вого шторма, был увеличен значительно и прямо коррелировал с кожными проявлениями.

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KORONAVIRUS INFEKTSIONLI BEMORLARDA KASALLIKNING KLINIK KO'RINISHLARI

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XULOSA

Maqsad. Koronavirusli infeksiya tashxisi tasdiq-langan bemorda kasallanishning og'irlik darajalarini uchrash chastotasi va kasallik kechishining og'irlik darajasiga ta'sir qiluvchi omillar o'rganish.

Material va metodlar. Kuzatuv davomida Respublika Maxsus 2-son Zangiota shifoxonasida 2020-yil avgust-dekabr oylarida koronavirusli infeksiya tashxisi bilan davolangan bemor orasidan 311 nafarining kasallik tarixi hujjatlari olindi hamda retrospektiv usulda o'rganildi. Bemorlarda kasallik kechishining og'irlik darajasini baholashda klinik, laborator va instrumental tahlil usullari qo'llanilgan. 311 nafar bemorning 173 (55,6%) nafari ayol, 138 (44,4%) nafari erkak bo'lib chiqdi. Bemorlarning o'rtacha yoshi 49,5 ga teng. Be-morlarning 53 nafari yondosh kasalliklar (qon-tomir tizimi kasalliklari, qandli diabet, o'pkaning surunkali kasalliklari, o'sma kasalliklari, buyrakning surunkali kasalliklari, semirish) bilan og'riganligi aniqlandi,103 nafar bemorda zararli odat – tamaki chekishi qayd qilindi. Bemorlarning barchasida Covid-19 tashxisi po-limer zanjir reaksiyalari (PZR) tahlili orqali tasdiqlan-gan. Barcha bemorlar kasallik kechishining og'irlik darajasiga qarab 4 guruhga bo'lindi.

*Natija.*Olib borilgan tahlil asosida shu ma'lum bo'ldiki, dastlabki tashxisot vaqtida kasallik I guruh - 68 nafar (21,9%) bemorda simptomsiz, II guruh - 183 nafar (58,8%) bemorda yengil, III guruh - 57 nafar (18,3%) bemorda o'rta og'ir hamda IV guruh - 3 nafar (1%) bemorda og'ir shaklda kechganligi aniqlandi. Yondosh kasalliklari bor bemorlar I guruhda 4 nafarni (5,9%), II guruhda 21 nafarni (11,5%), III guruhda 25 nafarni (43,9%) hamda IV guruhda 3 nafarni (100%) tashkil etdi. Zararli odatlari mavjud bemorlar I guruhda 11 nafarni (16,2%), II guruhda 67nafarni (36,6%), III guruhda 23 nafarni (40,4%) hamda IV guruhda 2 nafarni (66,7%) tashkil etdi.

*Xulosa.*Tadqiqotlar shuni ko'rsatdiki, koronavirusli infeksiya bilan og'rigan bemorlar orasida kasallikning yengil kechishi ko'proq kuzatilgan. Kasallik kechishining og'irlik darajasiga yondosh kasalliklarning hamda zararli odatlar mavjudligi salbiy ta'sir ko'rsatgan. Kasallikning simptomsiz kechadigan turi bilan og'rigan bemorlar shifokorga murojaat qilmasligi tufayli kasallikning tarqalish zanjirida faol ishtirokchi bo'lib hisoblanadi.

*Kalit so'zlar:*koronavirusli infeksiya, og'ir kechivchi o'tkir respirator sindrom

РЕЗЮМЕ

Цель: Изучить степень тяжести заболевания у пациента с диагностированной коронавирусной ин-фекцией, частоту возникновения и факторы, влия-ющие на тяжесть заболевания.

Материалы и методы. В ходе наблюдения ис-пользована ретроспективная база данных паци-ентов, пролеченных с диагнозом "Коронавирусная инфекция" в период

август-декабрь 2020 года в Республиканской Специализированной Больнице Зангиота №2. Для оценки степени тяжести заболевания у пациентов использовались клинические, лабораторные и ин-струментальные методы анализа. Из 311 пациентов 173 (55,6%) составляли женщины и 138 (44,4%) мужчины. Средний возраст пациентов - 49,5 лет.

53 пациентов были диагностированы сопутству-ющие заболевания (сердечно-сосудистые заболе-вания, сахарный диабет, хронические заболевания легких, рак, хроническое заболевание почек, ожи-рение), 103 пациента имели вредную привычку - курение. У всех пациентов диагноз Covid-19 был подтвержден анализом полимерных цепных ре-акций (ПЦР). Все пациенты были разделены на 4 группы по степене тяжести болезны.

Результат.На основании анализа установлено, что на момент постановки первичного диагноза заболевание протекало бессимптомно в I группе - 68 (21,9%) пациентов, легкое во II группе - у 183 (58,8%) пациентов, среднетяжелая в III группе у 57 (18,3%) пациентов и тяжелое IV группе у 3 (1%) - пациентов. Пациенты с сопутствующими заболе-ваниями 4 (5,9%) в I группе, 21 (11,5%) во II группе, 25 (43,9%) в III группе и 3 (100%) в IV группе. Боль-ные с вредными привычками составили 11 (16,2%) человек в группе I, 67 (36,6%) человек во II группе, 23 (40,4%) человека в группе III и 2 (66,7%) человека в группе IV.

Выводы.Клинический анализ показал, что у па-циентов с коронавирусной инфекцией чаще встре-чается легкое течения заболевания. На тяжесть заболевания негативно повлияло наличие сопут-ствующих заболеваний и вредных привычек. Боль-ные с бессимптомными формами заболевания счи-таются активными участниками цепи передачи заболевания, поскольку они не обращаются к врачу.

Ключевые слова:коронавирусная инфекция, тя-желый острый респираторный синдром

ABSTRACT

The aim of the study was to study the severity of the disease in a patient diagnosed with coronavirus infection, the incidence and factors influencing the severity of the disease.

*Materials and methods.*During the observation, a retrospective database of patients treated with a diagnosis of Coronavirus infection was used in the period August-December 2020 at the Republican Specialized Hospital of Zangiota №2. Clinical, laboratory and instrumental methods of analysis were used to assess the severity of the disease in patients. Of the 311 patients, 173 (55.6%) were women and 138 (44.4%) were men. The average age of patients is

49.5 years. 53 patients were diagnosed with concomitant diseases (cardiovascular diseases, diabetes mellitus, chronic lung diseases, cancer, chronic kidney disease, obesity), 103 patients had a bad habit - smoking. In all patients, the diagnosis of Covid-19 was confirmed by polymer chain reaction (PCR) analysis. All patients were divided into 4 groups according to the severity of the disease.

*Results.*Based on the analysis, it was found that at the time of the initial diagnosis, the disease was asymptomatic in group I - 68 (21.9%) patients, lung in group II - in 183 (58.8%) patients, moderate in group - in 57 (18 , 3%) patients and severe group IV in 3 (1%) - patients. Patients with concomitant diseases 4 (5.9%) in group I, 21 (11.5%) in group II, 25 (43.9%) in group III and 3 (100%) in group IV. Patients with bad habits were 11 (16.2%) people in group I, 67 (36.6%) people in group II, 23 (40.4%) people in group III and 2 (66.7%) people in group group IV.

*Conclusion.*Clinical analysis showed that patients with coronavirus infection are more likely to have a mild course of the disease. The severity of the disease adversely affected by the presence of concomitant diseases and bad habits. Patients with asymptomatic

forms of the disease are considered active participants in the chain of transmission of the disease, since they do not go to the doctor.

Keywords: coronavirus infection, severe acute respiratory syndrome.

Muammoning dolzarbligi. Koronavirus 2019-yil oxirlarida Xitoyda epidemiya chaqirgan qo'zg'atuvchi bo'lib, 2020-yilda boshqa davlatlarga tarqalishi tufayli pandemiya holatini yuzaga keltirdi. 2020-yil fevral oyida Butun Jahon Sog'liqni Saqlash Tashkiloti (BJSST) yangi kasallikkni - COVID-19, virusni "og'ir kechivchi o'tkir respirator sindromni chaqiruvchi koronavirus-2" (SARS-CoV-2 - Severe acute respiratory syndrome-related coronavirus 2) deb nomlandi [1].

COVID-19 pandemiyasi o'tgan qisqa vaqt oralig'ida inson faoliyatining barcha jabxalarida ijtimoiy, iqtisodiy va siyosiy jixatdan salbiy oqibatlarga, inson omilining maxsuldorligi kamayishiga olib keldi. Bu holat kasallikning og'irlik darajasigabog'liq bo'lib, ko'p hollarda simptomsiz, yengil yoki o'rta og'ir shaklda namoyon bo'ladi. Kasallikning turlicha og'irlikda kechishi qisqa davr mobaynida yaxshi o'rganilgan bo'lishiga qaramasdan, ularning aniq ko'rsatkichlari haligacha noma'lum [2-10]. Ba'zi bir manbalar kasallikning simptomsiz kechishi kogort usulida tahlil qilganda 30-40% uchrashi aniqlangan [10,11]. Ammo, olibborilgan tekshiruvlarda bemorlarni kasallik butun davomiyligi bo'ylab tahlil qilinmaganligi, kasallik og'irlik darajasini belgilovchi saralab olingan simptomlarning o'zaro farq qilishi tufayli turli noaniqliklarga sabab bo'lgan. Kasallikning simptomlarsiz kechishiga dastlabki tashxisot vaqtida belgilarning hali shakllanib ulgurmaganligi sabab bo'lishi, simptomlarning keyinchalik yuzaga chiqishi mumkinligini nazardan chetda qoldirmaslik zarur. Ayrim mualliflarning kuzatishlari natijasiga ko'ra, simptomlari o'rtacha kasallikning to'rtinchi kunda namoyon bo'lgan [12].Koronavirusliinfeksiyani o'rta og'ir, og'ir kechishi patogenezida kuchli immun javob, endotelial disfunksiya va giperkoagulyatsion sindrom uchligi asosiy o'rinni egallashi, natijada gemostaz buzilishi, tromboz, nafas hamda poliorgan yetishmovchilikka kabi oqibatlarga olib kelishi aniqlangan. Ko'rsatilgan tibbiy yordamning keng qamrovligi, tezkorligiga qaramasdan kasallikning bemorlarda og'ir kechishi hamda o'lim holatlarining kuzatilishi muammo dolzarbligini anglatadi. Shu sababli, kasallikning og'irlik darajasi o'z vaqtida to'g'ri baholanishi davo rejasining to'g'ri tanlanishiga, davolash samaradorligini oshishiga va bemor hayot sifatining yaxshilanishiga olib keladi.

Maqsad. Koronavirusli infeksiya tashxisi tasdiqlangan bemorlarda kasallanishning og'irlik darajalarini uchrash chastotasi, ularga ta'sir qiluvchi omillarni o'rganish.

Material va metodlar. Kuzatuv davomida Respublika Maxsus 2-son Zangiota shifoxonasida 2020-yil avgust-

dekabr oylarida koronavirusli infeksiya tashxisi bilan davolangan bemor orasidan 311 nafarining kasallik tarixi hujjatlari olindi hamda retrospektiv usulda o'rganildi. Bemorlarda kasallik kechishining og'irlik darajasini baholashda klinik, laborator va instrumental tahlil usullari qo'llanilgan. 311 nafar bemorning 173 (55,6%) nafari ayol, 138 (44,4%) nafari erkak bo'lib chiqdi. Bemorlarning o'rtacha yoshi 49,5 ga teng. Bemorlarning 53 nafari yondosh kasalliklar (yurak-qon tomir tizimi kasalliklari, qandli diabet, o'pkaning surunkali kasalliklari, o'sma kasalliklari, buyrakning surunkali kasalliklari, semirish) bilan og'riganligi aniqlandi,103 nafar bemorda zararli odat – tamaki chekishi qayd qilindi.

Bemorlarning barchasida Covid-19 tashxisi polimer zanjir reaksiyalari (PZR) tahlili orqali tasdiqlangan.

Natijalar va muhokama. COVID-19 tashxisi bilan davolangan bemorlardan 207 nafarida (67%) isitma, 221 nafarida (71%) yo'tal, 52 nafarida (17%) hid va ta'm sezgisining o'zgarishi, 19 nafarida (6%) yutinganda og'riq, 56 nafarida (18%) terlash, 231 nafarida (74%) umumiy holsizlik, 13 nafarida (4%) burun bitishi, 10 nafarida (3%) qusish, 69 nafarida (22%) ich ketishi, 221 nafarida (71%) bosh va tanadagi og'riq, 3 nafarida (1%) nafas yetishmovchiligi aniqlangan (**diagramma 1**).

Barcha bemorlar kasallik kechishining og'irlik darajasiga qarab 4 guruhga bo'lindi.

O'rganilgan bemorlarning I guruhi - 68 nafarida ko'rik vaqtida kasallik simptomlari aniqlanmagan bo'lib, ularning 41 nafarini ayollar, 27 nafarini erkaklar tashkil qilgan.

Bemorlarning 53 nafari 50 yoshga yetmagan. 4-nafarida yondosh kasalliklar kuzatilgan.11 nafar bemor tamaki maxsulotlari iste'mol qilgan. Guruhdagi barcha bemorlar davolanishning dastlabki kunlarda ko'krak qafasi kompyuter tomografiyasi usulida tekshirilganda ularning 31 nafarida yallig'lanishga xos rentgenologik belgilar aniqlangan. Davolanishning
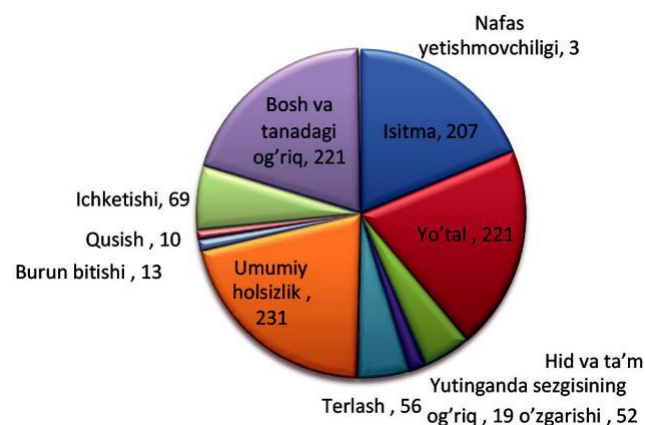

Diagramma 1. Bemorlarda aniqlangan klinik simptomlar.
Клинические симптомы, выявленные у пациентов.
Clinical symptoms identifi ed in patients.

dastlabki 10 kuni davomida ularning 47 nafarida kasallikka xos simptomlar yuzaga chiqqan bo'lib, 14 nafarida isitma, 28 nafarida yo'tal, 8 nafarida hid va ta'm sezgisining o'zgarishi, 19 nafarida yutinganda og'riq, 5 nafarida terlash kuzatilgan. 21 nafarida kasallik klinik simptomlarsiz kechgan.Davolangan 68 nafar bemorning o'rtacha davolanish muddati 13,7±0,8 kunni tashkil qilgan.

Dastlabki tashxisga ko'ra II guruh - 183 nafar bemorda kasallikyengil shaklda kechgan bo'lib, ularning 119 nafarini ayollar tashkil qilgan.135 nafari 50 yoshga to'lmagan. 21 nafarida yondosh kasalligi aniqlangan. 67 nafar bemor tamaki maxsulotlarini kundalik iste'mol qilganligi qayd qilingan.II guruhdagi bemorlarning143 nafarida isitma, 39 nafarida terlash,174 nafarida umumiy holsizlik, 135 nafarida yo'tal, 13 nafarida burun bitishi, 8 nafarida qusish, 67 nafarida ich ketishi,161 nafarida bosh va tanadagi og'riq, 38 nafarida ta'm va hid sezgisining buzilishi kuzatilgan. Davolangan 183 nafar bemor ko'krak qafasi kompyuter tomografiyasi xulosasiga ko'ra 109 nafarida zotiljamga xos belgilar – o'pka to'qimasining 5-20 % zararlanishi aniqlangan. Gipoksiya belgalari kuzatilmagan. Bemorlarning o'rtacha davolanish muddati 21,8±1,4 kunni tashkil qilgan. Bemorlar orasida qonning kislorodga to'yinganlik ko'rsatkichi - saturatsiya 94,4±0,7% ga teng bo'lgan.

Bemorlarning III guruhi - 57 nafarida datlabki tashxisga ko'ra kasallik o'rta og'ir shaklda kechgan bo'lib, ularning 11 nafari ayollar tashkil qilgan. 42 nafari 50 yoshdan oshgan hamda 25 nafarida yondosh kasalliklar aniqlangan. 23 nafar bemor tamaki maxsulotlari doimiy iste'mol qilib kel gan.Gu ruh a'z ola rini ng 47 naf ari da isit ma, 9 nafarida terlash,54 nafarida umumiy holsizlik, 55 nafarida yo'tal, 1 nafarida qusish, 2 nafarida ich ketishi, barchasida bosh va tanadagi og'riq, 5 nafarida ta'm va hid sezgisining buzilishi davolanishning dastlabki kunlarida kuzatilgan. Guruhdagi bemorlarning ko'krak qafasi kompyuter tomografiyasi xulosasiga ko'ra 52 nafarida zotiljamga xos belgilar – o'pka to'qimasining 25-45 % zararlanishi aniqlangan. Gipoksiya belgalari 31 nafar bemorda yuzaga kelgan, barchasi namlangan kislorod orqali
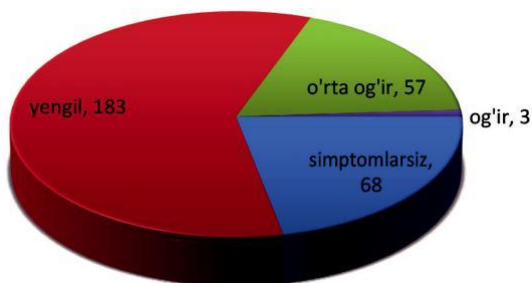
nafas olgan. Davolangan bemorlarda qonning kislorod bilan to'yinganlik ko'rsatkichi – saturatsiya o'rtacha 93±1,2% ni tashkil qilgan. Bemorlarning o'rtacha davolanish muddati 27,3±1,7 kunni tashkil qilgan.

Davolangan bemorlarning IV guruhi - 3 nafarida dastlabki tashxisot kasallikning og'ir kechishini ko'rsatgan. Bemorlarning 2 nafari ayol bo'lgan. Bemorlarning 3 lasida ham 2 dan ortiq yondosh kasalliklar aniqlangan, yoshi 50 dan oshgan. 2 nafar bemor tamaki maxsulotlari iste'mol qilgan. Barcha bemorlarda nafas yetishmasligi, isitma, holsizlik, terlash, bosh va tanadagi og'riq, yo'tal bezovta qilgan. 1 nafar bemorda ta'm va hid sezgisining o'zgarishi, 1 nafar bemorda qusish kuzatilgan. Kuzatuvda bo'lgan 3 nafar bemor ko'krak qafasi kompyuter tomografi yasi xulosasiga ko'ra 2 nafarida o'pka to'qimasining 55-65 % zararlanishi, 1 nafarida 75-80 % zararlanishi aniqlangan. Gipoksiya belgilari 3 nafar bemorda ham kuzatilgan, barchasi namlangan kislorod orqali nafas olgan. Davolangan bemorlarda qonning kislorod bilan to'yinganlik ko'rsatkichi – saturatsiya o'rtacha 88±3,2% ni tashkil qilgan. Bemorlarning o'rtacha davolanish muddati 34,5±0,7 kunni tashkil qilgan.

XULOSA

Olib borilgan tahlil asosida shu ma'lum bo'ldiki, dastlabki tashxisot vaqtida kasallik 68 nafar (21,9%) bemorda simptomsiz, 183 nafar (58,8%) bemorda yengil, 57 nafar (18,3%) bemorda o'rta og'ir hamda 3 nafar (1%) bemorda og'ir shaklda kechganligi aniqlandi (**diagramma 2**). Kasallikning simptomlarsiz kechishi bemorlarni shifokorga murojaat qilishga undamaganligi sababli nisbatan ko'p uchrashini xulosa qilishimiz mumkin.

Kasallikning og'ir kechishi bemorlarda oldindan yondosh kasalliklarning mavjudligi bilan bog'liqligi aniqlangan. Ya'ni, o'rganilgan ma'lumotlar asosida yondosh kasalliklari bor bemorlar I guruhda 4 nafarni (5,9%), II guruhda 21 nafarni (11,5%), III guruhda 25 nafarni (43,9%) hamda IV guruhda 3 nafarni (100%) tashkil etdi (**diagramma 3).**
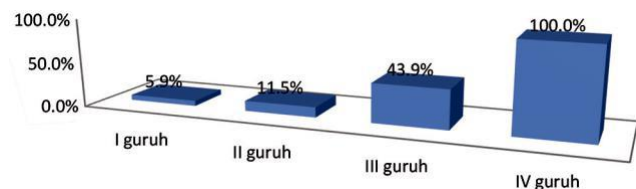

Diagramma 2. Kasallik og'irlik darajalarining uchrashi.
Частота заболеваемости по степени тяжести.
Frequency of disease severity in patients.

Diagramma 3. Guruhlarda yondosh kasalliklari bor bemorlarning foiz miqdori.
Процент пациентов с сопутствующими заболеваниями в группах.
Percentage of patients with comorbidities in groups.

Kasallikning kechishida zararli odatlarning mavjudligi o'z ta'sirini ko'rsatishini ham inobatga olish lozim. Zararli odatlari mavjud bemorlar I guruhda 11 nafarni (16,2%), II guruhda 67 nafarni (36,6%), III guruhda 23 nafarni (40,4%) hamda IV guruhda 2 nafarni (66,7%) tashkil etdi (**diagramma 4**).

Yuqoridagi holatlarning mavjudligi bemorda kasallik kechishini og'irlashishiga, tuzalish davrining uzayishiga hamda ruhiy jihatdan tushkunlikka tushushini sabab bo'ladi. Qolaversa, bu omillarning inobatga olinishi davlat mablag'larini tejalishiga va sog'liqni saqlash tizimi xodimlari zimmasidagi yuklamani kamaytirishga yordam beradi.
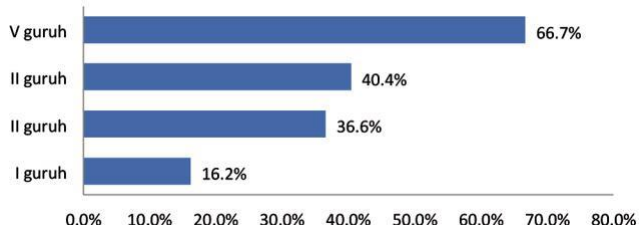

Diagramma 4. Guruhlarda zarali odatlari bor bemorlarn-ing miqdori. Количество пациентов с вредными привычками в группах. The number of patients with bad habits in groups.

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