

PROMISING DIRECTIONS FOR SCREENING AND PRE-NOSOLOGICAL AND EMERGENCY PREVENTION OF ACUTE DISEASES OF THE ABDOMINAL CAVITY IN THE POPULATION WITH COVID-19

N. S. Mamasoliev

N. S. Xakimov

R. R. Nabiyev

Z.N. Mamasoliev

B. U. Usmonov

Andijan State Medical Institute

Relevance. Most of the results from current sources show that the coronavirus infection COVID-19, which caused a new pandemic in 2020, has joined the list of diseases that are increasing the mortality rate of the population. Numerous studies show that in 2020, when the pandemic began, the mortality rate of the population increased in almost all countries of the world compared to previous years. In this pandemic, reducing costs, increasing the availability of the prevention system, and putting it into practice should be the most important goals. Available scientific data further indicate that the need for such practices will increase sharply and problems of this nature will become increasingly relevant for medicine. Because the virus SARS-COV-2 is constantly changing and continues to circulate in the population. Early diagnosis, prognosis, prevention and treatment of the above-mentioned conditions against the background of COVID-19, especially in cases of complications with acute abdominal diseases (AAD), are a critical and urgent issue. Epidemiological scientific studies of this nature are almost absent in existing sources, and in the conditions of Uzbekistan, it has been confirmed that they are absent.

The purpose of the study is to identify promising areas for screening and pre-nosological and rapid prevention of acute diseases of the abdominal cavity in the population with COVID-19. to study.

Research results. Clinical recommendations have developed and recommended criteria for improving the quality of medical care in such situations, the provision of which is undoubtedly of medical importance in the case of COVID-19-related CCU: performing EGD → taking a biopsy from the ulcer → checking the level of gastrin in the blood serum → performing diagnostic tests aimed at detecting H. pylori → carrying out eradication of H. pylori based on existing schemes → urgent EGD → stopping ulcerative gastroduodenal bleeding and or preventing its recurrence → performing urgent endovascular or surgical intervention if endoscopic hemostasis is not possible or has failed → performing urgent surgical intervention

in case of perforation of the stomach and/or duodenal ulcer Conducting personal tests aimed at detecting H. pylori and eradication therapy after surgery.

However, the traditional symptoms of UC and its complications (bleeding, perforation, penetration, cicatricial stenosis, ulcer malignancy) are not always pathognomonic, including in the presence of COVID-19 and other infections. The diagnosis of UC and its associated comorbidities (including COVID-19) must, of course, be confirmed by other instrumental examination methods.

In such acute cases, timely diagnosis is difficult, as even common diagnostic tools such as ultrasound examinations (US), duodenoscopy, computed tomography (CT), and magnetic resonance imaging (MRI) may not provide the expected results.

In such situations, forming or rapid clarification of the diagnosis of UBICP becomes difficult. According to these conclusions, endoscopic ultrasonography (EUS) occupies a special place among modern radiological diagnostic methods, with the help of which the possibility of accurate diagnosis reaches 40-96%.

In general, continuing to study the specific features of the COVID-19 pandemic and the clinical epidemiology and emergency prevention of gastrointestinal diseases, including acute diseases of the abdominal organs, is still an urgent issue and necessity worldwide, including in Uzbekistan. The following aspects of the CBA in this direction, "continuously discovering" in the Uzbek population with COVID-19, are still an unfinished scientific topic: collecting new data on COVID-19 against the background of CBA; confirming and demonstrating the gastrointestinal manifestations of CBA in COVID-19 in the regions; identifying and evaluating the regional aspects of the origin, course and diagnosis of CBA in the upper gastrointestinal tract, in the Uzbek population against the background of COVID-19; Identifying the main liver and biliary tract pathologies and their interrelationships in the context of COVID-19; assessing the clinical and epidemiological aspects of CBA, which are associated with pancreatic and intestinal diseases, and in the context of COVID-19, and clarifying this scientific topic; studying and identifying comorbid background in relation to CBA, in the context of COVID-19; confirming the diagnostic properties of various examination methods in COVID-19-associated CBA, and confirming the "clinical-epidemiological-prophylactic-prognostic path" of CBA in the Uzbek population with COVID-19, is undoubtedly a still unsolved, to some extent, "mysterious area" of preventive medicine.

LIST OF REFERENCES:

1. Временные методические рекомендации: «Болезни органов пищеварения в условиях пандемии новой коронавирусной инфекции (Covid-19). Версия 2 // Профилактическая медицина. -2021.-№5.-С.4-41.

2. Тухтабоев А.А. Каримов А.Х. Тухтабоева Г.М. Разработка специальных диагностических критериев для Covid-2019 ассоциированного миокардита у беременных //Медицинский журнал Узбекистана. 2024 №1.-С.130-136.
3. Щеголев А.И., Туманова У.Н., Мишнев О.Д. Патология сердца при сепсисе. Международный журнал прикладных и фундаментальных исследований . 2019; 9:56-60.
4. Akarsu C, Karabulut M, Aydin H, Sahbaz NA, Dural AC, Yegul D, Peker KD, Ferahman S, Bulut S, Donmez T, Asar S, Yasar KK, Adas GT. Association between Acute Pancreatitis and COVID-2019: Could Pancreatitis Be the Missing Piece of the Puzzle about Increased Mortality Rates ? J Invest Surg. 2020;1 – 7. Epub ahead of print. PMID:33138658.
5. Chen N, Zhou M, Dong X, et al. Epidemiological and clinical characteristics for 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet. 2020; 395:507 – 513.
6. Gao L., Jiang D., Wen X.S. et al. Prognostic value of Ne – proBNP in patients with severe Covid – 19. // Respir Res. – 2020. – 21. – P. 83.
7. Long B., Brady W.J., Koyfman A. Gottlies. M. Cardiovascular complication in Covid – 19. // Am J Emerg Med. – 2020. – 38. – P. 1504 – 1507.
8. Marasco G., Dajti E., Ravaioli F., Brocchi S., Rossini B., Alemanni L.V., et al. Clinical impact of sarcopenia assessment in patients with liver cirrhosis. Expert Rev Gastroenterol Hepatol. 2021;15(4):377-88.
9. Msemburi W, Karlinsky A, Knutson V, et al. The Who estimates of excess mortality associated with the Covid–19 pandemic. Nature. 2023;613 (7942):130 – 137.
10. Narhi Fi, Moonesinghe RK, Shenkin SD, et al. Implementation of corticosteroids in treatment of Covid – 19 in the ISARIC Who Clinical characterization Protocol UK: prospective, cohort study. The Lancet. Digital Health. 2022;4(4):e 220 – e 234.