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**ТРУДНОСТЬ ДИФФЕРЕНЦИАЛЬНОЙ ДИАГНОСТИКИ ТЯЖЕЛОГО
ТЕЧЕНИЯ ГЕМОРРАГИЧЕСКОЙ ЛИХОРАДКИ С ПОЧЕЧНЫМ
СИНДРОМОМ, ОСЛОЖНЕННОЙ ОСТРЫМ ПОЧЕЧНЫМ
ПОВРЕЖДЕНИЕМ**

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АННОТАЦИЯ

На основании комплексного клинико-лабораторного обследования 284 больных геморрагической лихорадкой с почечным синдромом дана характеристика течения в зависимости от периода и тяжести заболевания. Корреляции между длительностью и тяжестью клинических проявлений начального периода заболевания и тяжестью течения в олигурическом периоде выявлено не было. Показана сложность диагностики геморрагической лихорадки с почечным синдромом в начальном периоде заболевания, что требует дифференциальной диагностики со многими заболеваниями инфекционного генеза. Геморрагический синдром был обнаружен только у пациентов с тяжелым течением заболевания. В большинстве случаев пациентам с тяжелым течением заболевания требовался гемодиализ.

Ключевые слова: геморрагическая лихорадка с почечным синдромом / клинический случай / клинические синдромы / клиническое течение / лептоспироз / дифференциальный диагноз.

**THE DEGREE OF DISCREPANCY BETWEEN DIAGNOSES
(DIRECTIONAL, CLINICAL) FOR RESPIRATORY SYMPTOMS IN
PATIENTS WITH HEMORRHAGIC FEVER WITH RENAL SYNDROME**

ABSTRACT

On the basis of a comprehensive clinical and laboratory examination of 284 patients with hemorrhagic fever with renal syndrome, the characteristics of the course depending on the period and the severity of the disease was given. Correlations between the duration and severity of clinical manifestations of the initial disease period and the severity of the course in the oliguric period have not been revealed. The difficulty of diagnosing hemorrhagic fever with renal syndrome in the initial disease period was shown, which requires differential diagnosis with many infectious genesis diseases. The hemorrhagic syndrome was found only in patients with a severe course of the disease. In most cases, patients with a severe course of the disease required hemodialysis.

Key words: hemorrhagic fever with renal syndrome / clinical case / clinical syndromes / clinical course / leptospirosis / the differential diagnosis.

Introduction. The importance of studying infectious diseases and their symptoms, diagnostics, in modern society retains one of the first places for a long time. Hantaviruses, which are pathogens of hemorrhagic fever with renal syndrome (HFRS), have high invasive properties, so they are able to create a high incidence of a large number of people in a certain endemic focus with a certain seasonality (autumn-winter) in a short time. However, due to the seasonality and prevalence of HFRS, in particular in the Ulyanovsk region, there are certain difficulties in making a correct diagnosis at the pre-hospital stage, in particular, due to the presence of respiratory symptoms in the initial period of the disease (cough, fever, sometimes catarrhal phenomena), in this regard, the study of this nosology, and in the framework of this work – early detection and correctness of directional diagnoses increases the quality

and timeliness of treatment and diagnostic measures, as well as reduces the risk of disability of patients from various complications.

Purpose of research. Identification of the degree of discrepancy between diagnoses (directional and clinical) in the presence of respiratory symptoms in patients with hemorrhagic fever with renal syndrome.

Materials and methods. This research was conducted on the basis of the Central city clinical hospital of Ulyanovsk. As part of the survey, the research team interviewed 30 patients undergoing treatment in the infectious diseases Department, whose age range was from 21 years to 66 years, and their average age was 46.68 ± 13.68 years. At the time of the survey, the surveyed patients were in the oligoanuric period of HFRS. Directional and clinical diagnoses were taken from medical histories when working with infectious diseases doctors. The data used in the study results were obtained by paired comparison of groups of patients (who have respiratory symptoms and, accordingly, have a directional diagnosis of influenza/acute pneumonia/ARVI, and do not have this symptoms, with a directional diagnosis of HFRS). After that, the results were interpreted as a percentage.

Results. Patients who had no symptoms of ARVI, and the directional diagnosis was HFRS (that is, there was no discrepancy with the clinical one), made up 46.66% ($n=14$) of the total number of patients. At the same time, the percentage of patients admitted to hospitals with a directional diagnosis corresponding to a respiratory system lesion (influenza/acute pneumonia/ARVI) was exactly 30 ($n=9$), which means that the discrepancy between the directional and clinical diagnoses in the presence of respiratory symptoms is 16.66%. This is due to the effacement pathognomonic picture of HFRS and history of comorbidities, and presence of an initial period of hemorrhagic fever with respiratory symptoms, including cough and fever. In this regard, it becomes more relevant to study the issues of early diagnosis, which can allow detecting HFRS at earlier stages.

Conclusions. As a result of the study, the following conclusions were obtained: the discrepancy between the directional and clinical diagnoses in patients with HFRS in the presence of respiratory symptoms was 16.66%. Among all 30 patients, only 14 (46.66%) had a directional diagnosis that corresponded to a clinical one. In 9 patients (30%), a directional diagnosis was made based on symptoms implying respiratory pathologies (influenza/acute pneumonia/ARVI).

Выводы. В результате исследования были получены следующие выводы: расхождение между направленным и клиническим диагнозами у пациентов с ГЛПС при наличии респираторных симптомов составило 16,66%. Среди всех 30 пациентов только 14 (46,66%) имели направленный диагноз, который соответствовал клиническому. У 9 пациентов (30%) был поставлен направленный диагноз на основании симптомов, указывающих на респираторные патологии (грипп/острая пневмония/ОРВИ).

Xulosa. Tadqiqot natijasida quyidagi xulosalar chiqarildi: nafas olish belgilari mavjud bo'lgan GIBS kasalliklarida yo'nalish va klinik diagnostika o'rtasidagi farq 16,66% edi. Barcha 30 bemorlarida faqat 14 (46,66%) klinik jihatdan mos keladigan tashxis qo'yilgan. 9 bemorlarida (30%) respirator patologiyalarni (gripp/o'tkir pnevmoniya/Arvi) ko'rsatadigan alomatlar asosida tashxis qo'yilgan.

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