

Clinical and Epidemiological Features of Acute Brucellosis at the Present Stage

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✓ Resume,

In order to study the clinical and epidemiological manifestations of acute brucellosis, 82 patients were examined. The age of the examined patients ranged from 19 to 60 years. The diagnosis was based on the results of a comprehensive analysis of epidemiological and anamnestic data, clinical manifestations of the disease and laboratory tests (in all patients, the diagnosis was established on the basis of serological data), which made it possible to identify the clinical and epidemiological features of this disease at the present stage

Key words: brucellosis, epidemiology, clinic, fever, arthritis, lymphadenopathy.

Relevance. Brucellosis remains one of the most common infections in the group of especially dangerous zoonoses, which have a significant share in human infectious pathology. The epidemiological situation for brucellosis remains unfavorable for a long time and is determined by the presence of persistent epizootics of brucellosis among farm animals - small and large cattle, which are the main sources of the brucellosis pathogen for humans. The epidemiological history can be an important clue in suspecting brucellosis. Since the incubation period for brucellosis can be several weeks, epidemiological data should be collected to the depth of this period. If there is a history of travel or visits to regions endemic for brucellosis, one should actively inquire about what treats and delicacies the patient used there. In any case, it should be remembered that epidemiological data should only be considered as a clue, and not as a confirmation of the diagnosis (1,2).

The incidence of people with brucellosis in the Bukhara region significantly exceeds among the regions of Uzbekistan. The deterioration in the quality of anti-epidemic measures in recent years, the epidemiological trouble for brucellosis in the border regions, the migration processes of the population, together with livestock, contributed to the preservation of epizootic foci and the circulation of the pathogen. Despite the decrease in epizootic tension in these territories, brucellosis in cattle is still found in more than 1/4 of the farms with the annual occurrence of new foci. At the same time, at a curved level, there is a tendency to reduce the incidence of brucellosis among people, due to a decrease in the number of people employed in animal husbandry and enterprises for the processing of livestock raw materials, and a decrease in public livestock (5). A feature of the epidemic situation is the increase in the incidence of brucellosis in the population associated with the individual livestock of farm animals. Brucellosis still ranks first among occupational diseases of infectious and parasitic etiology. The proportion of brucellosis in the structure of occupational diseases among those employed in rural areas is 42%. The maximum of diseases was recorded in the spring-summer period, after mass lambing and

calving of animals.

Brucellosis is a systemic disease that can affect any organ or system. The clinical picture of the disease, especially in the acute period, is characterized by pronounced polymorphism.

Purpose - to study the clinical and epidemiological manifestations of acute brucellosis at the present stage

Materials and methods. 82 patients with acute brucellosis were under observation. The age of the examined patients ranged from 19 to 60 years. The diagnosis was based on the results of a comprehensive analysis of epidemiological and anamnestic data, clinical manifestations of the disease and laboratory tests (in all patients, the diagnosis was established on the basis of serological data), which made it possible to identify the clinical and epidemiological features of this disease at the present stage.

As a control, 20 practically healthy people of the same sex and age were examined.

Results and discussion. According to anamnestic data, infection of various professional groups - shepherds, zoo veterinarians, milkmaids, shepherds, cattlemen occurred in 81% of patients with acute brucellosis, contact and 29% with contact-alimentary. Rural residents accounted for 81% of patients with acute and subacute brucellosis. Acute brucellosis more often affected men (73%), young people (18-32 years old), which is explained by the frequency of male professions in sheep farms. As studies have shown, acute brucellosis had a certain seasonality—April-July.

The main clinical syndromes of acute brucellosis were: arthritic, vegetative, asthenic, lymphoproliferative, liver damage, splenomegaly. There were no isolated forms. Large joints were predominantly affected with impaired function of the joints of the I–II degree. Characterized by late treatment from the initial manifestation, late treatment.

Acute brucellosis in the examined patients was predominantly of moderate severity (74.1%).

Studies have shown that in 79% of patients the prodromal period lasted for 3-7 days, expressed by general malaise (91%), weakness (86%), decreased performance 45 (%), headaches, chills, decreased appetite. In 86% of patients, the disease began acutely, with chills 82 (%), high fever 90 (%) and severe sweating 87 (%). The most common sign of the disease was an increase in body temperature, which in more than 84% of patients exceeded 38.5 °C. If the disease developed naturally and the patients did not take any drugs, the febrile curve had a wave-like (undulating) character. The body temperature of patients increased to 38.5-39.8°C for 3-8 days. The temperature especially prevailed at night and more often there was a wave-like type of fever 67 (%), febrile 21 (%) and subfebrile 12 (%). At the same time, chills, temperature and sweating had different duration and severity, which determined the severity of the disease. During the first 10 days of illness, patients complained of a feeling of general weakness, pain in the lumbar region, lumbosacral joint, neck muscles, significant sweating, which was easily detected during an objective examination of the patient. At the height of the development of clinical symptoms of acute brucellosis, patients complained of pain not only in the parts of the body described above, but also in various (mainly large) joints, neuromuscular pain, arthralgia, myalgia (86%). Due to disorders of the autonomic nervous system, especially the parasympathetic division in the form of hyperhidrosis (87%) and hypotension (34%), patients also complained of irritability, sleep disturbance, changes in the neuropsychic sphere. When viewed at the height of fever, hyperemia of the face and neck (79%), pallor of the skin (6%), moisture in the palm of the hands (88%) were noted. An early clinical sign of brucellosis was micropolyadenopathy. In 78% of patients, peripheral lymph nodes increased - like submandibular 4.9%, axillary 57%, inguinal 88%, in sizes from 1 cm to 2.0-2.5 cm, which became slightly painful, elastic on palpation, but not soldered to each other and with subcutaneous tissue. In 69% of patients, hepato- and in 8 (%) splenomegaly were detected. On the part of the cardiovascular system, muffled heart tones and bradycardia were noted in 49%. In 68% of patients with acute brucellosis, peripheral blood showed leukopenia, relative lymphocytosis, a moderate increase in ESR,

the degree of leukopenia and relative lymphocytosis depended on the activity of the pathological process.

Conclusions: The analysis of our observations indicates certain features of the course of acute brucellosis at the present stage:

Acute brucellosis is characterized by a more benign course. The febrile reaction is often undulating and febrile in nature.

Focal lesions (arthritis, orchitis, sacroiliitis, endometritis) are observed much less frequently. The lesions of the osteoarticular system predominate in the form of reactive synovitis, slowly progressive bone-destructive changes.

There has been an increase in the number of “brucellosis-positive” persons detected during professional examinations, which indicates infection of contact persons. Thus, it is necessary to carry out periodic medical examinations, improve the prevention and diagnostic methods of brucellosis.

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