium, heart, kidneys, liver, pancreas, intestines, prostate, central and peripheral nervous systems) with a high risk of development complications (acute respiratory distress syndrome (ARDS), acute respiratory failure (ARF), pulmonary thromboembolism (PE), sepsis, shock, multiple organ failure syndrome (MOFS) [6,13].

The pathophysiology of COVID-19 is not fully understood. Organs such as the lungs, heart, esophagus, kidneys, bladder, and small intestine were more vulnerable to SARS CoV-2, probably due to the expression of ACE-2 receptors on the cells of these organs [2,7].

The viral lung disease caused by SARS CoV-2 is usually interpreted as a specific "COVID-19 - associated pneumonia" (abbreviated COVID-19 pneumonia).

The severity and severity of the clinical manifestations of COVID-19 depends on the properties of the virus (the type of strain that infects the dose of the virus) on the one hand and the individual characteristics of the macroorganism on the other (race, age, sex, strength of the immune response, the presence of concomitant diseases, risk factors, etc., When infected with strain B.1.1.7.), there is a higher risk of hospitalization, severe morbidity and mortality. [9,10].

Using a panel of laboratory tests to diagnose inflammation, hypercoagulability, and organ damage (CRP, ferritin, D-dimer, cardiac enzymes, liver enzymes, and creatinine) can aid in the early detection and treatment of multisystem inflammatory syndrome (MIS) [3,5].

Secondary infection is a re-illness of persons who have been in contact with the primary case, who develop a disease as a result of exposure [4,12].

Secondary infection (re-infection) is verified with a positive PCR diagnosis at least 12 weeks after the transferred COVID-19, the normalization of clinical laboratory and radiological/CT parameters, in the presence of IgG immunoglobulins, after a thorough epidemiological investigation and the decision of the council [14].

Description of the clinical case

Extract from the case history No. 237. Man R.B., born on 10.10.1954, with a diagnosis: main: primary COVID-19. Complications: community-acquired pneumonia, moderate, respiratory failure of the II degree. Comorbidities: Hypertension stage 2, Arterial hypertension I, Risk 3 (high). Mild anemia.

Life history: no history of bronchopulmonary diseases. There are no allergic reactions to drugs, food, household dust and chemicals. Bad habits: over the past 3 years, smokes daily 1-2 times a day, before that he smoked about 1 pack of cigarettes a day.

Medical history: complaints on admission to fever, weakness, sweating, cough, loss of appetite. According to the patient, 14 days ago, there was contact with a friend who had a fever, and for the last 6 days - an increase in body temperature (the highest indicator is 37.9C0), general weakness, malaise, loss of appetite, cough (rare dry with a small amount of hard-to-remove phlegm), sweating (severe), myalgia and body aches, headache, sore throat, anosmia (loss of smell) and ageusia (loss of taste). According to the patient at home, he independently received Cefazolin 1.0 g, Ascorbic acid 6 ml, Paracetamol 500 mg, Azithromycin tablets 500 mg, hydroxychlorin 250 mg. However, the last above symptoms increased and then he turned to the Khatirchi distribution center at the Khatirchi regional medical association named after Ibn Sina (Navoi region, Uzbekistan), he was hospitalized in a distribution center, where he received antiviral, antiplatelet, vitamin therapy, hormone therapy and symptomatic therapy. The condition has improved.

Objectively: General condition at the time of examination is closer to satisfactory, moderate. Position: active. The skin and mucous membranes are pale, of moderate humidity; elasticity and turgor are within normal limits. Temperature 37.2. Edema: no peripheral edema is observed. The type of constitution is normosthenic, from the musculoskeletal system without pronounced deviations. Pharynx: moderately hyperemic, mainly along the posterior wall. The chest is of the correct shape, the excursion is symmetrical, of sufficient physiological depth. Respiration rate 26 per minute. Fremitus vocalis is reduced, with percussion - percutaneous sound with a boxy tinge. With auscultation, hard breathing is determined which is carried out in all departments, with forced exhalation, single dry, scattered rales that decrease after coughing. Heart sounds are rhythmic, muffled, quickened. HELL 140/90 mm Hg Pulse 107 beats per minute, Rhythmic, rapid, satisfactory filling and tension. Tongue: Moist, midline thickly coated with off-white bloom. The abdomen is soft and painless. Stool: according to the patient, normal. On external examination, the kidney area is not changed. Urination is painless, free. Consciousness is clear, orientation is not disturbed, and contact is preserved.

Complete blood count: Hb - 102 g / l, erythrocytes - 3.9 million, leukocytes - 4.2 thousand, stab - 3%, segmented - 69%, lymphocytes - 28%, ESR - 17 mm / h, clotting time - 306-338 minutes. General urine analysis: quantity - 100 ml, color - bright yellow, transparency - transparent, protein - abs, glucose - abs, bilirubin - abs, epithelium - 0-1 / 1, leukocytlar - 0-2 / 1.

Biochemical blood test: total protein - 62.7 g / l, total bilirubin - 15.4 mmol / l, direct - neg, indirect - 15.45 mmol / l, ALAT - 57.0 units / l, AST - 28, 0 U / L, Creatinine - 74.8 μmol / L, Urea - 7.0 mmol / L, Glucose - 4.7 mmol / L, CRP - 24 mg. Electrocardiogram : sinus rhythm, heart rate - 130 beats / minute, horizontal EOS, metabolic and dystrophic changes in the myocardium.

Also, complex immunological studies were carried out to detect early laboratory signs of a cytokine storm: IL-2 - 14.1 pg / ml, IL-6 - 82.2 pg / ml, TNFα - 127.4 pg / ml, CRP - 48ml / L, ferritin - 338 μg / ml, D-dimer - 16.4 μg / ml, leukocytes - 3.0x109 / l, abs lymphocytes - - 1.0x109 / l /, platelets - 196x109 / l.

PCR test obtained when taking a swab from the nasopharynx (from two nasal passages) and oropharynx: SARS-COV-2 - positive.

Based on the data of the anamnesis, clinical observation and examination, the diagnosis was made: Primary: primary COVID-19. Complications: community-acquired pneumonia, moderate, respiratory failure of the II degree. Concomitant pathology: Hypertension stage 2, Arterial hypertension I, Risk 3 (high). Mild anemia.

The patient received the following treatment: antiviral (Tab. Favipiravir 200 mg, 1-day - 1600 mg x 2 times, from 2-day 600 mg x 2 times per os), anticoagulant (Heparin 5000 IU, 1 ml x 4 times under the skin), hormone therapy (Dexamethasone 2 ml x 1 time i / m), vitamin therapy (Vitamin C 5% - 10 ml x 1 time i / v, Novatsink 1 capsule x 1 time per os, Vitamin D3 2 tablet x 2 times per os), symptomatic therapy (Cap. Omeprazole 20 mg 1 capsule x 2 times per os, Verospiron 25 mg 1 tablet x 1 time per os), humidified oxygen 5 liters per hour.

After complex treatment in the hospital, the general condition of the patient showed positive dynamics. Decreased symptoms noted on admission, the patient felt satisfactory. After 7 days of hospitalization and treatment, the patient was voluntarily discharged from the distribution center. The patient is recommended the following prescriptions on an outpatient basis: diet, breathing exercises, drinking plenty of fluids; collecting rose hips for drinking; tab. Cardiomagnil 75 mg 1 tablet in the evening for a long time, tab. Verospiron 25 mg 1 tablet on an empty stomach for 10 days; observation of a cardiologist, therapist every 3-6 months.

At the time of discharge, the SARS-COV-2 PCR test was negative.

Conclusion

Thus, in the context of the COVID-19 pandemic, with a lack of knowledge about all the manifestations and consequences of the virus, increased alertness of doctors to the detection of viral COVID-associated pneumonia and due to the clinical and morphological pathomorphism of already well-studied respiratory diseases, cases of overdiagnosis of the viral COVID-associated pneumonia. This naturally leads to lengthening the time frame for establishing a true diagnosis, unreasonable therapy and an unfavorable outcome of the disease. Initial errors in establishing the diagnosis may be due to the lack of a thorough collection of life history, inadequacy of laboratory and instrumental studies and the course of the present disease, underestimation of clinical and radiological data and the lack of etiological

and / or morphological verification of the diagnosis. As described in the clinical example, the patient felt well after complex therapy and was discharged from the hospital with excellent dynamics.

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