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SIGNIFICANT SIGNS BEFORE STARTING TREATMENT FOR CUTANEOUS LEISHMANIASIS

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Abstract
The prevalence of leishmaniasis is one of the highest among parasitic diseases. Epidemiological studies have shown that cutaneous leishmaniasis is characterized by a certain seasonality. Patients often turn to the doctor late. However, before treating a patient, it is important to determine the clinical type of leishmaniasis, localization of lesions and their number.

Keywords: Cutaneous leishmaniasis, clinical form, lymphangitis, lymphadenitis, complicated

Relevance of the Topic

The prevalence of leishmaniasis is one of the highest among parasitic diseases. Every year, the incidence reaches up to 1 million people worldwide.
The causative agent of cutaneous leishmaniasis was first identified in 1898 in Tashkent by P.F. Barovsky [2,3].
Clinically, leishmaniasis can be localized, chronically relapsing, diffuse, and acute.
In Uzbekistan, there are three types of Leishmania: L. major, L. turanica, L. gerbilli [4,5]. Environmental factors should also be taken into account when developing measures against leishmaniasis. This suggests that environmental factors also play an important role in the complication of the disease [6,7].
The old world of cutaneous leishmaniasis includes zoonotic, early wound-forming leishmaniasis (with an incubation period of 2-4 weeks), the causative agent is considered to be L. major [8,9,10,11].
Cutaneous leishmaniasis is characterized by an incubation period that can last from several days to 3-4 weeks, less often 1-2 months [12, 13]. Later, a strong inflammatory infiltrate with jagged edges and an edematous tubercle is formed. The focus of the wound becomes purulent necrosis. The process is painful and edematous. After 3–6 months, the process ends with scarring [14,15]. In most cases, it causes nodular painless lymphangitis and lymphadenitis [16,17,18]. According to M.K. Sharipova and other authors [19], 1-3 ulcers are detected in 80% of patients with cutaneous leishmaniasis. A study by Kh.M. Mustafaev and other researchers showed that the

localization of ulcers of leishmaniasis in the extremities is more common than the localization of ulcers on the face.

Materials and Methods

Based on the goals and objectives of the study, 110 patients with zoonotic skin leishmaniasis were identified in the Bukhara regional branch of the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Republic of Uzbekistan.

RESULTS AND DISCUSSION

Table 1 We have classified zoonotic cutaneous leishmaniasis by clinical type.

	Clinical types	Number of patients	%
1	Ulcerative leishmaniasis (uncomplicated)	43	39,09
2	Leishmaniasis - a complication of lymphangitis and lymphadenitis	42	38,18
3	Leishmania complicated by tuberkulum seeding.	11	10
4	Leishmaniasis with complications of lymphangitis, lymphadenitis, and tubercular seeding.	14	12,73
Total		110	100

Given the localization of wounds in zoonotic cutaneous leishmaniasis, their formation is of a different nature, the data are given in Table. 2.

Table 2 We divided zoonotic leishmaniasis of the skin according to localization in the body.

Clinical types	hand	legs	Body	head
Ulcerative leishmaniasis (uncomplicated)	23	19	2	11
Leishmaniasis - a complication of lymphangitis and lymphadenitis	17	24	3	13
Leishmania complicated by tuberkulum seeding.	7	7	1	2
Leishmaniasis with complications of lymphangitis, lymphadenitis, and tubercular seeding.	10	9		2

Evidence suggests that cutaneous leishmaniasis occurs on the arms and legs in most patients, with the head being the next indication and the body part being the least common area. This is due to the fact that arms and legs are open this season. When

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the wound is located on the skin of the feet, taking into account the characteristics of the vascular and lymphatic systems, complications develop in the form of lymphangitis and lymphadenitis, which determine the specific clinical manifestations of complicated forms of leishmaniasis.

Wound localization in leishmaniasis indicates the clinical course of cutaneous leishmaniasis. Localization of wounds in the face is accompanied by the formation of rapidly developing, uneven edges, deeper wounds. The size of the wounds on the skin of the body was characterized by a large and small amount of purulent leakage. The location of the wounds on the legs is accompanied by numerous purulent discharges, clear signs of lymphangitis and lymphadenitis.

Table 3 We divided zoonotic skin leishmaniasis by the number of leishmaniasis lesions on the body.

Clinical types										
	1 wound		2-4 wounds		5-7 wounds		8-10 wounds		10 wounds	
		%		%		%		%		%
Ulcerative leishmaniasis (uncomplicated)	15	13,6	21	19,1	3	2,7	3	2,7	1	0,9
Leishmaniasis - a complication of lymphangitis and lymphadenitis	16	14,5	15	13,6	2	1,8	7	6,3	2	1,8
Leishmania complicated by tuberkulum seeding.	4	3,6	4	3,6	2	1,8	1	0,9		
Leishmaniasis with complications of lymphangitis, lymphadenitis, and tubercular seeding..	2	1,8	6	5,4			1	0,9	5	4,5
	37	33,6	46	41,8	7	6,3	12	10,9	8	7,3

In our study, out of 110 patients with zoonotic cutaneous leishmaniasis, the maximum number of leishmanial ulcers per patient was 13. Multiple wounds from 1 to 4 were present in a very high percentage.

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