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CLINICAL-EPIDEMIOLOGICAL FEATURES OF ACUTE DIARRHEAL DISEASES CAUSED BY THE CAUSATIVE AGENT OF LYAMBLIOSIS

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ABSTRACT

The article studied the clinical-epidemiological features of acute diarrheal diseases caused by the causative agent of lyambliosis.

KEYWORDS: Disease, Health, Healthy Lifestyle, Medicine, Medical Culture.

INTRODUCTION

Adherence to a healthy lifestyle applies to all people without exception: both healthy and those with certain health impairments. A person himself can strengthen his health by following a healthy lifestyle, but as the body grows and ages, the necessary actions increase. Unfortunately, health, as an important vital need to achieve one or another goal, is realized by a person when old age becomes an intimate reality. The value of any action is determined by the importance of the goal, the likelihood of achieving it and Tatarstan. A person's behavior or lifestyle depends on the biological and social needs to be satisfied (e.g., satisfying hunger and thirst, completing a job assignment, resting, starting a family, raising children and hok). It is known that the diseases of a modern person, first of all, depend on his lifestyle and daily behavior. Currently, a healthy lifestyle is the basis of disease prevention.

MAIN PART

A sample of 2,159 patients with acute diarrheal disease who applied to the Fergana regional infectious diseases hospital showed that adults accounted for 5% of 106 and children under 14 accounted for 95% of 2,053. The rural population was 859, 39.7%, and the urban population was 1,300, 60.3%. Of those who applied, 759 organized teams, 1,400 organized teams. In an analysis of the etiological cases of those who have been diagnosed with acute diarrheal disease in the hospital, it has been shown that the causative agents of acute diarrheal disease are currently among children under 14 years of age, salmonellosis triggers 102 4.7%, intestinal triggers 11 0.5%, diarrheal diseases called by alimentary factors 1149 53.2%, OEDK-etiology unknown infections 709 (32.9%), OEDK-etiology known infections 158 7.3%, the lyambliosis triggers were 30 of 1.4%.

We set ourselves the goal of studying the clinical-epidemiological features of acute diarrheal diseases caused by the causative agent of lyambliosis. Of the 30 cases of lyambliosis diagnosed in total, 17 were young children and 13 were adults. When the transmission routes of acute diarrheal diseases caused by the causative agent of lyambliosis were analyzed, the following

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condition was found: 14 by domestic communication (46.6%), 10 by water (33.3%), and 6 by food (20%) were found to be higher among the urban population when the distribution of the disease by God was studied. This in its turn indicates a greater spread of the disease through domestic communication among the inhabitants of the city.

When inpatient hospitalization periods were studied, it was found that 7 of the identified patients were admitted on the 3rd day of the disease, 13 on the 4-5th day of the disease, 10 patients on the 6-7th day of the disease. Cases of dyspeptic symptoms and signs of gastrointestinal damage were found in the identified patients. Together with this, cases of dyskinesia of the biliary tract and admixture of inflammatory signs of the biliary tract were studied in acute diarrheal diseases caused by the causative agent of lyambliosis.

From the above it became known that:

- Cases of acute diarrheal diseases caused by the causative agent lyambliosis have been found to be more common among urban residents;

- The fact that not always the disease of lyambliosis is suspected, as a result of the late referral of patients to the hospital, provokes treatment in timely, premature identification of patients.

Giardia is the simplest microscopic unicellular parasite from the class of flagellates. In the human intestine, it can be in two forms – vegetative and spore. Giardia multiply by division and double in number every 10-12 hours [1, 34]. The habitat of vegetative forms is the upper part of the small intestine. The cysts are immobile, have an oval shape and are protected by a capsule. In this form, giardia exists in the colon, as well as in the external environment. So they can remain viable for a long time.

The main causes of giardiasis are the ingestion of cysts into the human body. This happens when eating unwashed vegetables and fruits, violations of hygiene rules, the use of unboiled water[2, 34]. This transmission pathway is called fecal-oral, since the source of the spread of giardiasis pathogens is an infected person who secretes cysts together with feces. Also, the carriers of giardiasis can be pets, and the carriers are flies and cockroaches.

The provoking factors may be crowding of people, living in a polluted environment, poor condition of water supply and sewerage systems, non-compliance with sanitary and hygienic rules[3, 12]. Predisposition to the disease was detected in children under the age of 10 years, in people with hypotrophy or dystrophy, congenital defects of the biliary tract, diseases of the stomach and intestines with a reduced level of acidity, as well as in dieters with too low protein content.

CLASSIFICATION

Signs of giardiasis may be invisible in a quarter of all cases. This condition is called asymptomatic carrier. At the same time, the person himself is not ill, but he becomes a source of infection for others.

In half of all patients with giardiasis, the disease proceeds subclinically. They also have no symptoms and do not consider themselves infected. Only diagnostics helps to identify the disease here.

And only in the remaining percentage of patients, the disease has pronounced symptoms that can occur acutely, subacutely or chronically.

SYMPTOMS

Giardiasis often has erased symptoms and proceeds without pronounced clinical manifestations. In the typical form of the disease, the first symptoms begin to appear after the end of the incubation period, which lasts from 1 to 3 weeks, and at this time the disease has no manifestations.

In young children, a mushy stool is observed. The duration of the acute phase of the disease is 5-7 days, after which either recovery or the transition of the infection into a subacute chronic course occurs.

The hepatobiliary variant of giardiasis in women and men is manifested by pain in the liver and digestive disorders[4].

Skin manifestations can be very different and include pallor, the appearance of jaundice, dryness and peeling, allergic small rash. Stomatitis can develop in the mouth, and jams or cracks appear in the corners of the mouth. The intoxication syndrome in giardiasis depends on how many cysts have entered the body, as well as on the duration and severity of the disease[1, 56]. Patients may complain of headaches, dizziness, sleep disorders, decreased performance, irritability, emotional lability. Children may have tics, hyperkinesis, fainting.

DIAGNOSTICS

Analysis for giardiasis is the only reliable way to detect the disease, since it often proceeds without symptoms and has no specific manifestations.

The main list of tests for the diagnosis of giardiasis includes:

Antigenic test for giardia, to detect them in the feces by the IHA (immunochromatographic) method. It helps to identify acute or chronic forms of giardiasis, asymptomatic carriers, and is also an effective method of evaluating treatment.

• Determination of antibodies of classes A, M, G (IgM, IgA, IgG) to giardia in the blood by ELISA (enzyme immunoassay) for timely detection of infection.

• Rapid examination of feces for antigens to giardia, amoebas, cryptosporidia, which helps to diagnose parasitic diseases that occur without vivid symptoms.

• Microscopic method of fecal examination for protozoa and helminth eggs.

• Analysis of feces for carbohydrates, which is prescribed for diseases of the small intestine with suspected infection with giardia.

All other tests and studies for giardiasis are considered non-specific and are prescribed according to indications [1]. These can be blood tests, urine, gastroscopy or ultrasound of the abdominal cavity.

TREATMENT

Giardiasis requires complex treatment. Therapy of uncomplicated forms is carried out on an outpatient basis. When confirming the diagnosis, one of the anti-gibliosis drugs is prescribed,

which must be combined with the intake of choleretics, as well as drugs that improve the intestinal microflora.

REFERENCES:

- 1. S.Karimov. Fundamentals of medical knowledge. Text of lectures. Tashkent, 2019.
- 2. J.Toirov. Valeology. Text of lectures. Tashkent, 2016.
- **3.** Zueva L.P. Epidemiology. St. Petersburg. 2006.
- 4. Elkin I.I. Epidemology. Moscow, 1989.