AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 01, Issue 10, 2023 ISSN (E): 2993-2149

Neurological Determinants of Disease Dynamics Tuberculosis

Alimova Gulrukh Salimovna
Bukhara Medical Institute

Annotation: Most studies emphasize the psychosomatic genesis of the pathology of the digestive tract, which is based on stress, which triggers the mechanism of formation of functional and organic pathology through a cascade of vegetative reactionsA study of the clinical and epidemiological features of tuberculosis of extrapulmonary localizations in Uzbekistan for the period from 2020 to 2023 was conducted.

Keywords: tuberculosis, diagnosis, neurological determinants, dispensary.

Relevance. Tuberculous spondylitis, as it has been proven recently, is detected more often in people with a genetic predisposition. Spinal involvement is usually the result of the hematogenic spread of the bacterium M. tuberculosis into the vascular network of the spongy substance of the bones of the vertebral bodies Typically, at least two vertebrae are involved, which can be explained by the branching of segmental arteries. The reason for the involvement of the ligamentous apparatus is a lack of proteolytic enzymes in mycobacterial infections, unlike purulent ones.In recent years; there has been a 15 deterioration in the epidemiological situation of tuberculosis TB in the country, the incidence of TB in Uzbekistan. With the predominant lesion of males, the frequency of newly diagnosed pulmonary tuberculosis in women has increased over the past period. Despite the fact that the lungs remain the most common affected area, extrapulmonary variants of tuberculosis are being detected more often [10, 12]. The epidemiological situation for tuberculosis of extrapulmonary TVL localities in Siberia in recent years is considered stable , However , the apparent well-being in terms of morbidity does not correspond to the crisis in the economy and social environment Clinical manifestations of TVL are often nonspecific and hardly noticeable and the diagnosis may be established too late or not at all due to the short life of patients with combined forms It is interesting that at similar levels , the incidence of TVL in different regions, there are significant differences in its structure [3, 5,9] . Perhaps this is due to differences in the sensitivity of individual zones of the body depending on gender, age, ethnicity, and country of origin, the reasons for these differences are mostly unknown.Tuberculosis of the musculoskeletal system - in modern conditions, as a rule, most cases are detected at an advanced stage and have a widespread and complicated character, Active and timely recognition of tuberculosis presents significant difficulties for most specialists of the general medical network In this regard, disability among those taken on dispensary registration fluctuates - in various localizations from up to 20 to 70% [1,11,17].

Material and methods. The study of the clinical and epidemiological features of TVL in Uzbekistan made it possible to identify patients observed from 2020-2023 The structure of morbidity for the period from 2020-2023 was as follows. : Genitourinary tuberculosis MPTB — 47 (27.6%) of patients tuberculosis of the eyes tuberculosis of peripheral lymph nodes TPLU — 32 (19.05%), bone—articular CST of the central nervous system and abdominal AT - 8 (4.8%). During the period from 2021 to 2022, MPTB had a patient with CST TPLU 62 (31,16%) , — 36 (18,9), — 32 (16,08%), — 17 tuberculosis of the eyes and CNS by (8.54%). In particular, if for

the period from 2020-2023 in Uzbekistan, a person fell ill and 16 dispensary group was 209 people (18.45%), 2020 of the entire TVL group, for the period from 2021 to 2021, a person was already ill and the dispensary group was a patient With 262 (22.7%) 2020-2023, there were already people and the dispensary group consisted of 266 patients from the entire TVL group (27.3%). The revealed trend has an unfavorable character due to the increase in difficult - to - treat forms of TVL, more than half of the CST group are patients with tuberculous spondylitis with high mortality. Further study of the isolated. The aim of the group is to investigate the causes of the noted phenomena and optimize the methods of diagnosis and prognosis. In addition to general somatic neurological, symptoms and demographic indicators, the degree of involvement of the spine was assessed in the compared groups, the condition was acute , (or stable , the stage of treatment for the first time or), (relapse duration of the disease before the start of treatment chemotherapy options duration; treatment anthropometric studies; assessment of somatotype personality traits Dynamics assessment (MMPI). The disease was carried out in patients with vertebral TB using scales a and Frankel, ASIA (INSOP) of a modified scale that allowed Barthel to classify cases of minimal improvement no changes and deterioration that made up the group of slow recovery of the category moderate improvement and significant improvement made up the group of rapid recovery. Tuberculous spondylitis Pott 's disease is called a great imitator and it should always be considered in the differential diagnosis of spinal pain, despite the fact that tuberculous spondylitis can have a myriad of different clinical manifestations, complaints of back pain are typical for it against the background of signs of a chronic disease including weight loss malaise , fever and night sweats are most common. - the specific symptoms of tuberculous spondylitis are frequent back pain fever soreness during palpation (32%), (45%), (28%) (17%). The test with tuberculin is usually positive, but it determines only the fact of exposure is remote or (the current Tuberculin test is only useful). in patients with a positive reaction in whom it was previously negative, the rate of erythrocyte sedimentation often increases, but this is not a specific sign. In the case of damage to several vertebrae, smoothness of lumbar lordosis is noted and in the future the formation of kyphosis Formed kyphosis is not only an aesthetic problem but is one of the causes of cardiopulmonary disorders of prolonged pain syndrome at the level of the spine and pelvis and late paraplegia.

Results and discussion. To determine the diagnosis, immunological (tuberculin) laboratory tests are used, imaging studies — computer and magnetic resonance imaging of the spinal column, chest organs. MRI is the most informative for detecting signs of spinal tuberculosis. The images show: edema of the bone marrow, the beginning of bone tissue destruction, a decrease in the height of the intervertebral discs, Tuberculous spinal spondylitis on tomograms is represented by: involvement in the process of a neighboring vertebra, the formation of contractual destruction of the closure plates, Differentiation is carried out with developmental abnormalities, neoplasms, bone metastases.There is numerous evidence that even with adequately performed decompression, the restoration of neurological function is short and usually incomplete In the early postoperative period, granular tissue forms in the spinal canal and its size does not correlate with the outcome of the operation. in the future, for several months, there is a decrease in the size of these granulations due to changes in collagen and a decrease in edema, however, the presence of scarring changes inside the epidural space makes it difficult to assess the dynamics of the process, neurological symptoms remain the criterion for the dynamics of the disease, including pain, scarring changes in the spinal canal lead to local vascular insufficiency, which becomes an additional factor in myelopathy. Approximately in patients with tuberculous 5% spondylitis who had neurological disorders, there was no distinct destruction of the vertebrae, epidural abscess, pronounced arachnoiditis and intradural hematomas were the causes of these neurological symptoms. Unlike many medical conditions in which the severity of the painful process is measured directly for example by histology stages of tumor growth or genotyping, acute spinal cord injury continues to be determined by an indirect method Even with spinal cord neuroimaging, CT or MRI assistance in establishing a diagnosis adds little to neurological research in terms of prognosis There are no other quantitative anatomical physiological or

cellular defects used in everyday life. Practice Damage. Spinal cord continues to be measured not directly, but indirectly by the study of residual neurological function, motor function and sensitivity are usually stereotypically examined at certain time intervals to assess the degree of recovery. Similarly, the functional status after spinal cord injury is measured in. In recent years, considerable efforts have been made to try to standardize these outcomes, although they continue to suffer from problems of validation and generalizability, Measurements of neurological function and functional status are related to each other in a complex and not fully understood way, They relate to each other as evidence of fact , that both are either improving or deteriorating together Statistically one determines and predicts the other and still their relationship is far from perfect Overcoming this methodological problem is possible within the framework of an anthropological approach The main methodological setting of the clinical and anthropological model of medicine is the simultaneous and conjugate analysis of characteristics , representing the phenotype of the patient and the semiotic structure of the disease with its anatomical and physiological features, which is carried out in a conceptual analog system of background-figure relationships, the background is numerous characteristics of the patient, including the entire set of paraclinical data considered in the context of the general plan of the structure of the functioning of the organism.

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