

Conclusion:

1. Due to the EEG method, we were able to trace the sequence of occurrence and development of electric potentials shifts in conditions of combined inhalation anaesthesia with sevoflurane.

2. The clinical symptoms and brain bioelectrical activity examination showed effective anaesthetic protection in a shallow level of anaesthesia during combined in halation anaesthesia.

3. The results of the studies allow us to conclude that the use of sevoflurane in combination with fentanyl in children with ophthalmic surgery is highly effective.

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CLINICAL CASE OF CUTANEOUS LEISHMANIASIS

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Resume

The article provides a description of the clinical case of cutaneous leishmaniasis. The authors provide brief information about the etiology and pathogenesis of the disease, options for the clinical course, diagnostic features and modern methods of treatment of the disease. The crucial role of histological examination, as well as anamnestic data in the diagnosis is emphasized. The article describes the clinical observation of a 14-year-old patient, which was observed by dermatologists with various diagnoses for 2 months. Given the nature of the disease, seasonality, as well as characteristic histological changes and, the patient was diagnosed with cutaneous leishmaniasis.

Keywords: cutaneous leishmaniasis, etiology, pathogenesis, clinic, anthroponotic, zoonotic, reservoir, carrier, mosquitoes, leishmanioma, ulcers, scars.

КЛИНИЧЕСКИЙ СЛУЧАЙ КОЖНОГО ЛЕЙШМАНИОЗА

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Резюме

В статье представлено описание клинического случая кожного лейшманиоза. Авторы приводят краткие сведения об этиологии и патогенезе данного заболевания, вариантах клинического течения, особенностях диагностики и современных методиках лечения данного заболевания. Подчеркнута решающая роль гистологического исследования, а также анамнестических данных в постановке диагноза. В статье описано клиническое наблюдение за 14-летней больной, которая в течение 2 месяцев наблюдалась у дерматологов с различными диагнозами. С учётом характера заболевания, сезонности, а также характерных гистологических изменений больной был выставлен диагноз кожный лейшманиоз.

Ключевые слова: кожный лейшманиоз, этиология, патогенез, клиника, антропонозный, зоонозный, резервуар, переносчик, москиты, лейшманиома, язвы, рубцы.

ТЕРИ ЛЕЙШМАНИОЗИНИНГ КЛИНИК ҲОЛАТИ

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Резюме

Ушбу мақолада тери лейшманиози касаллигининг клиник ҳолати тавсифи тақдим этилган. Муаллифлар ушбу касалликнинг этиологияси ва патогенези, клиник турлари, таъхислашнинг хусусиятлари ва даволашнинг замонавий усуллари тўғрисида қисқа маълумотлар бермоқдалар. Касалликни тасҳишлашда гистологик текширувининг, шунингдек, анамнестик маълумотларнинг ҳал қилувчи аҳамияти таъкидланган. Мақолада 2 ой давомида дерматологлар кўзатувида бўлиб турли таъхис қўйилган 14-ёшли беморни клиник кўзатуви тасвирланган. Касалликнинг характери, мавсумийлиги, шунингдек характерли гистологик ўзгаришларни ҳисобга олинган ҳолда, беморга тери лейшманиози таъхиси қўйилди.

Калит сўзлар: тери лейшманиози, этиология, патогенез, клиникаси, антропоноз, зооноз, резервуар, инкубацион давр, паиша, лейшманиома, яралар, чандиқлар.

Topicality

Leishmaniasis is known as the Baghdad boil, kala azar, eastern ulcer and has many other names. This is a group of transmissible protozoal diseases caused by flagellate protozoa of the genus Leishmania, which are common on all continents.

Their carriers are mosquitoes belonging to the genus Phlebotomus [3,7,8].

According to the etiological and geographical distribution it divided into anthroponotic and zoonotic cutaneous leishmaniasis of the Old World and cutaneous leishmaniasis of the New World. Anthroponotic cutaneous leishmaniasis of the Old

World is found in southern Europe, the Middle East, Africa, India, Pakistan, Uzbekistan and Turkmenistan. The causative agent is *L. tropica* minor. The source of infection is a sick person; the carrier is mosquitoes of the genus *Phlebotomus*. Cutaneous leishmaniasis of New World is caused by *L. mexicana* (Mexican cutaneous leishmaniasis), *L. braziliensis* (Brazilian cutaneous leishmaniasis) and *L. peniviana* (Peruvian cutaneous leishmaniasis). The disease is found in South and Central America, the sources of invasions are rodents, many wild and domestic animals [2,6,7,9].

In the countries of the Central Asian region, leishmaniasis occurs in Uzbekistan and Turkmenistan, as well as in certain regions of Kazakhstan more often than in other regions [4]. In Uzbekistan, cutaneous leishmaniasis is one of the common natural focal diseases and is more common in the form of zoonotic cutaneous leishmaniasis of the second, rural type [5,7]. In the endemic regions of Uzbekistan (Bukhara, Kashkadarya, Khorezm, Jizzakh, Surkhandarya, Karakalpakstan) there is a fairly high prevalence of zoonotic cutaneous leishmaniasis, where dozens of new cases of this disease are recorded annually [1,7].

Regardless of the type of *Leishmania*, there are two stages of development in its life cycle: non-flagellate (amastigotic) intracellular (in the human body and other vertebrates - in the spleen, liver, bone marrow, lymph nodes, skin macrophages) and flagellate (promastigotic) motile (in the lumen of the intestine of the carrier - mosquito). Amastigotes of *Leishmania* have an oval or round shape, sizes 3-51 microns. Promastigotes - a mobile form with a flagellum, has a fusiform shape (length 10-20 microns, width 4-6 microns) [3].

An infected female becomes contagious after 4-6 days. Transmission of the causative agent occurs when a mosquito bites or crushes. The causative agent multiplies in the place of introduction. The general reaction of the body is weak. After undergoing the disease remains a strong immunity. The incubation period lasts from 3 months to 1.5 years or more [3,6].

The clinical picture of anthroponotic cutaneous leishmaniasis of the Old World (synonym: late

ulcerative cutaneous leishmaniasis) is characterized by limited skin lesions with ulceration and subsequent scarring. Initially, a small pink papule with a smooth surface forms on the skin, which increases, reaching 1-2 cm in diameter after 3-6 months, and becomes covered with a crust. After the crust falls off, a shallow ulcer with a granular bottom is formed, covered with purulent plaque. The edges of the ulcer are infiltrated, it gradually increases, reaching 4-6 cm in diameter. By the 8-10th month of the disease, granulations appear in the center and on the periphery of the ulcer, and by the end of the 12th month it is completely healed. Ulcers are often localized on the face and upper limbs, their number varies from 1-3 to 8-10 [2,9].

The incubation period of zoonotic cutaneous leishmaniasis of the New World (synonym: acutely necrotizing cutaneous leishmaniasis) - from 1 week to 1.5 months. In contrast to late ulcerative cutaneous leishmaniasis, the lesion on the skin is large, inflammatory infiltration is more pronounced, an ulcer with a diameter of 10-15 cm or more is formed within 1-2 weeks from the onset of the disease. Multiple secondary tubercles with a tendency to ulceration often appear around the primary element. Cicatrization of ulcers begins after 2-4 months and ends within 6-7 months. Leishmaniomas are often localized on the lower extremities, less often on the trunk and face [6].

Clinical case

Patient O. Z., 14 years old, resident of the Surkhandarya region. Was admitted to the clinic 07/30/19 with complaints of purulent foci on the face, on the left hand, fever, slight itching, weakness, loss of appetite.

From the anamnesis morbi: according to the aunt, the first signs of the disease appeared in the June. The onset of the disease is associated with a mosquito bite; small tubercles were noted. On this occasion, they turned to the clinic at the place of residence, where local treatment was prescribed for 10 days (they do not remember the name of specific ointments). There was no effect from the prescribed therapy. Then another local treatment was prescribed (they do not remember the name of ointments), as well as "Diazolin" in tablets. From

the prescribed therapy, the same effect was not observed. In connection with what they turned to the doctor (cannot remember the specific treatment), the effect of the treatment was not observed. Foci of lesion began to increase in size, suppuration, soreness, fever, weakness appeared. In this connection, the patient turned to the dermatological department of the TashPMI clinic for in-patient examination and in-patient treatment.

From the anamnesis vitae: a child from 2 pregnancies, 2 births. Births on time are physiological. WB = 3400, HW = 51 cm. Pregnancy was in the background of anemia, toxicosis. The child cried out at once. The child was breast-fed up to a year. Received vaccinations according to the calendar. The girl grew and developed according to age. Postponed disease - acute respiratory viral infection, sore throat. Heredity is not burdened. Allergic reactions to food and drugs denied.

On examination, the general condition of the patient of moderate severity, clear consciousness, forced position. The skin and visible mucous membranes outside the lesions are clean, moist.

The submandibular lymph nodes are slightly enlarged, painless, not fused. The pharynx is calm; the tongue is slightly covered with a white coating. Breathing through the nose is free, vesicular breathing in the lungs. Heart tones are clear, rhythmic. Pulse 80 beats per minute, rhythmic. The abdomen on palpation is soft, painless. The liver protrudes from under the costal arch by 2 cm, the spleen is not enlarged. The musculoskeletal system is developed according to age. Neurological status without features. The stool is regular. Diuresis is normal.

Status localis: the skin-pathological process is of an inflammatory, common, asymmetric nature. It is located on the face (above the upper lip, on the cheek in the region of the cheekbones on the left), on the front and back surfaces of the left forearm. Crater-like ulcers with a granular bottom, oval in shape, with clear boundaries are noted in these areas. Ulcers of various sizes (from 0.5-1 cm to 6-9 cm in diameter), with abundant purulent discharge, around which there is a wide zone of infiltrate with inflammatory swelling of the surrounding tissue (pic. 1, 2).



Pic. 1. Patient O.Z., 14 y.o. Cutaneous leishmaniasis.

Subjectively: soreness, slight itching. Red dermographism.

The patient was examined:

General blood count: Hb - 108 g/l, RBC - $3,39 \cdot 10^{12}$, CI - 0,9, WBC - $4,1 \cdot 10^9$, neutrophils: segmented nuclear - 55%, eosinophils - 5%, lymphocytes - 39%, monocytes - 1%, ESR - 7 mm/h.

General urine analysis: WBC - 4-5, uric acid crystals (+).

General analysis of feces for worm eggs and lamblia cysts - not found, WBC - 1-6.

Histological examination: granulomatous infiltrate, consisting of epithelioid cells, lymphocytes, histiocytes.

Based on the anamnesis, clinical picture of the disease, laboratory data, a clinical diagnosis was established a clinical diagnosis: Cutaneous leishmaniasis.



Fig. 2. Patient O.Z., 14 y.o. Cutaneous leishmaniasis. Symptom of "fish roe".

The patient was prescribed drugs:

Sol. Ceftriaxoni - 1.0 i/v 2 times a day №7; Sol. Actovegini - 2.0 i/v x 2 times a day №5; Sol. Vitamin B1, B6 - 1.0 i/v x in one day №5; Tab. Doxycyclini – 0.1 x 1 tab. 2 times a day №7; Tab. Diazolini - 0.1 ½ tab. x 2 times a day №7; Tab. Delagili - ½ tab. x 1 per day №7; Tab. Nistatini - 500,000 units. ½ table x 3 times a day №7;

Topical treatment: lotions with Furacilinum, aqueous aniline dyes, 10% dermatol ointment, 10% ichthyol ointment.

During treatment, the patient noted the dynamics of the skin process: the cessation of purulent discharge, a decrease in the zone of infiltration. Pain decreased, itching stopped. On the 12th day of treatment, the patient was discharged home, with clinical improvement under the supervision of a pediatrician and dermatologist in the community.

Thus, at this disease, a thorough examination and timely initiated etiological therapy are necessary, which will contribute to a favorable prognosis.

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ANTENATAL VALUE RISK FACTORS IN THE FORMATION INTRAUTERINE GROWTH RETARDATION

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Resume

Intrauterine growth retardation is one of the urgent problems of modern medicine worldwide.

Objective: to identify significant antenatal risk factors in the formation of symmetric and asymmetric options for intrauterine growth retardation.

Materials and research methods: to solve the tasks we examined 308 newborns, of which: 235 children with IUGR and 73 practically healthy newborns. In order to study the health status of mothers of the observed newborns, their obstetric and gynecological history, the course of pregnancy and childbirth, a thorough analysis of the history of childbirth was carried out.

Results of the study: we found that the incidence of mothers who gave birth to children with intrauterine growth retardation and development in asphyxia is significantly higher than among mothers who gave birth to children with IUGR without asphyxiation. The presence of broncho-pulmonary and cardiovascular pathologies in mothers increases the risk of having children with intrauterine growth retardation and development in asphyxia by 2–3 times.