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CLINICAL COURSE OF MEASLES IN ADULTS

This article is devoted to the study of measles infections in adults. Measles is an acute infectious disease characterized by high fever, intoxication, and the appearance of a maculopapular rash. In recent years, there has been an increase in measles cases among adults, which is associated with mass vaccination of children. The study covers 129 patients who sought treatment at the clinical infectious diseases hospital of the Samarkand region in 2023. A retrospective analysis of medical records showed that 25% of those hospitalized were adults, of which 64% were aged 18-59 years. Most patients had concomitant diseases, which affected the course of the disease. The article also discusses the clinical manifestations of measles, including symptoms of neurological disorders and the duration of hospitalization.

Keywords: *adults, measles infection, serous meningoencephalitis, asthenoneurotic syndrome, severity, course.*

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КЛИНИЧЕСКОЕ ТЕЧЕНИЕ КОРИ У ВЗРОСЛЫХ

Данная статья посвящена изучению инфекций корью у взрослых. Корь — это острое инфекционное заболевание, характеризующееся высокой температурой, интоксикацией и появлением макулопапулезной сыпи. В последние годы наблюдается рост случаев кори среди взрослых, что связано с массовой вакцинацией детей. Исследование охватывает 129 пациентов,

обратившихся в клиническую инфекционную больницу Самаркандской области в 2023 году. Ретроспективный анализ медицинских карт показал, что 25% госпитализированных составили взрослые, из которых 64% находились в возрасте 18-59 лет. У большинства пациентов наблюдались сопутствующие заболевания, что влияло на течение болезни. В статье также рассматриваются клинические проявления кори, включая симптомы неврологических нарушений и длительность госпитализации.

Ключевые слова: *взрослые, коревая инфекция, серозный менингоэнцефалит, астеноневритический синдром, тяжесть, течение.*

Introduction. Measles infection is an acute infectious disease that occurs with high temperature, severe intoxication, is characterized by the appearance of maculopapular exanthema, asthenovegetative and dyspeptic manifestations, and is also characterized by damage to the central nervous system such as serous meningitis and meningoencephalitis. [2,8]. The causative agent of this infection is a highly contagious virus, the contagious index of which is about 98 percent, has the property of quickly spreading among people, the measles virus is sensitive to various physical and chemical factors [1]. The disease spreads through talking, coughing and sneezing. Measles infection is seasonal and mainly occurs in winter and spring. The disease is more common in children aged 1 to 7 years, in children under 6 months measles is rare, which is due to the transfer of maternal immunity to them, while in children aged 6-9 months, due to the gradual disappearance of maternal immunity, there is a greater chance of getting sick. [3]. In recent years, due to the mass measles immunization of children, adults have increasingly begun to get measles, a distinctive feature of which is severe intoxication and the predominance of symptoms of damage to the central nervous system. At the very onset of the disease, headaches, sleep disturbances, and sometimes vomiting appear [6]. During the rash, these symptoms are most pronounced. Patients are lethargic, adynamic, poorly oriented in the environment, in some cases encephalitis or meningoencephalitis develops [4]. In this

regard, measles infection in adults has become a pressing problem in the context of modern medicine, which served as the reason for this study [7].

Purpose of the study: analysis of the course of measles in adults and neurological changes in serous meningitis and meningoencephalitis (measles etiology) in patients.

Materials and methods of the study. The material for the study is 129 patients who applied to the Regional Clinical Infectious Diseases Hospital of the Samarkand Region in 2023, and their medical histories. The subject of the study is blood, urine, blood serum, patient examination protocols. When examining patients, clinical, epidemiological, laboratory - general blood test, general urine test, general stool test, biochemical, serological, ELISA and statistical methods were used. In combination with standard examination methods, in individual patients, if necessary, an analysis of the prothrombin index, blood coagulation system, protein and protein fractions, determination of the level of alkaline phosphatase, amylase and cholesterol, cerebrospinal fluid were performed. Of the instrumental studies, ECG, CT, and ultrasound examination were performed.

Results and discussion. In 2023, a retrospective analysis of the medical records of 129 patients in the Regional Clinical Hospital with a diagnosis of measles infection was carried out. Adults accounted for 25% of hospitalized patients with a diagnosis of measles infection. When monitoring patients, the main attention was paid to the epidemiological factors of this disease at the present stage, age characteristics and concomitant diseases of patients.

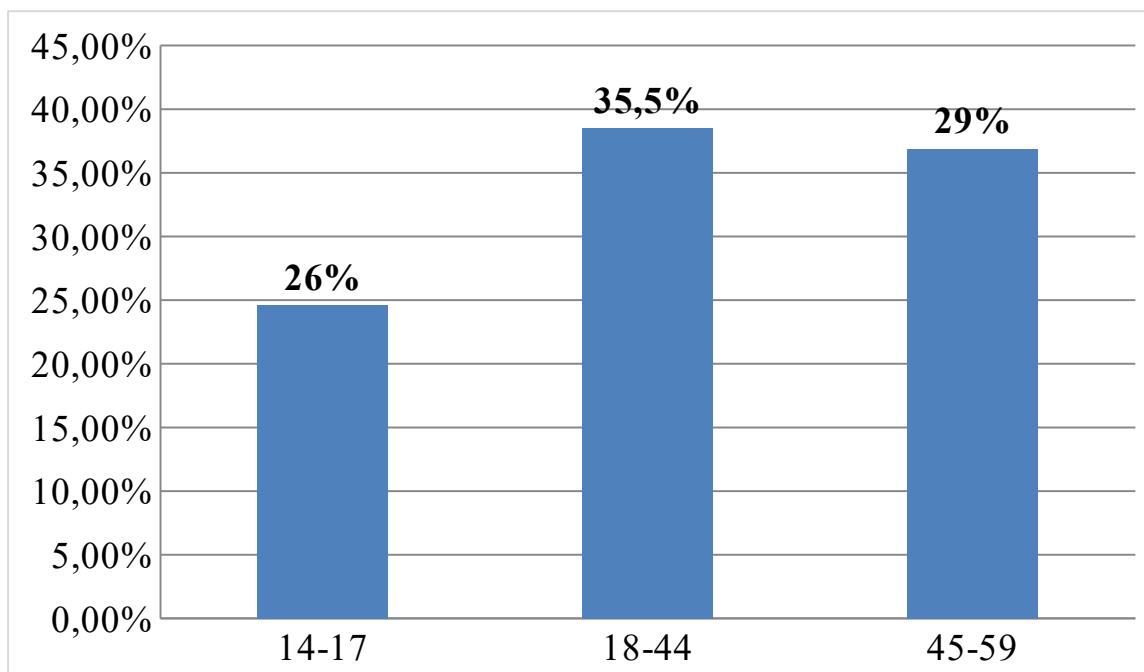


Figure 1. Division of patients by age

According to the results of the analysis, the distribution by age. Measles infection was common among adults in the following age range: 18-59 years (64%). The age range of the remaining patients was up to 17 years - 26% (Fig. 1). Analyzing the age structure of adult patients, it can be noted that this disease is "mature". In the observed adult patients, concomitant diseases were also studied. Thus, 56.7% of patients had the following concomitant diseases: obesity - 13.4%, arterial hypertension - 3.2%, cholecystitis - 9.8%, chronic viral hepatitis - 3.2%, chronic tonsillitis - 25.3%, chronic colitis - 1.7%, facial nerve neuritis - 4.3%, chronic gastritis - 11.5%, chronic pancreatitis - 8.7%, chronic sinusitis - 7.6%, adnexitis - 11.3% and other diseases. By bed-days of patients up to 5-10 days - 11.3%, up to 10-16 days - 25.2%, up to 16-25 days - 30.5%, up to 25-30 days - 22.4%, more than 30 days - 10.6%. In patients with a combination of concomitant diseases, an increase in bed-days was recorded (32.7%). According to the analysis of the seasonality of the disease, patients were treated: January - 6.8%, February - 12.9%, March - 8.6%, April - 8.6%, May - 5.1%, June - 5.1%, July - 8.6%, August - 13.7%, September - 10.3%, December - 11.2%.

The study revealed that the main place in the seasonality of the disease was occupied by spring and autumn months.

When analyzing the admission of patients, it turned out that 5% of patients were hospitalized on the 1st day of the disease, 43.3% - on the 2nd day, 45.6% - were hospitalized on the 2-3rd day of the disease (88.9%).

According to literary data, it was established that in adults the disease occurs mainly in moderate and severe forms [5]. This statement was also confirmed by our observations. Moderate and severe forms of the disease were observed in 85.7% of cases, mainly in patients aged 18-59 years. A mild form of the disease was observed mainly in 17-18 year olds.

The disease began in an acute form in all patients. The initial signs of the disease were an increase in body temperature (100%) and the appearance of a maculopapular rash, which appeared in stages, the first elements of the rash were noted behind the ears, then the rash covered the patient's face and gradually the rash went down and covered the lower part of the patient's body. The characteristic features of the rash were its bright red color, the rash often merged and appeared against the background of non-hyperemic skin. One of the main symptoms of measles infection is Stimson's symptom - cough, runny nose and conjunctivitis. This symptom appeared on the 1st day of the disease, in 90% of cases. On the 2nd-3rd day of the prodromal period, a pathognomonic symptom of measles appears - Belsky-Filatov-Koplik spots, which are of great diagnostic value. The rash is located on the mucous membrane of the cheeks opposite the premolars in the form of delicate, small, white spots protruding above its level and surrounded by a red rim with irregular borders. It seems as if the mucous membrane of the cheeks is sprinkled with semolina. 7

Patients noted the following symptoms: high body temperature (100%), weakness (100%), conjunctivitis, cough, rhinitis (89.7%), headache (98.7%), maculopapular rash (96.7%), Belsky-Filatov-Koplik symptom (77.5%), measles enanthem (34.5%), abdominal pain (23.4%). Fever peaked within 1–3 days and lasted 4–8 days. Patients

had fever lasting up to 3 days (80%), 16% had fever lasting up to 5–6 days, and 4% had fever lasting up to 7–8 days.

The following positive meningeal signs were found in patients: Brudzinski's upper symptom in 67%, rigidity of the occipital muscles in 87.7%, Kernig's symptom in 65.3%. The remaining meningeal signs are weakly expressed. Pathological reflexes were not noted. Meningeal symptoms appeared on the 7th-10th day of the disease and persisted for 10-15 days. In 70.8% of patients, the disease was severe. In two patients, the disease was in the form of meningoencephalitis. Acute neurological signs of the disease were observed mainly in the form of meningoencephalitis. All patients underwent clinical and neurological observation in the acute period, including assessment of the severity and duration of intoxication symptoms, meningeal, general cerebral, focal and neurological symptoms, as well as lumbar puncture followed by examination of cerebrospinal fluid (pleocytosis and protein). The severity of serous meningitis of measles etiology was assessed by the presence of general cerebral (headache, vomiting) and meningeal symptoms, their duration, the presence or absence of focal neurological symptoms and pleocytosis.

At discharge, 27% of patients still had the following complaints: irritability, sleep disturbance, weakness, loss of appetite, migraine-like headaches. These symptoms are mainly observed in asthenoneurotic syndrome. It is known from the literature that asthenoneurotic, diencephalic and hypertensive syndromes often persist for a long time after measles meningitis.

During observation of patients, various functional and organic disorders of the central nervous system were revealed. Thus, according to our observations, the frequency of asthenoneurotic syndrome was 35.5%, hypertension 12.9%, migraine 9.7%, decreased concentration 3.2%, focal lesions of the central nervous system 6.5%.

Conclusion. In adults, measles infection is quite severe and leaves serious complications. It has been established that the outcomes of measles infection are determined by the timing of convalescence. In the first 3 months, asthenoneurotic,

diencephalic and hypertensive syndromes predominate, and from 6 months to 3 years, focal symptoms necessitate dispensary observation for at least 3 years and further rehabilitation. Given the complications and adverse effects in the outcome of measles infection in those who have had the disease, it is necessary to conduct proper educational work among the population on immunization against this infection and in young people (15-20 years).

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