вого шторма, был увеличен значительно и прямо коррелировал с кожными проявлениями.

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KORONAVIRUS INFEKTSIONLI BEMORLARDA KASALLIKNING KLINIK KO'RINISHLARI

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XULOSA

*Maqsad.*Koronavirusli infeksiya tashxisi tasdiqlangan bemorda kasallanishning og 'irlik darajalarini uchrash chastotasi va kasallik kechishining og'irlik darajasiga ta sir qiluvchi omillar o 'rganish.

***Material va metodlar.**Kuzatuv* davomida Respublika Maxsus 2-son Zangiota shifoxonasida 2020-yil avgust-dekabr oylarida koronavirusli infeksiya tashxisi bilan davolangan bemor orasidan 311 nafarining kasallik tarixi hujjatlari olindi hamda retrospektiv usulda o 'rganildi. Bemorlarda kasallik kechishining og 'irlik darajasini baholashda klinik, laborator va instrumental tahlil usullari qo 'llanilgan. 311 nafar bemorning 173 (55,6%) nafari ayol, 138 (44,4%) nafari erkak bo'lib chiqdi. Bemorlarning o 'rtacha yoshi 49,5 ga teng. Bemor laming 53 nafari yondosh kasalliklar (qon-tomir tizimi kasalliklari, qandli diabet, o 'pkaning surunkali kasalliklari, o'sma kasalliklari, buyrakning surunkali kasalliklari, semirish) bilan og'riganligi aniqlandi,103 nafar bemorda zararli odat - tamaki chekishi qayd qilindi. Bemorlarning barchasida Covid-19 tashxisipolimer zanjir reaksiyalari (PZR) tahlili orqali tasdiqlangan. Barcha bemorlar kasallik kechishining og'irlik darajasiga qarab 4 guruhga bo lindi.

Natija.Olib borilgan tahlil asosida shu ma'him bo 'ldiki, dastlabki tashxisot vaqtida kasallik I guruh - 68 nafar (21,9%) bemorda simptomsiz, II guruh - 183 nafar (58,8%) bemorda yengil, III guruh -57 nafar (18,3%) bemorda o 'rta og 'ir hamda IVguruh - 3 nafar (1%) bemorda og'ir shaklda kechganligi aniqlandi. Yondosh kasalliklari bor bemorlar I guruhda 4 nafarni (5,9%), II guruhda 21 nafarni (11,5%), III guruhda 25 nafarni (43,9%) hamda IV guruhda 3 nafarni (100%) tashkil etdi. Zararli odatlari mavjud bemorlar I guruhda 11 nafarni (16,2%), II guruhda 67nafarni (36,6%), III guruhda 23 nafarni (40,4%) hamda IV guruhda 2 nafarni (66,7%) tashkil etdi.

Xulosa.Tadqiqotlar shuni ko'rsatdiki, koronavirusli infeksiya bi lan og 'rigan bemorlar orasida kasallikning yengil kechishi ko 'proq kuzatilgan. Kasallik kechishining og'irlik darajasiga yondosh kasalliklarning hamda zararli odatlar mavjudligi salbiy ta sir ko 'rsatgan. Kasallikning simptomsiz kechadigan turi bilan og'rigan bemorlar shifokorga murojaat qilmasligi tufayli kasallikning tarqalish zanjirida faol ishtirokchi bo 'lib hisoblanadi.

*Kalit so'zlar:*koronavinisli infeksiya, og 'ir kechivchi o 'tkir respirator sindrom

РЕЗЮМЕ

Цель: Изучить степень тяжести заболевания у пациента с диагностированной коронавирусной инфекцией, частоту возникновения и факторы, влияющие на тяжесть заболевания.

Материалы и методы. В ходе наблюдения использована ретроспективная база данных пациентов, пролеченных с диагнозом "Коронавирусная инфекция" в период

август-декабрь 2020 года в Республиканской Специализированной Больнице Зангиота №2. Для оценки степени тяжести заболевания у пациентов использовались клинические, лабораторные и инструментальные методы анализа. Из 311 пациентов 173 (55,6%) составляли женщины и 138 (44,4%) мужчины. Средний возраст пациентов - 49,5 лет. У 53 пациентов были диагностированы сопутствующие заболевания (сердечно-сосудистые заболевания, сахарный диабет, хронические заболевания легких, рак, хроническое заболевание почек, ожирение), 103 пациента имели вредную привычку - курение. У всех пациентов диагноз Covid-19 был подтвержден анализом полимерных цепных реакций (ПЦР). Все пациенты были разделены на 4 группы по степене тяжести болезны.

Результат.На основании анализа установлено, что на момент постановки первичного диагноза заболевание протекало бессимптомно в I группе - 68 (21,9%) пациентов, легкое во II группе - у 183 (58,8%) пациентов, среднетяжелая в IIIгруппе у 57 (18,3%) пациентов и тяжелое IV группе у 3 (1%) -

пациентов. Пациенты с сопутствующими заболеваниями 4 (5,9%) в Iгрупне, 21 (11,5%) во II группе, 25 (43,9%) в III группе и 3 (100%) в IVгруппе. Больные с вредными привычками составили 11 (16,2%) человек в группе I, 67 (36,6%) человек во II группе, 23 (40,4%) человека в группе IIIи 2 (66,7%) человека в группе IV.

*Выводы.*Клинический анализ показал, что у пациентов с коронавирусной инфекцией чаще встречается легкое течения заболевания. На тяжесть заболевания негативно повлияло наличие сопутствующих заболеваний и вредных привычек. Больные с бессимптомными формами заболевания считаются активными участниками цепи передачи заболевания, поскольку они не обращаются к врачу.

Ключевые слова: коронавирусная инфекция, тяжелый острый респираторный синдром

ABSTRACT

The aim of the study was to study the severity of the disease in a patient diagnosed with coronavirus infection, the incidence and factors influencing the severity of the disease.

Materials and methods.During the observation, a retrospective database of patients treated with a diagnosis of Coronavirus infection was used in the period August-December 2020 at the Republican Specialized Hospital of Zangiota №2. Clinical, laboratory> and instrumental methods of analysis were used to assess the severity> of the disease in patients. Of the 311 patients, 173 (55.6%) were women and 138 (44.4%) were men. The average age of patients is

49.5 years. 53 patients were diagnosed with concomitant diseases (cardiovascular diseases, diabetes mellitus, chronic lung diseases, cancer, chronic kidney disease, obesity), 103 patients had a bad habit - smoking. In all patients, the diagnosis of Covid-19 was confirmed by polymer chain reaction (PCR) analysis. All patients were divided into 4 groups according to the severity of the disease.

Results.Based on the analysis, it was found that at the time of the initial diagnosis, the disease was asymptomatic in group I - 68 (21.9%) patients, lung in group II - in 183 (58.8%) patients, moderate in group III - in 57 (18 , 3%) patients and severe group IVin 3 (1%) - patients. Patients with concomitant diseases 4 (5.9%) in group! 21 (11.5%) in groupII, 25 (43.9%) in group III and 3 (100%) in group IV. Patients with bad habits were 11 (16.2%) people in group I, 67 (36.6%) people in group II, 23 (40.4%) people in group III and 2 (66.7%) people in group group TV.

*Con elusion.*Clinical analysis showed that patients with coronavirus infection are more likely to have a mild course of the disease. The severity> of the disease adversely affected by the presence of concomitant diseases and bad habits. Patients with asymptomatic

forms of the disease are considered active participants in the chain of transmission of the disease, since they do not go to the doctor.

Keywords: *coronavirus infection, severe acute respiratory syndrome.*

Muammoning dolzarbligi. Koronaviras 2019-yil oxirlarida Xitoyda epidemiya chaqirgan qo'zg'atuvchi bo'lib, 2020-yilda boshqa davlatlarga tarqalishi tufayli pandemiya holatini yuzaga keltirdi. 2020-yil fevral oyidaButun Jahon Sog'liqni SaqlashTashkiloti (BJSST) yangi kasallikkni - COVID-19, virusni "og'ir kechivchi o'tkir respirator sindromni chaqiravchi koronavims-2" (SARS-CoV-2 - Severe acute respiratory syndrome-related coronavirus 2) deb nomlandi [1].

COVID-19 pandemiyasi o'tgan qisqa vaqt oralig'ida inson faoliyatining barcha jabxalarida ijtimoiy, iqtisodiy va siyosiy jixatdan salbiy oqibatlarga, inson omilining maxsuldorligi kamayishiga olib keldi. Bu holat kasallikning og'irlik darajasigabog'liq bo'lib, ko'p hollarda simptomsiz, yengil yoki o'rta og'ir shaklda namoyon bo'ladi. Kasallikning turlicha og'irlikda kechishi qisqa davr mobaynida yaxshi o'rganilgan bo'lishiga qaramasdan, ulaming aniq ko'rsatkichlari haligacha noma'lum [2-10]. Ba'zi bir manbalar kasallikning simptomsiz kechishi kogort usulida tahlil qilganda 30-40% uchrashi aniqlangan [10,11]. Ammo, olibborilgan tekshiruvlarda bemorlami kasallik butun davomiyligi bo'ylab tahlil qilinmaganligi, kasallik og'irlik darajasini belgilovchi saralab olingan simptomlaming o'zaro farq qilishi tufayli turli noaniqliklarga sabab bo'lgan. Kasallikning simptomlarsiz kechishiga dastlabki tashxisot vaqtida belgilaming hali shakllanib ulgurmaganligi sabab bo'lishi, simptomlaming keyinchalik yuzaga chiqishi mumkinligini nazardan chetda qoldirmaslik zarar. Ayrim mualliflaming kuzatishlari natijasiga ko ra, simptomlari o'rtacha kasallikning to'rtinchi kunda namoyon bo'lgan [12] .Koronavirasliinfeksiyani o'rta og'ir, og'ir kechishi patogenezida kuchli immun javob, endotelial disfunksiya va giperkoagulyatsion sindrom uchligi asosiy o'rinni egallashi, natijada gemostaz buzilishi, tromboz, nafas hamda poliorgan yetishmovchilikka kabi oqibatlarga olib kelishi aniqlangan. Ko'rsatilgan tibbiy yordamning keng qamrovligi, tezkorligiga qaramasdan kasallikning bemorlarda og'ir kechishi hamda o hm holatlarining kuzatilishi muammo dolzarbligini anglatadi. Shu sababli, kasallikning og'irlik darajasi o'z vaqtida to'g'ri baholanishi davo rejasining to'g'ri tanlanishiga, davolash samaradorligini oshishiga va bemor hayot sifatining yaxshilanishiga olib keladi.

Maqsad.Koronavirusli infeksiya tashxisi tasdiqlangan bemorlarda kasallanishning og'irlik darajalarini uchrash chastotasi, ularga ta'sir qiluvchi omillami o'rganish.

Materialvametodlar.KuzatuvdavomidaRespublika Maxsus 2-son Zangiota shifoxonasida 2020-yil avgust-

dekabr oylarida koronavirusli infeksiya tashxisi bilan davolangan bemor orasidan 311 nafarining kasallik tarixi hujjatlari olindi hamda retrospektiv usulda o'rganildi. Bemorlarda kasallik kechishining og'irlik darajasini baholashda klinik, laborator va instrumental tahlil usullari qo'llanilgan. 311 nafar bemoming 173 (55,6%) nafari ayol, 138 (44,4%) nafari erkak bo'lib chiqdi. Bemorlaming o'rtacha yoshi 49,5 ga teng. Bemorlaming 53 nafari yondosh kasalliklar (yurak-qon tomir tizimi kasalliklari, qandli diabet, o'pkaning surankali kasalliklari, o'sma kasalliklari, buyrakning surankali kasalliklari, semirish) bilan og'riganligi aniqlandi,103 nafar bemorda zararli odat - tamaki chekishi qayd qilindi.

Bemorlaming barchasida Covid-19 tashxisi polimer zanjir reaksiyalari (PZR) tahlili orqali tasdiqlangan.

Natijalar va muhokama.COVID-19 tashxisi bilan davolangan bemorlardan 207 nafarida (67%) isitma, 221 nafarida (71%) yo'tal, 52 nafarida (17%) hid va ta'm sezgisining o'zgarishi, 19 nafarida (6%) yutinganda og'riq, 56 nafarida (18%) terlash, 231 nafarida (74%) umumiy holsizlik, 13 nafarida (4%) bumn bitishi, 10 nafarida (3%) qusish, 69 nafarida (22%) ich ketishi, 221 nafarida (71%) bosh va tanadagi og'riq, 3 nafarida (1%) nafas yetishmovchiligi aniqlangan **(diagramma 1).**

Barcha bemorlar kasallik kechishining og'irlik darajasiga qarab 4 guruhga bo'lindi.

O'rganilgan bemorlaming I gumhi - 68 nafarida ko'rik vaqtida kasallik simptomlari aniqlanmagan bo'lib, ulaming 41 nafarini ayollar, 27 nafarini erkaklar tashkil qilgan.

Bemorlaming 53 nafari 50 yoshga yetmagan. 4-nafarida yondosh kasalliklar kuzatilgan.il nafar bemor tamaki maxsulotlari iste'mol qilgan. Guruhdagi barcha bemorlar davolanishning dastlabki kunlarda ko'krak qafasi kompyuter tomografiyasi usulida tekshirilganda ulaming 31 nafarida yallig'lanishga xos rentgenologik belgilar aniqlangan. Davolanishning
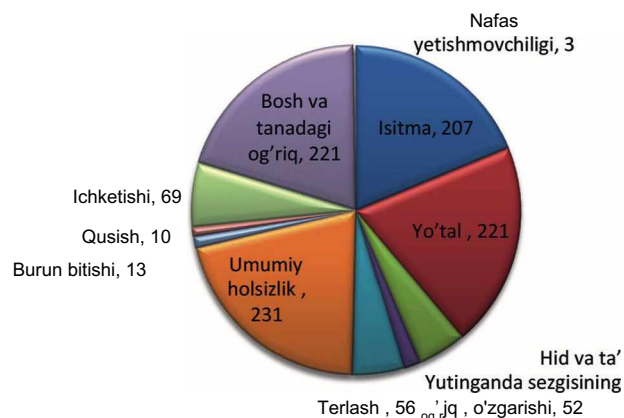

Diagramma 1. Bemorlarda aniqlangan kliniksimptomlar. Клинические симптомы, выявленные у пациентов. Clinical symptoms identified in patients.

dastlabki 10 kuni davomida ularning 47 nafarida kasallikka xos simptomlar yuzaga chiqqan bo'lib, 14 nafarida isitma, 28 nafarida yo'tal, 8 nafarida hid va ta'm sezgisining o'zgarishi, 19 nafarida yutinganda og'riq, 5 nafarida terlash kuzatilgan. 21 nafarida kasallik klinik simptomlarsiz kechgan.Davolangan 68 nafar bemorning o'rtacha davolanish muddati 13,7±0,8 kunni tashkil qilgan.

Dastlabki tashxisga ko'ra II guruh - 183 nafar bemorda kasallikyengil shaklda kechgan bo'lib, ularning 119 nafarini ayollar tashkil qilgan. 135 nafari 50 yoshga to'lmagan. 21 nafarida yondosh kasalligi aniqlangan. 67 nafar bemor tamaki maxsulotlarini kundalik iste'mol qilganligi qayd qilingan.II guruhdagi bemorlarning143 nafarida isitma, 39 nafarida terlash, 174 nafarida umumiy holsizlik, 135 nafarida yo'tal, 13 nafarida burun bitishi, 8 nafarida qusish, 67 nafarida ich ketishi,161 nafarida bosh va tanadagi og'riq, 38 nafarida ta'm va hid sezgisining buzilishi kuzatilgan. Davolangan 183 nafar bemor ko'krak qafasi kompyuter tomografiyasi xulosasiga ko'ra 109 nafarida zotiljamga xos belgilar - o'pka to'qimasining 5-20 % zararlanishi aniqlangan. Gipoksiya belgalari kuzatilmagan. Bemorlarning o'rtacha davolanish muddati 21,8±1,4 kunni tashkil qilgan. Bemorlar orasida qonning kislorodga to'yinganlik ko'rsatkichi - saturatsiya 94,4±0,7% ga teng bo'lgan.

Bemorlarning III guruhi - 57 nafarida datlabki tashxisga ko'ra kasallik o'rta og'ir shaklda kechgan bo'lib, ularning 11 nafari ayollar tashkil qilgan. 42 nafari 50 yoshdan oshgan hamda 25 nafarida yondosh kasalliklar aniqlangan. 23 nafar bemor tamaki maxsulotlari doimiy iste'mol qilib kel gan.Gu rrh a'z ola rini ng 47 naf ari da isit ma, 9 nafarida terlash,54 nafarida umumiy holsizlik, 55 nafarida yo'tal, 1 nafarida qusish, 2 nafarida ich ketishi, barchasida bosh va tanadagi og'riq, 5 nafarida ta'm va hid sezgisining buzilishi davolanishning dastlabki kunlarida kuzatilgan. Guruhdagi bemorlarning ko'krak qafasi kompyuter tomografiyasi xulosasiga ko'ra 52 nafarida zotiljamga xos belgilar - o'pka to'qimasining 25-45 % zararlanishi aniqlangan. Gipoksiya belgalari 31 nafar bemorda yuzaga kelgan, barchasi namlangan kislorod orqali

nafas olgan. Davolangan bemorlarda qonning kislorod bilan to'yinganlik ko'rsatkichi - saturatsiya o'rtacha 93±1,2% ni tashkil qilgan. Bemorlarning o'rtacha davolanish muddati 27,3±1,7 kunni tashkil qilgan.

Davolangan bemorlarning IV guruhi - 3 nafarida dastlabki tashxisot kasallikning og'ir kechishini ko'rsatgan. Bemorlarning 2 nafari ayol bo'lgan. Bemorlarning 3 lasida ham 2 dan ortiq yondosh kasalliklar aniqlangan, y oshi 50 dan oshgan. 2 nafar bemor tamaki maxsulotlari iste'mol qilgan. Barcha bemorlarda nafas yetishmasligi, isitma, holsizlik, terlash, bosh va tanadagi og'riq, yo'tal bezovta qilgan. 1 nafar bemorda ta'm va hid sezgisining o'zgarishi, 1 nafar bemorda qusish kuzatilgan. Kuzatuvda bo'lgan 3 nafar bemor ko'krak qafasi kompyuter tomografiyasi xulosasiga ko'ra 2 nafarida o'pka to'qimasining 55-65 % zararlanishi, 1 nafarida 75-80 % zararlanishi aniqlangan. Gipoksiya belgilari 3 nafar bemorda ham kuzatilgan, barchasi namlangan kislorod orqali nafas olgan. Davolangan bemorlarda qonning kislorod bilan to'yinganlik ko'rsatkichi - saturatsiya o'rtacha 88±3,2% ni tashkil qilgan. Bemorlarning o'rtacha davolanish muddati 34,5±0,7 kunni tashkil qilgan.

XULOSA

Olib borilgan tahlil asosida shu ma'lum bo'ldiki, dastlabki tashxisot vaqtida kasallik 68 nafar (21,9%) bemorda simptomsiz, 183 nafar (58,8%) bemorda yengil, 57 nafar (18,3%) bemorda o'rta og'ir hamda 3 nafar (1%) bemorda og'ir shaklda kechganligi aniqlandi **(diagramma 2).** Kasallikning simptomlarsiz kechishi bemorlarni shifokorga murojaat qilishga undamaganligi sababli nisbatan ko'p uchrashini xulosa qilishimiz mumkin.

Kasallikning og'ir kechishi bemorlarda oldindan yondosh kasalliklarning mavjudligi bilan bog'liqligi aniqlangan. Ya'ni, o'rganilgan ma'lumotlar asosida yondosh kasalliklari bor bemorlar I guruhda 4 nafarni (5,9%), II guruhda 21 nafarni (11,5%), III guruhda 25 nafarni (43,9%) hamda IV guruhda 3 nafarni (100%) tashkil etdi **(diagramma 3).**
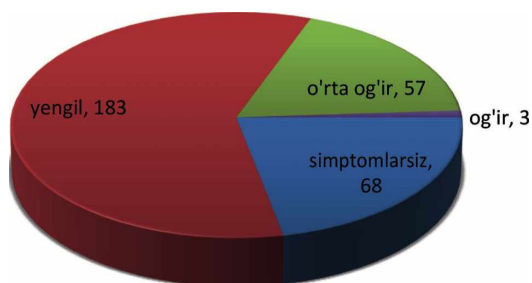

Diagramma 2. Kasallik og'irlik darajalarining uchrashi. Частота заболеваемость! по степени тяжести. Frequency of disease severity in patients.
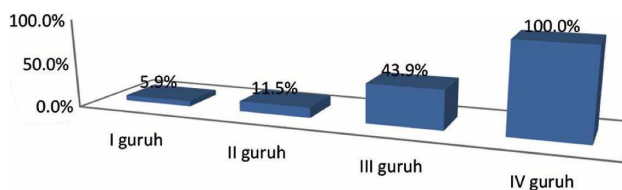

Diagramma 3. Guruhlarda yondosh kasalliklari bor bemorlarning foiz miqdori. Процент пациентов с сопутствующими заболеваниями в группах. Percentage of patients with comorbidities in groups.

Kasallikning kechishida zararli odatlaming mavjudligi o'z ta'sirini ko'rsatishini ham inobatga olish lozim. Zararli odatlari mavjud bemorlar I guruhda 11 nafami (16,2%), II guruhda 67 nafami (36,6%), III guruhda 23 nafami (40,4%) hamda IV guruhda 2 nafami (66,7%) tashkil etdi **(diagramma 4).**

Yuqoridagi holatlaming mavjudligi bemorda kasallik kechishini og'irlashishiga, tuzalish davrining uzayishiga hamda mhiy jihatdan tushkunlikka tushushini sabab bo'ladi. Qolaversa, bu omillaming inobatga olinishi davlat mablag'larini tejalishiga va sog'liqni saqlash tizimi xodimlari zimmasidagi yuklamani kamaytirshga yordam beradi.
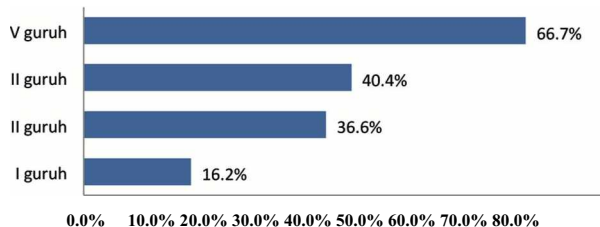

Diagramma 4. Guruhlarda zarali odatlari bor bemorlarning miqdori. Количество пациентов с вредными привычками в группах. The number of patients with bad habits in groups.

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