

PATALOGICAL CLINICAL-EPIDEMIOLOGICAL PECULIARITIES OF SEROUS MENINGITIS

BOBOJONOVA NILUFAR ISMAIL KIZI

Assistant at the Department of Microbiology

Fergana Institute of Public Health Medicine, Fergana, Uzbekistan

Annotation. The relevance of the study of serous meningitis in children is associated with the high prevalence of the disease, problems of early diagnosis, justification of pathogenetic treatment and improvement of clinical outcomes of the disease [1, 3].

Bacterial meningitis and meningoencephalitis are infectious diseases caused by various pathogens, characterized by purulent or serous inflammation of the membranes of the brain and spinal cord (meningitis), and sometimes the substance of the brain itself up to the white matter (encephalitis). Bacterial meningitis and meningoencephalitis are divided into primary and secondary. [2,4] Primary meningitis develops as independent diseases in the form of meningitis and meningoencephalitis (meningococcal, pneumococcal, Pfeiffer, tuberculosis). Secondary ones are meningitis and encephalitis, which have developed as complications against the background of the underlying disease or purulent-inflammatory process in other organs and tissues. Serous meningitis can be viral or bacterial in nature, divided into primary and secondary. Primary serous meningitis includes diseases of a viral nature that occur without clinical signs of damage to internal organs. Secondary serous meningitis and meningoencephalitis include diseases that occur with damage not only to the nervous system, but also to other organs and systems. [5,6]

Among the problems of infectious diseases in the Republic of Uzbekistan, meningitis, caused by pathogenic and conditionally pathogenic microorganisms, is very relevant in terms of its social and economic harm, and the fight against them occupies an important place in the implementation of the national program for reducing these diseases. Despite the fact that anti-epidemic measures are carried out, viruses (coxaki and ECHO,

choriomeningitis, polyomeningitis, epidemic mumps, measles) are also considered as triggers of Primary and secondary serous meningitis. The difference between serous meningitis with viral etiology from purulent meningitis is that in viral meningitis, clinical symptoms are relatively mild, with very few complications and deaths. [7]

The purpose of our work will be to analyze the clinical symptoms and laboratory indicators of the disease in patients treated with a diagnosis of serous meningitis.

Keywords. serous meningitis, meningoencephalitis, Bacterial meningitis

Material and methods: The study received medical histories of 30 patients treated with a diagnosis of serous meningitis in the treatment of infectious diseases of the city of Fargona No. 1. Epidemiological investigations were carried out at Xol, based on retrospective verification data. The results obtained were processed statistically according to student criteria.

Results and discussion: Children made up (65.9%) of the population, 20 (34.1%) were adults, 41 (68.2%) were men, and 19 (31.8%) were women. The prevalence was the most reported among mostly organized children-owners (68%) and kindergarten educators (23%), while 34% among students were 21% among the unemployed, 21% among housewives, 17% among workers, and 7% among servants. According to Anamnesis, 18 patients (30.5%) of patients were found to be in groups of organized children, 14 (24.7%) were found to be in school, 5 (8.2%) were found to be in studies, 4 patients (7%) were found to be in work, and 2 (3.5%) were found to be in contact with persons with meningitis at home-15 (25.9%) were found to be not in contact with meningitis patients; 44 (74.1%) were (25.9%) remained unknown in cases. While 48 of the aforementioned patients (81.2%) were hospitalized in January, October, December, February correspond to this figure 5, (8.2%) 4, (5.9%) VA3 (4.7%). Of the 29 patients treated at the hospital, 10 were diagnosed with a moderate severe form of serous meningitis and 14 with a form of fertilizer. The main clinical symptoms of the disease and laboratory indicators were studied in these patients.

Indications of clinical symptom occurrence in patients with serous meningitis.

Symptoms	Disease rate	
	Middly	Heavy
Decrease in Arterial pressure	4/26.66±11,42	18/52,94±8,56
Increased body temperature	5/33,7±3,8	18/64,71±8,20
Es-clear turbidity	15/100,00±0,00	27/73,53±7,57
Sleep unchanged	11/73,33±11,42	
Sleep is disturbed	6/40,00±12/65	34/100,00±0,00
If the headache is moderate	6/40,00±12,65	
When strong	4/26,67±11,42	34/100,00±0,00

When appetite decreases	15/100,00±0,00	4/11,76±5,53
When not	6/40,00±12,65	
Holiness	4/26,67±11,42	34/100,00±0,00
Whetening the skin coating	15/100,00±0,00	4/11,76±5,53
Strangulation of the Heart Vien	15/100,00±0,00	34/100,00±0,00
Rough breath in the lungs	3/20,00±10,33	24/70,59±7,81*
Womit		34/100,00±0,00
The tongue is covered with white Carache	15/100,00±0,00	34/100,00±0,00
Liver enlargement		4/11,76±5,53
The number of feces has not changed	12/80,00±10,33	
Ker's symptom	8/53,33±12,88	34/100,00±0,00
Ensa muscle rigidity	8/53,33±12,88	34/100,00±0,00

As you can see in the table above, the recording of clinical signs in patients with serous meningitis depends on the severity of the course of the disease. The following clinical signs have been statistically more reliably identified in patients with severe illness compared to moderate severity: decreased blood pressure, increased body temperature, sleep disturbances, severe headaches, loss of appetite, auscultative breathing in the lungs, enlarged liver. Impurity, discoloration of the skin layer, asphyxiation of the roofs of the heart, covering of the tongue with white Carache from the weight of withdrawal of serous meningitis were found in all patients. We must mention that in cases where the disease is severe, the absence of severe pain in the head, the normality of constipation, has not been determined at all

	Disease severity	
Laboratory indicators	Middle	Heavy
Hemoglobin in moderation	4/26,67±11,42	20/51,28±8,00
When it decreases	11/73,33±11,42	19,48,72±8,00
Leukocytes in moderation	3/20,00±10,33	
Increase	12/80,00±10,33	34/100,00±0,00
Neutrophil Rod nuclei in moderation	2/13,33±8,78	1/2,56±2,53
Segment nuclei. in moderation	3/20,00±10,33	
Increased segment nuclei.	12/80,00±10,33	34/100,00±0,00
Eosinophils are in moderation.	11/73,33±11,42	34/100,00±0,00
Eosinophilic Increase .	4/26,67±11,42	14/35,90±7,68
Lymphocytes are in moderation.	4/26,67±11,42	12/30,77±7,79
Lymphocyte Increase .	11/73,33±11,42	27/69,23±7,39
Monocytes are in moderation	10/66,67±12,17	24/61,54±7,79
Monocytes Increase .	5/33,70±3,80	15/38,46±7,79

Protein content in urine.	8/53,33±12,88	19/48,77±8,00
Spinal fluid clear	12/80,00±10,33	28/71,79±7,21
Fuzzy.	3/20,00±10,33	11/28,22±7,21
Protein.	12/80,00±10,33	37/87,18±5,35
The Pandi reaction is 1+.	12/80,00±10,33	33/89,74±4,86
The Pandi reaction is 2+.	3/20,00±10,33	4/10,26±4,86
Chlorides.		2/5,13±3,53
Sugar.		14/35,90±7,68

When this table was taxed, the following became known. In patients with confirmed fertiliser form of serous meningitis, the following changes in the overall blood analysis were found to be more statistically reliable than in middle-weight patients: leukocytosis, an increase in the number of Rod-core leukocytes, an increase in the number of segment-core white blood cells. In groups of patients currently being compared, a reliable difference in the number of eosinophils, lymphocytes, monocytes is not visible. The appearance of protein in the forehead of patients with serous meningitis is noteworthy. Protein was found in the forehead at patients of medium weight and fertilizer form.

Patients under observation also showed specific changes in spinal fluid indicators. The reliable difference between the clarity and turbidity of this liquid, the determination of the protein, the indicators of the Panda reaction in terms of positive detection is not discarded in kpz. Currently, statistical patients have increased levels of chlorides and sugar in liquor.

Conclusions. 1. Serous meningitis has been reported more frequently among organized children under the age of 14, with most male-sex hams. 2. 81.2% of patients with serous meningitis were hospitalized in January. 3. The recording of the main clinical signs from serous meningitis depends on the severity of the disease. 4. The detection of chlorides and sugar in the spinal fluid can serve as criteria that determine the fertilisation of

serous meningitis. 5. When prescribing a complex for the treatment of serous meningitis, it is necessary to reach the level of chlorides and sugar in the spinal fluid.

Bibliography

1. Бегайдарова Р.Х. Диагностика и дифференциальная диагностика инфекционных заболеваний у детей: учебное пособие.- М.: ГЭОТАРМедиа, 2014.- 140с.
2. Венгеров Ю.И., Нагибина М.В., Мигманов Т.Э., Быкова Р.Н. с соавт. Актуальные проблемы диагностики и лечения бактериальных гнойных менингитов // Журн. Леч.врач.- 2007.- №9.- с.1-8
3. Инфекционные болезни у детей: учебник для пед.факультетов мед.вузов / под ред. проф. В.Н. Тимченко.-СПб.: СпецЛит, 2012.- 623с.
4. Инфекционные болезни: Учебник для мед. вузов / Под ред. проф. Ю.В.Лобзина.- СПб.: СпецЛит, 2001.- 543с.
5. Казанцев А.П. Дифференциальная диагностика инфекционных болезней: Руководство для врачей/ А.П.Казанцев, В.А.Казанцев.- М.:ООО «Издательство «Медицинское информационное агенство», 2013.- 496с.
6. Покровский В.И. и др. Инфекционные болезни и эпидемиология: учебник/ В.И. Покровский, С.Г. Пак, Н.И. Брико. – 2013.- 1008с.
7. Учайкин В.Ф., Шамшева О.В. Инфекционные болезни у детей: учебник/ В.Ф.Учайкин, О.В.Шамшева. – М.: ГЭОТАР-Медиа, 2015.- 800с.