

## COMPARATIVE ANALYSIS OF DISEASES CAUSED BY CONDITIONAL PATHOGENIC MICROORGANISMS (CPM).

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**Abstract:** General symptoms of gastroenterocolitic form of salmonellosis and observed when CPM is called. Children's age, household contact infection, symptoms of poisoning, damage to the gastrointestinal tract. Diseases caused by conditionally pathogenic microorganisms and their analysis are presented in this article.

**Key words:** Rotavirus gastroenteritis, diarrhea, cholera, typhoid fever, bacteria, yersiniosis. The main symptoms of rotavirus gastroenteritis are transmission through contact and household, vomiting, fever, diarrhea, vomiting lasts 2-7 days. Abdomen is soft, hepatolienal syndrome is not typical. Inside is abundant, weakly stained, without pathological changes, 2-7 times a day. Duration of diarrhea is 2-7 days. Distal colitis syndrome and the absence of pathological changes in stool rule out salmonellosis. Food poisoning. When CPM is called, it is observed in children older than 1 year, acute and subacute begins. temperature subfebrile two febrile. 6-12-month-old children who are given additional food show pallor, decreased appetite, decreased skin turgor, tachycardia, and blood pressure. Symptoms of toxicosis in the gastrointestinal tract begin on the 1st day. Vomiting is large, liquid, watery, 3-10 times a day. Pathological changes in mucus green color, sometimes blood.

Cholera. It starts sharp. Vomiting, diarrhea, dysentery are strongly manifested. Both diseases take the form of gastroenteritis. Cholera does not have diarrhea, poisoning, and body temperature does not rise. Nausea, vomiting and pain in the epigastrium pass without pain. As a result of excessive diarrhea and vomiting in salmonella, 1-2 degree of exicosis is observed, and in cholera, 3-4 degree of exicosis is observed. The last definitive diagnosis is confirmed by

bacteriological method by finding the causative agent in stool and blood. Serological examination and mixed infection are also performed.

Yersiniosis. New infectious diseases on the rise include yersiniosis and neurotuberculosis. The route of transmission is alimentary. Clinical general poisoning occurs with damage to the gastrointestinal tract and other organs. Generalization is typical. Therefore, allergic and autoimmune mechanisms play a special role in the pathogenesis of the disease. Clinical forms are local and generalized. Local form: gastrointestinal, febrile and catarrhal forms. Gastrointestinal and abdominal forms of yersiniosis are more difficult to compare with intestinal infections. Gastrointestinal form - acute onset, temperature 38-39°C, nausea, refusal of food, vomiting lasts 2-9 days. The child complains of headache, dizziness, abdominal pain. Sometimes there is constant pain around the navel and in the right side. On the 3rd-7th day of the disease, a polymorphic type of dot-spotted papulosis, hemorrhagic rash appears on the skin, hands and heels. Many children have hepatomegaly and splenomegaly. On the 1st day of the disease, often in 2-4 days there is liquid foamy, smelly, sometimes bloody diarrhea. The frequency of stools is 5-15 times a day. Mucous neutrophilia, leukocyte and primary erythrocytes are found in the coprogram. Ecchymosis is not obvious in such children. Gastroenteritis and gastroenterocolitis are symptoms of high and long-lasting gastroenteritis in children of early age. repeated vomiting, paroxysmal pain in the abdomen with accelerated watery stool, mixed with mucus and blood. Intestinal toxicosis is observed with exicosis. Abdominal rest, pain along the colon. The liver and spleen may be enlarged.

The abdominal form is similar to appendicitis, mesoadenitis, terminal ileitis and pancreatitis. Anorexia, nausea, vomiting, paroxysmal pain are observed around the navel and in the right flank area. General intoxication temperature 38-40°C, 3-7 days. Headache, lethargy and adynamia are characteristic. Due to the symptoms of intoxication and damage to the gastrointestinal tract, acute intestinal infections are compared with cholera, salmonellosis, escherichia, rotavirus infection, primary staph infection, and opportunistic diseases. Escherichia coli. The disease is called enteropathogenic escherichia, vomiting, diarrhea, poisoning are observed in the clinic. Both occur in the winter and spring months. People of the same age are infected with Escherichia. Characterized by repetition. Yersiniosis infects early and preschool children and is transmitted through alimentary system, acute onset. A rash is not characteristic of Escherichia. In escherichia, the temperature is high or subfebrile, sometimes febrile. It lasts from a few days to a week. In yersiniosis, the typical febrile fever lasts for a long time. On the 1st day of Escherichia, there is a rash, a lot of strong vomiting. In yersiniosis, vomiting is often observed on the 1st day. In escherichia, bowel paresis with flatulence is also observed, with fast, abundant, watery, clear, yellow-green or colorless pathological changes. Yersiniosis occurs with liquid mucus, blood, undigested products. The final confirmation diagnosis is based on serological and bacteriological tests.

Rotavirus infection. It starts sharp and fast. The initial symptom is vomiting — little but a lot, nausea, abdominal pain. In yersiniosis, the initial symptom is liquid, foamy diarrhea, frequent diarrhea, abdominal pain, short-term vomiting. In rotavirus, sudden defecation, abdominal rumbling, gassy, abundant, foamy, pungent smell, yellow or yellow-green in color, relieves after the child has a bowel movement. In yersiniosis, it is febrile like yersiniosis in rotavirus gastroenteritis with a lot of inside, mixed with mucus and blood. In rotavirus infection, hyperemia of the soft palate and tongue is observed. The seasonality of rotavirus infection is autumn-winter, spring, from 9 months to 2 years, in yersiniosis from October to May, rotavirus is mild.

Typhoid fever is an acute intestinal infection that causes damage to the lymphoid apparatus of the small intestine. Bacteremia, poisoning, fever, roseolosis rash, damage to the liver and spleen are characteristic, only humans are affected by typhoid fever. The way of transmission is water, household contact (dairy products). Seasonality is summer-autumn, sporadic spread is observed throughout the year. Latent period from 7 to 25 days, on average 7-14 days. At the onset of the disease, general malaise, loss of appetite, anorexia, headache. Body temperature starts on day 1, reaches its maximum on day 3-5, it is 37.8-38.5°C. The morning is lower than the evening. On the 5-8th day of the disease, the front wall of the abdomen, on the side of the chest, there are roseolous rashes, a round shape, with a clear border, and a sparse rash of pink or white-pink color. Rashes disappear after 3-5 days. Abdominal pain, rumbling, Padalka's symptom is positive - reduction of percussion sound in the right flank area (due to hyperplasia of the lymph node of the anterior abdominal wall). Liver, spleen enlarged. Constipation alternates with constipation. Oliguria turns to anuria. In this period of the disease, the condition of the typhus is characterized by inhibition, blurring of consciousness, positive Kerning-Brudzinsky symptoms, drowsiness, hallucinations, tremors of the hands. In the blood, leukocytosis shifted to the left for 2-3 days. During the outbreak of the disease, leukopenia, neutropenia, young blood cells and myelocytes are detected, aneosinophilia, leukocytosis, E C H T increases. During the disease's remission, the body temperature decreases, and intoxication decreases. Appetite increases and headache disappears.

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