

ORIGIN, PREVENTION OF MENINGITIS DISEASE, WAYS OF TRANSMISSION AND THE USE OF DIFFERENT ROUTES IN TREATMENT

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Meningitis is a serious disease and is accompanied by inflammation of the brain and or spinal cord. The shells cover the tissues of the brain and spinal canal.

In the human body, two types of shells are distinguished: soft and hard. Depending on what type of tissue the infection affects, the location of the inflammatory process is divided into:

- Leptomeningitis, the most common form of soft shell damage and;
- Paximeningitis is an inflammation of the rigid cerebral cortex, a type that occurs in approximately 2 out of every 100 cases of disease;
- Panmeningitis is diagnosed when both of the cerebral cortex are affected.

Usually, in the medical sense, inflammation of the soft brain shells is meant when meningitis is diagnosed.

Meningitis is one of the most dangerous brain diseases, causes serious complications, causes health problems, causes permanent disability, developmental disorders. The mortality rate is high.

The signs of meningitis were recorded by both Hippocrates and doctors in the Middle Ages. For a long time, the origin of the inflammatory process in the brain was considered due to tuberculosis, which caused the death of millions of people.

Before the discovery of antibiotics, meningitis had a mortality rate of 95%. The discovery of penicillin significantly reduced disease mortality rates.

Today, there are modern synthetic drugs for the treatment of meningitis; to prevent many forms of the disease, vaccinations are used against the most common pathogens — pneumococcus, meningococcus and hemophilic bacilli.

The disease occurs around the world, but there is a strong correlation between state well-being and the rate of occurrence of meningitis. Thus, in Africa, Southeast Asia, Central and South America, meningitis is diagnosed 40 times more often than in European countries.

In Russia and European countries, today there are 3 cases per 100,000 inhabitants for Meningitis of bacterial etiology and 10 cases per 100,000 inhabitants for Meningitis of viral etiology. The tuberculous form of meningitis depends on the number of patients and the quality

of assistance provided for the treatment of the underlying disease, it is worth noting that the effect of the second factor is much greater than that of the first.

The seasonality of the disease and the annual periodicity of epidemics are noted. The period most characteristic of meningitis is considered from November to April, which occurs due to changes in air temperature, restrictions in the diet of food and vitamin deficiency, the meeting of people in poorly ventilated rooms due to cold weather. Due to the characteristics of the organism and social reasons, the risk group includes children under 5 years of age and men in the age range of 25-30 years.

WAYS OF TRANSMISSION OF MENINGITIS

Primary meningitis, which begins as a disease of infectious etiology, is caused by pathogenic microorganisms. Viruses and bacteria that provoke the development of meningitis are transmitted in different ways, the most common of which are:

- Air-droplet: distribute the pathogen into the air through the mucus and saliva when coughing and hitting the ACSA;
- * Household contacts • direct contact with the patient or carrier of the disease, use of single household remedies (dishes, towels, toothbrushes);
- Through the oral-fecal route when hygiene rules are not followed: receiving food with unwashed hands, eating unprocessed, unwashed vegetables, fruits, greens, etc.;
- * Hematogen: transmission of meningitis pathogens (usually bacterial, but also viral, protozoal and other forms) through the blood, spread of infection in the patient's body through the blood from existing foci to the cerebral cortex;
- Transmission of infection to the fetus through amniotic fluid during development within the uterus through the placenta, as well as when passing birth routes or;
- * Oral: ingestion of water contaminated by meningitis pathogens (accidental ingestion in reservoirs, non-disinfected public pools, drinking contaminated water), etc.

DIAGNOSIS OF MENINGITIS

The diagnosis of meningitis begins with an examination and Anamnesis collection of the patient and may include one or more of the following research methods:

- * General blood analysis;
- * Biochemical blood analysis;
- * Laboratory test of spinal fluid (ligvor • ;
- * Analysis by the PZR method;
- * Serodiagnostics;
- * Magnetic resonance imaging (MRI);
- * Computed tomography (CT);
- * Electroencephalography (EEG);
- * Electromyography (EMG).

MENINGITIS TREATMENT

Treatment of meningitis should begin immediately after suspicion of the disease. Treatment is carried out in any case in the infectious Department of the hospital, it is not allowed to carry out independent attempts to cure the disease or in the conditions of a full-time inpatient.

The disease can develop quickly, the symptoms intensify sharply. The condition of any patient can suddenly worsen (for example, increased internal pressure in the brain, loss of consciousness, swelling of the brain, respiratory and renal failure, falling into a comatose state, etc.), so emergency care is needed.

Optimal conditions for treatment — a separate ward in the infectious Department of the hospital and specialist supervision around the clock, creating conditions for reducing sensitization: turning off the lights, eliminating loud sounds, calming the patient.

ETIOTROPIC THERAPY IN MENINGITIS

Etiotropic therapy is a treatment aimed at eliminating the causes of infection.

In Meningitis of a viral form, treatment is based on anti-virus drugs (recombinative interferons, endogenous interferon reducers, immunomodulators, antiretroviral drugs, etc.), and in a disease of bacterial origin, antibiotics are prescribed that have an active effect against a specific causative agent (for example, antimeningococcal or antistafilococcal gamma-globulin), treatment of meningitis of fungal etiology is carried out with antimycotic agents, etc.

ADDITIONAL TREATMENT METHODS

In addition to active drugs against the pathogen, symptomatic agents are also prescribed:

- Anti-tumor drugs (Furosemide, Mannitol);
- Anticonvulsants (Sedoxen, Relanium, Phenobarbital);
- Methods of detoxification treatment (colloidal, crystalloid, electrolyte infusions);
- Nootropic drugs.

To prevent the course of the disease and suspected or existing complications, treatment may also take additional methods of correcting pathologies, including (correction of respiratory, adrenal and cardiovascular insufficiency).

The time of the onset of etiotropic and symptomatic treatment will depend not only on recovery, but also on the patient's life. As soon as the first symptoms of the disease (sudden increase in body temperature, severe headaches, especially if this is observed against the background of colds or other infectious diseases) are detected, it is necessary to immediately consult a doctor or call an ambulance. If the symptoms are observed in the child, the child should be examined and examined immediately, since in the development of the disease at lightning speed, the calculation is carried out literally in minutes.

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