

WOUND DISEASE: PREVENTION AND TREATMENT

Aminova Mohinur Normurod's daughter

Student Of the Faculty of Medicine, Tashkent Medical
Academy, Termiz Branch No. 1

Ziyodullayev Abdumajid Alijon o'g'li

Student of the Faculty of Medicine, Tashkent Medical
Academy, Termiz Branch No. 2

Salaev Atamurod Bahadir o'g'li

Student of the Faculty of Medicine, Tashkent
Medical Academy, Termiz Branch No. 1

Aliyorova Marjona Dilshodovna

Student of the Medical Faculty of Tashkent
Medical Academy, Termiz Branch No. 1

Khalilov Davron Bakhtiyorovich

Tashkent Medical Academy, Termiz Branch No. 1,
Student of the Faculty of Medicine

Annotation

This article provides feedback on wound disease and its prevention and treatment.

Keywords: Wound, lymph node, ulcer, condyloma microorganism, antibiotic, penicillin, spirochete

Introduction:

Ulcer or syphilis is a chronic genital (venereal) disease with damage to all organs and systems. The wound has been known since ancient times. Zakhm appeared almost all over the world at the beginning of the 16th century. Wound discharge is caused by treponema (spirochetes) (this microorganism is called discharge because it stains poorly with aniline dye). It is present in the patient's blood, skin wound, lymph nodes, spinal fluid, saliva, nerve tissue and all organs, even in the milk of a woman with a

wound and in the lust of a man. Discharge treponema dies when dried outside the body, but survives in moist environments (for example, lust, saliva, vaginal mucus).

Main Part:

The patient is the source of the wound; he gets the disease when he kisses, has sex with, or uses the dishes of a healthy person. In the following years, cases of Wound infection through blood transfusion are observed occasionally. When the discharge treponema enters the skin or mucous membrane, it multiplies rapidly and spreads throughout the body through the lymphatic vessels. A person infected with an ulcer first feels completely healthy, after 3-4 weeks (hidden - after the end of the incubation period), the first sign of an ulcer - a painless primary syphiloma (hard chancre) appears at the place where the oozing treponemas entered. If the patient has been treated with antibiotics for furunculosis, pneumonia, angina, gonorrhea and other diseases, the latent period of the wound can be much longer. In such cases, the appropriate dose of the antibiotic is unable to destroy treponemas and stops their development a little, as a result of which the latent period is much longer, and the disease may progress differently. With the appearance of a hard chancre, the first stage of the wound begins: the lymph nodes near the wound (chancre) become inflamed, enlarged, and slightly hardened; often, the medicine dries up, fever, headache, especially at night, the bones ache, insomnia is observed. This period lasts 6-9 weeks, and if not treated in time, it passes into the second period: large and small, colorful rashes (with purulent nodules) appear on the mucous membrane of the mouth, genitals, hands, feet, and body in the form of spots, nodules, and hakoza. will be; most patients begin to lose hair, bones, joints, muscles, blood vessels, heart, eyes, ears, internal organs and nervous system may be affected. During this period, the patient is extremely dangerous for others. The rash that appears at the beginning of the second period disappears completely after some time, even if there is no treatment; the patient feels healthy and does not complain about anything, but this does not mean that the patient's pain is gone and he does not infect others. It is only the latent or hidden period of the wound. If the patient is treated diligently, he will recover. If left untreated, the disease will suddenly recur (relapse), all the symptoms of the second period will appear, and after some time they will disappear again. This process can be repeated several times. Each relapse differs from the previous one only by less rash. If the patient does not follow the instructions of the doctor and consumes alcohol, after about 3-5 years, the second period will pass to the last, third period of the wound: lumps like cherry seeds or eggs, sometimes larger, appear, which erode the tissues, turn into wounds and end with scars. The outcome of the disease depends on the location of the tumors. If vital organs such as the brain, heart, veins, and liver are damaged, the patient's life is in danger; if the face is affected, the skeleton of the nose is destroyed, and the patient becomes ugly, with a saddle-shaped nose. Damage to

organs of movement, sight, hearing, and nervous system will leave a person disabled for life. The wound does not always progress to the third stage. If the patient starts treatment in the first period of the disease, he will recover before the second period appears. If the patient is not treated in time and misses his illness, the three stages of the wound occur one after the other. The nervous system is damaged in the first stage of the wound, but it is very severe in the third stage - it causes pseudospinal cord and progressive paralysis; in this case, even new drugs do not benefit the patient. The following tests are necessary for the diagnosis of ulcer disease: Collecting an anamnesis from the patient helps to determine the source of infection and the route of transmission. It is necessary to determine when the rash appeared and to find out whether there has been a change in the general condition. In an objective view, attention is paid to the location of rashes, their shape, color, and uniqueness. From laboratory tests: x-ray, MRI, CT, UTT tests help to identify chancres in internal organs. Such examinations are conducted in order to rule out the third stage of the disease. Wound detection analysis. When biomaterial (blood, cerebrospinal fluid, secretions from the skin) is examined under a microscope, leaky treponemas are detected. Wasserman reaction (RW). Blood is taken from the patient, antibodies are detected in the blood, that is, antibodies formed against treponema are formed. This test can sometimes give false results. PCR. Polymerase chain reaction is a reliable method for detecting treponema in biomaterial obtained from a patient. Serological tests. RPGA, RIBT, RIF, IFA - all these identify the causative antigen and antibodies.

Conclusion:

Nowadays, this disease is completely curable, the important thing is to consult a doctor in time. A re-examination is required after treatment, and further re-examinations are required after 3, 6 and 12 months. Primary wound healing procedures are carried out for 3 months and in secondary wound treatment for 24 months. It is absolutely impossible to have sex during the treatment! At this time, the patient will have to use household items and personal hygiene products only by himself. Healthy people should avoid any contact with the patient. The main treatment antibiotic is penicillin group antibiotics. If the patient is highly sensitive to these antibiotics, or allergic reactions are observed, another group of antibiotics is used. In stationary conditions, antibiotics are given 8 times every 3 hours during the day. Immunostimulants are also added to the treatment. If the wound disease is not treated in time, the infection spreads to the internal organs and causes their dysfunction. Often, the symptoms of the disease decrease at first, and then the patient's condition suddenly worsens. Complications of the disease depend on its stage. If the first symptoms of the disease appear and it does not bother the patient, it is necessary to undergo a doctor's examination, otherwise the consequences of the disease may end negatively.

REFERENCES:

1. Arifov S, Eshboyev E., Teri va tanosil kasalliklari, T., 1997. Harper KN, Ocampo PS, Steiner BM, et al (2008). "On the origin of the treponematoses: a phylogenetic approach". PLoS Negl Trop Dis 2 (1): e148. doi:10.1371/journal.pntd.0000148. PMID 18235852. PMC 2217670. <http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0000148>.
2. Генетики подтвердили вину Колумба в распространении сифилиса // MedPortal.ru. — 15.01.2008. Andoza: Проверено Lerner V, Finkelstein Y, Witztum E (June 2004). "The enigma of Lenin's (1870-1924) malady". Eur. J. Neurol. 11 (6): 371–6. doi:10.1111/j.1468-1331.2004.00839.x. PMID 15171732.
3. Соколовский Е. В., Красносельских Т. В. Сифилис — на рубеже тысячелетий Arxivlandi 2008-06-14 Wayback Machine saytida. Венеролог. — № 4. — 2005. — С. 76-77.
4. Картамышев А. И. Патогенез Сифилиса // Кожные и венерические болезни. — М.: МЕДГИЗ, 1953. — 636 с. — 75 000 экз.
5. O'zME. Birinchi jild. Toshkent, 2000-yil