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Clinical-Laboratory Features, Diagnostics of Bollard Pyelonephritis during the Covid-19 Pandemic

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Abstract: During the years 2019-2021, in connection with the pandemic of the new viral SARS-CoV-2 (COVID-19) infection, which spread among mankind, many scientific researches are being conducted on the diagnosis, treatment and prevention of the Covid- 19 virus. It was observed that the incidence of Covid-19 infection among children increased significantly during 2021. Children with a premorbid background can be included in the group of children who are prone to severe cases of COVID-19 (lung diseases, Kawasaki disease, various immunodeficiency conditions, kidney diseases, etc.). It is known that children over 5 years of age are most often affected. It is said that the disease is often asymptomatic, but children with kidney disease have a severe and protracted disease course. The epidemiology of the COVID-19 disease among children and the pathogenetic mechanisms of damage to various organs, morphology, clinical course, laboratory diagnostics, treatment and rehabilitation have not been fully resolved in pediatric practice.

Keywords: Covid-19, pandemic, children, pyelonephritis, proteinuria, leukocyturia, hematuria.

Relevance of the topic. In all countries of the world, including developing countries, there is an increase in chronic progressive kidney diseases that lead to chronic kidney failure. Pyelonephritis remains a disease of certain medical, social and economic importance. This is confirmed by international kidney registries that have existed for many years. Among the reasons for the insufficient effectiveness of treatment of patients with pyelonephritis, the fact that the foundations of its pathogenesis have not been fully revealed has a special place. At the beginning of 2019-2020, humanity faced the infection of a new virus SARS-CoV-2 (COVID-19), which spread rapidly in many countries and reached the level of a pandemic. In April 2020, experts from Wuhan Central Hospital published a study investigating the effects of the coronavirus on kidney function. Kidney damage was found in 27.06% of hospitalized patients with coronavirus infection. It is known that COVID-19 uses 2 types of angiotensin-converting enzyme receptors (AC E 2) to enter cells . A C E 2 is highly expressed in the kidneys. Therefore, kidney disease is a factor that causes the origin of the COVID-19 infection and aggravates the clinical course of the disease. The purpose of the work is to determine the clinical and laboratory characteristics of pyelonephritis in children living in Samarkand region who have been in contact with the disease of COVID-19, children with pyelonephritis, early diagnosis. Object and subject of the study: 40 patients with pyelonephritis aged 3 to 15 years who were in

contact with the COVID-19 disease. Groups of children to be examined: 40 children who were treated in inpatient and outpatient clinics in Samarkand region in 2021 participated in the study All children included in the study are divided into 2 main groups. Group I - 22 patients with pyelonephritis who were in contact with the disease of COVID-19. Group II - 18 patients with pyelonephritis who were not in contact with the disease of COVID-19. Inspection methods: 1. General clinical anamnesis, genealogical analysis, medical examination, blood and urine analysis, IFA analysis, urine and urine biochemical analysis2. Instrumental - renal UTT with dopplerometry, blood pressure measurement. 3. Evaluation of renal concentration function using the Zimnisky test. Results of clinical examination. PSR and IFA analyzes were performed in the first group of children, according to the results, 13 (59%) IFA analyzes , 9 (41%) showed positive PSR analysis.

Children in the first group had general intoxication syndrome in 19 (86.36%), dysuric events in 12 (54.54.1%), pain syndrome in 8 (36.3%), temperature reaction in 20 (91%) appeared in the form. Clinical manifestations of pyelonephritis in the second group were temperature reaction in 12 (66.6 %), signs of intoxication in 10 (55.5%), pain syndrome in 4 (22.2.1%), 3 (16.6%)) dysuria syndromes were observed. Leukocyturia was detected in 18 (81.8%) children of the first group. Proteinuria from 0.03 to 2.72 g/l was detected in most of the patients -19 (86.3%) of the first group and to a lesser extent -10 (55.6%) of the second group (p < 0.05). Hematuria, a very rare symptom of acute kidney injury, was observed in 9 (40.1%) patients of the first group and 1 (5.5%) of the second group. Results of laboratory analysis. The activity of the inflammatory process was assessed by the number of leukocytes, neutrophil granulocytes and the rate of erythrocyte sedimentation in peripheral blood. Thus, in 21 children of the first group (95.4%), EChT was observed from 17 to 38 mm/h, and leukocytosis was observed from 13 *109 to -35*109. In group 2 patients, EChT was detected relatively less -8 (44.4%) (p < 0.01), neutrophil leukocytosis-6 (33.3%) (p < 0.05). Symptoms of mild anemia were found in 7 (31.8%) children of the first group, 5 (22.7%) of moderate severity, and 1 (4.5%) girl with severe anemia. In the second group, 4 (22.2 %) had mild anemia, 2 (11.1%) had moderate anemia. Functional reserve of kidneys and concentration function of kidneys were measured using Zimnisky's test. In order to more accurately evaluate this function, an analysis was conducted through the test of eating dry products. Conclusion. Pyelonephritis in children who have been in contact with COVID-19 is characterized by the predominance of signs of intoxication. Recurrent course of chronic pyelonephritis was observed. Body temperature over 39 (54.5%), local pain syndrome, predominance of proteinuria in urine was observed in children who were in contact with COVID-19, a severe, convulsive course of the disease was observed.

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