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THE COURSE OF MALFORMATION AND CORNEAL EROSION IN TUBERCULOSIS PATIENTS

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Abstract
This article discusses the course of malformation and corneal erosion in patients with tuberculosis.

Keywords: Tuberculosis, lung, inflammatory changes, mycobacteria, mucus particles, joints, bones, meninges.

Tuberculosis is an infectious chronic disease characterized by the occurrence of specific inflammatory changes in various organs, mainly in the lungs. Tuberculosis, which occurs in humans, is studied by phthisiology. The German microbiologist Robert Koch (1882) isolated the causative agent of tuberculosis (this pathogen was named in his honor by Koch's wand). Tuberculosis has been known for a long time. The symptoms of the disease are also described in the writings of Hippocrates, Ibn Sina.

In addition to people, domestic animals (mainly cattle), poultry (chickens, turkeys) suffer from tuberculosis.

The main source of the disease in humans are patients with pulmonary tuberculosis, in which mycobacteria secrete mixed sputum. Tuberculosis is most often transmitted by airborne droplets: when coughing, sneezing, particles of mycobacterial sputum and mucus are carried through the air and

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fall on surrounding objects. Mycobacterium tuberculosis penetrates mainly through the respiratory tract.

It is very resistant to various environmental influences compared to other microbes, preserving its vital and reproductive properties for a long time. Mycobacterium tuberculosis in dry form when exposed to a temperature of 36 ° retain viability and reproduction for up to 180 days, when heated to +70 ° - 7 hours, in running water for 150 days, in street dust for 10 days. It persists especially for a long time on lands unprotected from sunlight.

Long-term storage of Mycobacterium tuberculosis in the environment creates the possibility of transmission of tuberculosis through dishes, clothes, blankets and other items. There are open and latent forms of tuberculosis. With an open form of tuberculosis, mycobacterium tuberculosis is detected in the sputum of the patient; if the patient does not comply with hygiene rules, the patient can become an infectious agent for others. With the latent form of tuberculosis, mycobacteria are not detected in sputum, such patients are not contagious to others. A patient with tuberculosis practically poses no danger to others if all hygiene rules are followed. Mycobacterium tuberculosis affects not only the lungs, but also joints, bones, meninges, kidneys and other organs of the body, except hair and nails. Tuberculosis most often affects young children (because they will still have a poorly developed immune system), adolescents during puberty (due to instability of neuro-endocrine control), as well as elderly people who have weakened the body's resistance to infection. The characteristic signs of pulmonary tuberculosis depend on the form of the disease, age, etc

. In primary tuberculosis, the symptoms of the disease do not manifest themselves clearly. However, if the Mantoux test with subcutaneous administration of tuberculin is positive and the patient has general symptoms of the disease (discoloration, weakness, sleep and appetite disorders, fatigue, fever, night sweats), this may indicate the toxicity of buzilin.

In young children, the disease is more severe than in preschool and school-age children, while most complications are observed. Tuberculosis intoxication manifests itself in children with a growth; the child's complexion breaks, he becomes moody, his appetite disappears, he quickly catches a cold. With timely access to a doctor and proper care for the child, he usually recovers completely. Secondary tuberculosis is the most common form of pulmonary tuberculosis. This is due to the "bark" of the infection, which is stuck in the lungs and lymph nodes;

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under unfavorable conditions, the causative agent of tuberculosis is activated, aggravating the process (active form).

Tuberculosis can also recur with prolonged contact with a patient who has Mycobacterium tuberculosis. This is caused by the weakening of the body, poor nutrition, stress, bad habits (smoking, drunkenness, drug addiction), chronic diseases, nonspecific lung diseases, diabetes mellitus, gastritis, stomach ulcer, AIDS, as well as a decrease in the body's defenses after pregnancy and childbirth, and others. Usually secondary tuberculosis appears at a young and middle age, with untimely treatment, the disease develops slowly, but without stopping. In most cases, small foci appear in the upper parts of the lungs (focal form of tuberculosis), sometimes purulent infiltrates (inflammatory form of tuberculosis) are observed.

The disease sometimes proceeds for a long time without any symptoms, however, with the development of pulmonary tuberculosis, i.e. when the growth of mycobacterium tuberculosis begins, signs of poisoning appear in the body: weakness, fatigue, night sweats, weight loss, etc., Gradually the patient's cough increases, he wheezes, becomes wet. Compulsory treatment prevents the development of the disease. Extrapulmonary tuberculosis (larynx, intestines, kidneys, skin, bones, joints, etc.) is much less common than pulmonary tuberculosis. Early detection of tuberculosis makes it possible to fully cure the disease.

Treatment. Treatment is mainly carried out in a hospital under the supervision of a doctor. Of the modern drugs used against tuberculosis, they are prescribed depending on the type and severity of the disease. Usually these drugs are used for a long time (several months). Chemotherapeutic drugs used to treat tuberculosis are divided into certain groups: isoniazid and its analogues, rifampicin; ethambutol, protionamide (ethionamide, tizamide (pyrazinamide)), streptomycin, kanamycin, florimycin.

Prevention includes social, sanitary, chemical and special measures. The improvement of settlements is important for improving the material conditions of life, increasing the general culture of the population and promoting sanitary knowledge, broad development of physical culture and sports.

It is necessary to observe the daily routine prescribed by the doctor, eat well, stay outdoors, if possible, ventilate the room with a bot-bot. Mass examination of the population in order to identify tuberculosis patients in the early stages of the disease, i.e. conducting a fluorographic examination (at least once every

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2 years) gives a positive result. For early detection of tuberculosis in children in children's polyclinics, kindergartens, schools, a tuberculin test is carried out. All newborns in Uzbekistan will be vaccinated against tuberculosis if they do not have a Monet doctor; revaccination is carried out periodically.

Tuberculosis (tuberculosis) - this is not a newly appeared tuberculosis, it is one of the diseases that has threatened the life of mankind since ancient times.Phthisis Areteus of Cappadocia in the I century AD in Ancient Rome gives a description of the ”Greek phthisis Sil", it is these concepts that do not lose their meaning during the later millennium. The clinical signs of tuberculosis are described in detail by Abu Ali Ibn Sina. In the book " Laws of Medicine " he proves that tuberculosis is transmitted to others and that the air affected by it is of paramount importance, that is, that the disease is transmitted by airborne droplets. Ibn Sina recognized, that the external environment influences the development of the disease, and offered various methods of healing. methods, including proper nutrition.

WHAT DISEASE IS TUBERCULOSIS?

Tuberculosis is an infectious disease that develops when bacteria enter the body.

The main organ affected by the disease is the lung. Unfortunately, tuberculosis of bones, kidneys, eyes, intestines and other organs of the body is possible. Of 75% of tuberculosis patients, the largest number are people of working age and reproductive age (20-40).

Symptoms of tuberculosis disease –begin to manifest gradually. Pathogenic bacteria do not make themselves felt in the patient's body for a very long time. It often develops and multiplies in the lungs and tissues.

THE MAIN SYMPTOMS OF TUBERCULOSIS:

* Cough for 2 weeks;
* Deterioration of the general condition;
* Fatigue, weakness, irritability;
* Involuntary weight loss;
• Excessive sweating at night;
* Increase in body temperature to 37-38 degrees;
* Respiratory failure;
* Loss of appetite;
* Bloody sputum discharge.

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The presence of one of the above signs may also indicate tuberculosis. However, these signs are also found in other diseases. The main path of tuberculosis is airborne. The most important way of spreading Mycobacterium tuberculosis is aerogenic.

The development of the disease depends on the level of immunity, so the main preventive measure is to maintain a healthy lifestyle. Vaccination of children, regular tests and tests to detect the disease in the early stages also play an important role.

Conclusion: It is worth recalling that in these years Uzbekistan has been implementing the USAID tuberculosis eradication project in Central Asia, aimed at improving the quality and accessibility of services for the treatment of SES by strengthening the capacity of institutions in the field of leadership, management, financing and information systems in the field of tuberculosis. The project will improve the conditions for the implementation of the fight against tuberculosis by providing laboratories and medical institutions with qualified and novice specialists, as well as medicines, related materials and services. The project will work together with teams to reduce the stigma associated with tuberculosis, as well as provide comprehensive support to patients for successful completion of treatment.

Treatment of tuberculosis, especially its extrapulmonary forms, is a difficult task that requires a lot of time and patience.

Today, the main method of treatment is chemotherapy against polycomponent tuberculosis. In addition, much attention should be paid to intensive, high-quality and varied nutrition of the patient, weight gain with weight loss, correction of hypovitaminosis, anemia, leukopenia.

Patients taking immunosuppressants for certain indications should, if possible, try to minimize or completely limit their dosage. Patients with HIV infection are prescribed special antiviral therapy, and the use of rifampicin is also contraindicated.

Treatment is based on antibacterial drugs, anti-tuberculosis drugs, immunomodulators, immunostimulants, probiotics and vitamins and is long-term and comprehensive. Dietary nutrition and physical activity are considered an obligatory part of the treatment course.

Glucocorticoids are used in very limited quantities for the treatment of tuberculosis, as they have a strong immunosuppressive effect. The main indications for the appointment of glucocorticoids are severe, acute inflammation, severe intoxication, etc. Even in this case, they are prescribed

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for a very short time, in minimal doses and against the background of intensive chemotherapy.

Among the therapeutic measures, spa treatment also plays an important role. It has long been known that Mycobacterium tuberculosis does not like good oxygenation. When inhaling low-density air in mountain resorts, the increased oxygenation observed during respiratory intensification slows down the growth and reproduction of mycobacteria. For this purpose (to create a state of hyperoxygenation in places where mycobacteria accumulate), hyperbaric oxygenation is sometimes used.

Treatment is carried out in an antitubercular dispensary to reduce the likelihood of infection of others in the active phase of the disease. The duration of stay in the dispensary can range from several months to a year or even more, depending on the type and stage of the process.

Spontaneous treatment and attempts to stop the disease can often lead to a relapse or progression of the disease, the development of severe complications and even death.

In extreme cases, it is likely that surgical intervention will require the imposition of an artificial pneumothorax and pneumoperitoneum, removal of the damaged lung or its fragment, drainage of the cavern, empyema of the pleura.

REFERENCES

1. Данилевский Н.Ф. Заболевания слизистой оболочки полости рта / Н.Ф. Данилевский, В.К. Леонтьев, А.Ф. Несин [и др.] // Стоматология, 2001.- №5, С. 87-97.

2. Красильников И. В., Кисличкин Н. Н., Зазимко Л. А. // Эффективность методов решения и выявления туберкулеза. Проблемы и пути решения: матер.науч.-практ. конф. - Владивосток, 2013. - С. 41 -43.

3. Левашов Ю. Н., Репин Ю. М. Руководство по легочному и внелегочному туберкулезу. - СПб.:ЭЛБИ-СПб. - 2006. - С. 14-15.

Academic Research in Educational Sciences VOLUME 3 | ISSUE 1 | 2022

4. Максимовский Ю.М. Терапевтическая стоматология / Максимовский Ю.М. -Москва: Медицина, 2002. - С. 473-481.

5. Маматова Н.Т., Ходжаева С.А. Выявление туберкулёза лёгких у больных с психическими расстройствами. // Журнал молодёжный инновационный вестник. 2018. №1(7). -С. 68.

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https://reserchjet.academiascience.org

6. Маматова Н.Т., Ходжаева С.А. Отрицательные социальные факторы и их влияние на возникновение туберкулёза у детей. // Журнал молодёжный инновационный вестник. 2018. №1(7). -С. 67.
7. Михальченко В. Ф., Радышевская Т. Н. и др. Диагностика заболеваний слизистой оболочки полости рта: учеб.-метод. пособ. - Волгоград, 2003. - 32 с.
8. Мишин В.Ю. Туберкулез полости рта и костей лицевого черепа/ В.Ю. Мишин, А.В. Митронин : Метод, рек.- Москва, 2003. 63 с.
9. Николаев А.И. Препарирование кариозных полостей. Современные инструменты, методики, критерии качества / Николаев А.И.-Москва, 2006.- 208.