AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 01, Issue 09, 2023 ISSN (E): 2993-2149

Issues of the Course, Clinic and Diagnosis of Botulism in the Fergana Region

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Abstract: This article presents a clinical observation of the complex course of botulism in school-aged children. Laboratory testing tactics, treatment approach, and clinical effectiveness of treatment are also shown.

Keywords: botulism, botulinum toxin, dysphagia, aphonia, apnea, tachypnea, ptosis, diplopia, mydriasis, anisocoria.

Botulin is considered one of the most potent and lethal substances in neurotoxin. At least 1 ng/kg can be fatal to humans. Scientists found that about 1 g of botulin toxin is 1 mln. it is assumed that it is capable of killing people. The fact that a small amount of the toxin is capable of killing people can be used as a weapon for cause bioterrorism. All forms of botulism can be fatal and are considered a state of emergency. The toxin is quickly absorbed by the digestive system, so many people get poisoned even when they eat a small amount of poisoned food.

A preserved history of botulism: initially in 1735, the disease was associated with German sausage. The infectious disease was associated with food poisoning after the consumption of sausages. In 1870, a German physician named Müller called the disease botulism, after the Latin name sausage. The bacteria Slostridium were first identified in 1895, and neurotoxin was isolated by Dr. Edward Shantz in 1944. The use of Botox was approved by the food and pharmaceutical administration in 2002 to improve cosmetic condition and become a halos from wrinkles.

According to statistics, from 1735 to 1924, there were 4,144 cases of botulism in Western Europe, of which 1,271 died. There were 417 epidemics of botulism in France, numbering over 1,000. There were 101 botulism outbreaks in Russia from 1818 to 1913, when 609 people fell ill and 283 died (46.8%). From 1920 to 1939, according to press reports, there were 62 epidemics of botulism in the former USSR, 674 fell ill and 244 died (36.2%).

Clinic landscape kasallikning yashirin round-2 hours, 8 hours in a row. Within 18-36 hours, but the belgilar 6 hours or 10 kundan keyin can still experience difficulties.

The classic symptoms of botulism include: hesitation in vision, blurred vision, sagging eyelids, difficulty speaking, difficulty swallowing, dry mouth, weakness in the muscles (leading to empty paralysis).

In differential diagnosis, the history of the patient and its physical examination may indicate botulism, but these examinations themselves are not enough to diagnose botulism. Symptoms in botulism are similar to those of other diseases, such as stroke, Gien-Barre syndrome (another disease that causes muscle paralysis), and myosthenia (which causes hangovers). To deny these other diseases, special tests are required. The most direct way to confirm the diagnosis is to

identify botulinum neurotoxin in the patient's blood or stool. This is done by introducing the patient's blood or feces into the mouse abdominal cavity. An equal amount of blood or stool sample from the patient is taken and neutralized with antitoxin and sent to mice. Such a sample is sent to another mouse without neutralization. If there is a disease, the first mouse will survive, and the second will die. These analyzes help differentiate botulism from infectious diseases caused by intestinal sticks, salmonella and other bacteria.

According to the results of a private study, botulism is considered a seasonal disease, and the incidence of botulism among the population is mainly recorded in the period from November to may. We brought in Table 1 information about patients who were treated with a diagnosis of botulism in 2017-2022 at the Fergana branch of the scientific and practical center of Republican specialized epidemiology, Microbiology, Infectious and parasitic diseases.

1-table Indicatios for botulism in adults and children

№	Years	Total number of diseases	Adults	Children
1	2017	4	3	1
2	2018	12	11	1
3	2019	6	6	-
4	2020	6	5	1
5	2021	10	8	2
6	2022	3	2	1

As can be seen from the table data, the disease occurs 3-5 times more often in adults than in children. The main reason for this is that products such as home-made marinated cucumbers, tomatoes, patisson, peppers, mushrooms, canned cabbage, eggplant caviar and smoked fish are loved and consumed by the adult population.

Our clinical observations are carried out in the process of practical training at the Fergana branch of the scientific and practical center of Republican specialized epidemiology, Microbiology, Infectious and parasitic diseases. a 16-year-old patient named was clinically monitored.

From the word brought by the doctor – resuscitator, loved ones and employees on duty: inability to swallow, nausea, general weakness, impotence, dizziness, gait like a mast, lack of strength of legs and arms, independent breathing, increased body temperature, hanging and dimming of eyelids, seeing things from two in the first days and changing their voice, behaving in a supine position with disheveled limbs.

In epidemiological Anamnesis, the patient opened and drank canned tomato-cucumber sok at lunch with his dad at home on 06.12.2022 Y. He had breakfast in the morning and went to school. The school nurse complained of headaches, dizziness, during the day as she told her. His brother vomited when he came home to give him tea and bread. Since the mass of the vomit was Brown, the Oltiariq district was taken to the Zilxa ambulance unit.

In the last 6 months did not receive injections and did not go abroad. The patient did not receive blood and blood preparations.

Status presens: the general condition of the patient at the time of examination is severe. My response to the survey is neadequat. Khushi responds by shaking his hands when asked low, loud, the reaction to the environment has been kept very sluggish. In the limbs, the muscle tone decreased. Breathing through the endotracheal tube. Eyebrow od = OS, enlarged, no photo-reaction to light. Unable to swallow, a nasogastral probe is inserted. The patient is relaxed, helpless. The palms of the hands and feet are Dimic, the movement is involuntary. Answers questions slowly with a gesture. The eyelids are slightly Dimic, drooping (ptosis), the face is swollen. In the oral cavity, the intubation tube is made in a tampon.

The body structure is correct, there are no deformations and peripheral tumors. Ensa muscle rigidity and meningial signs are negative. Peripheral lymph nodes are not enlarged, palpable.

Lips and tongue are dry, whitish in tone.The body temperature is 37.00 C. The skin and visible mucous membranes are slightly pale, the skin is clean, dry. A rough breath is heard in the lungs against the background of the IVL apparatus. Cardiac tones are detected rhythmically, articulate, weakly complete and tense in the pulse - periphery, 96-100 times per minute, arterial blood pressure is 96/42 mm.sim.equal to the column. The abdomen is soft, but dim, there is no pain. The liver and spleen do not sprout into the hand in palpation. The peristalsis of the intestines is heard. The litter is yellow, slightly liquid, brown in color. Conclusion: acute severity of the patient's condition, body intoxication, bulbar syndrome, respiratory failure 3rd degree, respiratory distress syndrome 2nd degree of congestive heart failure.

Initial diagnosis: botulism. Boulevard paralytic formami. Extreme level.Complications: acute respiratory failure Level 3, acute cardiovascular failure Level 2.

Conclusions:

1. Due to the fact that the disease is very rare, it is caused by diagnostic errors caused by neglect in the collection of epidemiological Anamnesis in many cases by doctors. In many cases, according to the results of clinical-epidemiological tests carried out, the diagnosis of botulism is replaced by acute intestinal infection, acute circulatory disorders of the brain, myasthenia, hyperte.

2. During the seasonal outbreak of the disease, medical workers, workers of production enterprises, organized and unorganized youth, conducting sanitary and educational work on the origin, complications of botulism in Mahalla citizens ' gatherings.nsive crisis, encephalitis.

3. A general practitioner is required to have the necessary and sufficient knowledge to detect botulism early and provide emergency care. Early diagnosis and timely pathogenetic treatment measures reduce complications and deaths of botulism.

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