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POST-COVID SYNDROME IN NEW CORONAVIRUS INFECTION

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Resume

The COVID-19 epidemic has gradually passed from an acute to a protracted form, and by the second year of the pandemic, a “post-COVID syndrome” is being recorded. Completion of the acute phase of coronavirus infection has a different duration. This is shown by dynamic observations of millions of patients who have been ill over the past 2 years. The article discusses the clinical signs of post-COVID syndrome observed in subacute and chronic forms of COVID-19 disease. In the post-COVID period, the consequences of the COVID-19 disease and the causes of their occurrence are considered. In a third of patients, the acute inflammatory period of the disease can pass without any consequences. In the severe course of the disease, most patients experience various clinical signs and residual effects. Often these residual effects are proportional to the severity of the disease, in some cases the outcome and residual effects do not depend on the period of acute inflammation and the severity of the disease.

Key words: COVID-19, post-covid syndrome, protracted form, residual effects.

ПОСТКОВИДНЫЙ СИНДРОМ ПРИ НОВОЙ КОРОНАВИРУСНОЙ ИНФЕКЦИИ

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Резюме

Эпидемия COVID-19 постепенно перешла из острой в затяжную форму и ко второму году пандемии регистрируется «постковидный синдром». Завершение

острой фазы коронавирусной инфекции имеет разный вариант продолжительности. Это показывают, динамические наблюдения за миллионами больных, переболевших за последние 2 года. В статье обсуждаются клинические признаки постковидного синдрома, наблюдаемые при подострой и хронической формах заболевания COVID-19. В постковидном периоде рассмотрены последствия заболевания COVID-19 и причины их возникновения. У трети больных островоспалительный период заболевания может пройти без каких-либо последствий. При тяжелом течении заболевания у большинства больных наблюдаются различные клинические признаки и остаточные явления. Часто эти остаточные явления пропорциональны тяжести заболевания, в ряде случаев исход и остаточные явления не зависят от периода острого воспаления и тяжести заболевания.

Ключевые слова: COVID-19, постковидный синдром, затяжная форма, остаточные явления.

Introduction

The causative agent of the new coronavirus infection is SARS-CoV-2-this is the pathogen responsible for the development of COVID-19, it is recognized as a polyorgan disease, manifested by a wide range of symptoms [1,6,7,11]. The completion of the acute period of coronavirus infection has a duration of different variants. After all, the 2nd year went on when millions of patients were hospitalized. In one third of patients, the acute inflammatory period of the disease can pass without any consequences.[7,8] A criminal case has been initiated on this fact, an investigation is underway. Most often, these residual complications are accompanied by a decrease in the severity of the disease, in some cases, the consequence and residual symptoms of the disease do not depend on the period of acute inflammation. [1,2,4] The problem we want to focus on is not that. Known as bir Part sickbir Nick oh the middle of the circuit technician and sindromlarskaya ikilamchi life qualitatively affects moles and separately a valid and special corrector is required. The symptoms of these adverse events are very diverse, involve dysfunction of many organs and systems and require the formation of a polymorphism of secondary and delayed complications. The term polymorform can be used on any phenotypic basis (morphological, physiological, biochemical), including at the genetic level of the character.[8,9] COVID-19 has led to an unprecedented amount of morbidity and mortality worldwide, and at the same time, there has been a lot of information about its acute underground and long-term effects on many organs and systems.

In the early data of COVID-19 disease, residual complications such as rapid fatigue, hangover, chest pain, cognitive impairment, arthralgia and decline in quality of life were analyzed.[1] These consequences can be attributed to the production of inflammatory cytokines, which are characterized by a stagnant response of the immune system and lead to cell damage.[9,10,11]
Polymorbid residual complications or signs arising after the disease COVID-19 are observed with the manifestation of this or that symptom or syndrome predominance [12]. We found it pleasing to take note of this, to analyze the postcovid syndrome, which arises after a new coronavirus infection.

Objective of the Study
COVID-19 билан касалланган беморларда касалликдан кейинги даврда постковид синдромни таҳлил қилиш.

Materials for Research
тадқиқот учун материал Самарқанд шаҳар тиббиёт бирлашмасига қарашли марказий кўп тармоқли поликлиникада рўйхатга олинган стационарда даволаниб чиққан беморларнинг амбулатор карталари олинди. Текширув материали сифатида қон, сийдик, ахлат олинди ва текширув усуллари сифатида лаборатор-умумий қон, сийдик, ахлат тахлили, қон биохимияси, қон ивиш тизимини Сухарев бўйича текшириш, Д димер, прокальцитонин, ферритин кўрсаткичларини аниқлаш, инструментал-кўкрак қафасининг МСКТ текшируви, ЭКГ, ЭЭГ, УТТ ўтказилди. Натижалар ретроспектив ҳолда чуқур статистик таҳлил қилинди.

Results
In patients under observation, residual clinical manifestations after COVID-19 disease were manifested as follows:[7,8]
In 30.7% of patients, the work activity was fully restored within 4 weeks of the disease COVID-19. In the footsteps of 45.6% of patients, an acute underground or purulent form of the disease COVID-19 was observed. In this group of patients, some symptoms of COVID-19 disease were preserved within 4-12 weeks. 23.7% of patients received chronic manifestations of symptoms after the acute period of the disease COVID-19. They included symptoms and disorders that remain after 12 - th week of the acute period of the disease.

Of the hamrox diseases in patients, there were cases of diseases of the cardiovascular system (14,5%), chronic lung diseases (11,7%), kidney diseases (7,6%), diabetes (25,7%) and obesity II level (15,6%) and III level (8,4%), HIV infection (5,8%), tuberculosis (4,7%), chronic liver diseases (6%) and so on. observed.

In the publications of the year 2021, changes after the acute period of COVID-19 were accepted post-covid syndrome (Post-COVID - 19 syndrome, or Long Covid) - naming. Postcovid syndrome (MCB-10) was included in the 10th revision of the International Classification of diseases as "Postcovid-19 condition".[8,10] in 2020, the UK International Health Society proposed the following classification of post-traumatic events:

- Acute COVID-19 (if symptoms persist for 4 weeks);
- Prolonged COVID-19 (if symptoms persist from 4 weeks to 12 weeks);
- Postcovid syndrome (symptoms that last longer than 12 weeks of illness symptoms, which can not be understood by other diagnoses, which change from time to time, which disappear with the appearance of damage to many organs and systems)

Table 1. Lesions of organs and systems in the postoperative period and their clinical manifestations in patients under observation

Damaged organs and systems	Syndrome symptoms of diseases	%
The cardiovascular system	Infarct, arrhythmias, hyper and hypotensive syndrome, chronic heart failure, thromboses with various localizations	23%
Respiratory organs	Obstructive bronchitis, intercostal neuralgia of the ribs, prolonged painful cough, long-term preservation of hangover	13,5%
Food digestion system	Dysbiosis condition, intestinal dysfunction, persistent meteorism	5,6%
Nervous system	Depressive states, headache, lethargy, memory impairment, forgetfulness of professional skills, changes in lifestyle, inactivity, constant state of fear, vegeto vascular dystonia, stroke, impaired cognition and taste, encephalopathy, encephalitis, polyriculoneuritis, cerebrovascular complications	21,7%
Kidneys and excretory system	The patient was previously infected with kidney diseases, including a violation of urogenital system activity in the bull'S COVID-19, chronic renal failure, a violation of the process of spermatogenesis in men	7,6%
Endocrine system	Changes in the production of TTG, T3, T4 hormones as a result of a violation of the activity of the thyroid gland, accompanied by transitory hyperglycemia, adrenal gland lesions, as a result of a violation of the activity of the pancreas.	9,6%
Base movement system	Muscle, joint pain in the joints, arthritis with unclear etiology, myositis	11,2%
Immune system	In the period after COVID-19, the immune system's response reaction has not been adapted and has not been well studied. There was a strong inflammatory process development in the body and involvement of other organs, systems in the process. After an acute period of the disease COVID-19 in patients, it was observed that C reactive protein, ferritin content, ECHT parameters were maintained for a long time at high rates for a certain period of time	7,8%

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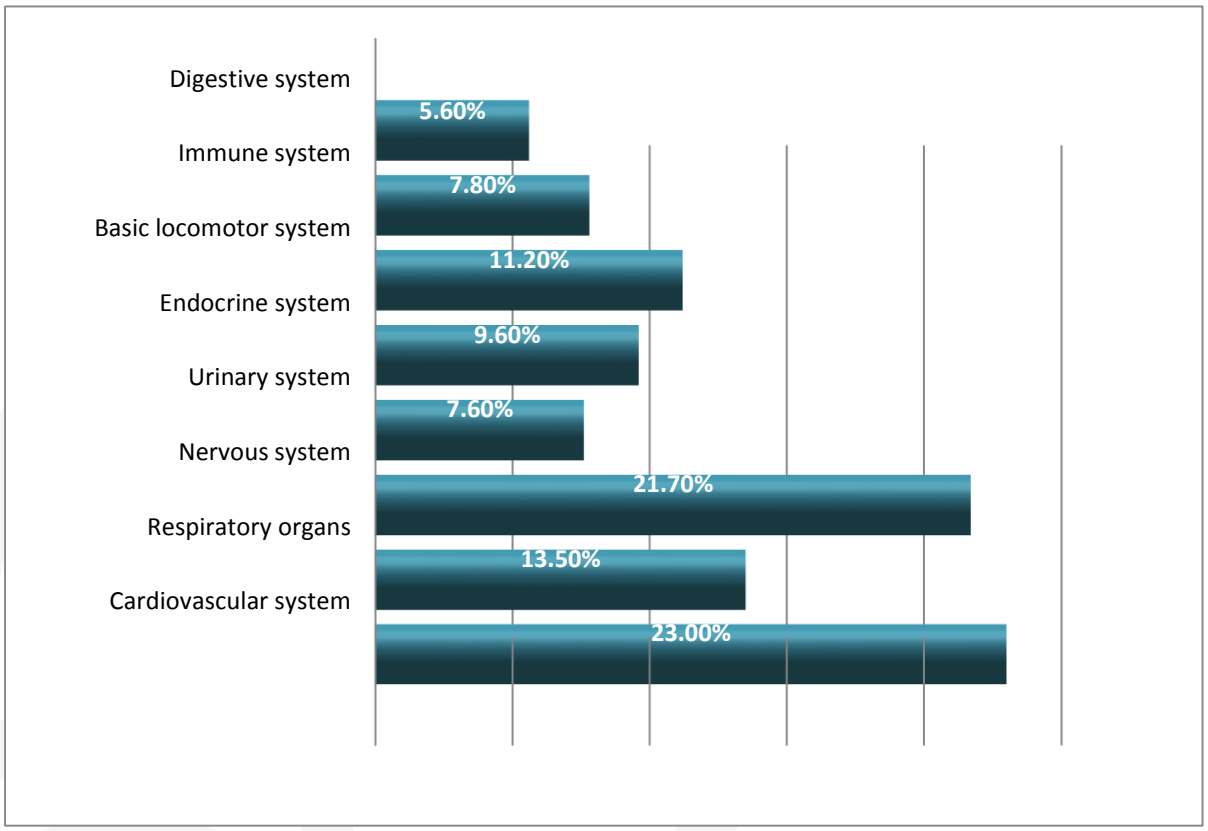
The table presents many changes after the disease, the duration of which was accompanied by lung bronchi lesions of different weights after the extinction of the primary respiratory syndrome. It is permissible to combine all the listed cases with the term "polymorphism" (symptoms, syndromes diseases). Patients observed that these residual symptoms were preserved for 1 year (Table 1).

When we analyzed the rate of occurrence of changes in the systems, it became known that the changes occurring by the cardiovascular system and the nervous system predominate (Figure 1).



1-picture. The rate of occurrence of changes in organs and systems in post-traumatic syndrome

At the current stage of the study of COVID-19, the polymorphism of the characters is in the fact that the virus is able to grow in many tissues, SARS-CoV-2 APF2 reseptori koreseptors are involved in the primary inflammatory process, because it can be said that, in addition, the origin of the disease can be caused by a violation of systemic genetic, neurological, hormonal and other management fuections. In the case of COVID-19, pathophysiological disorders are multifactorial, including microtomy ischemia and injury, inactivity and metabolic changes in the course of the disease are severe and extreme. In addition, during the period of the COVID-19 pandemic,

patients were included in the risk group, which can be infected with bacterial, fungal and other pathogens after the acute period of the disease. The changes after the acute period of the disease have not been adequately studied in large clinical studies. The acute period of the disease leaves certain lesions in the body, and in a number of cases the mild course is also no exception to secondary syndromes. Most often, these survival syndromes are tripled in older people or those who have a collection of comorbid diseases, which in turn leads to worse consequences of the disease.[4,5,13] However, the issue of studying these cases in clinical practice is still considered in practice in the literature. We have considered the occurrence of SARS-CoV-2 against the background of concomitant diseases, mainly in the acute period. It should be borne in mind that the work of any system of the body is almost always guided by the gene ensemble, which is contained in the norm in normal balance. In the acute period of the disease of COVID-19 there are several cases of comorbidities, which lead to a severe course of the disease, an unpleasant termination of the course of the disease, the development of postcovial syndrome. These are diseases of the cardiovascular system, kidney failure, diabetes, lung diseases, obesity, endocrine diseases, liver diseases, intestinal dysfunction, etc.q.

Conclusion

The collection of clinical data on post-traumatic changes detected in patients in the post-pandemic period indicates that violations involving organs and systems are observed in the later period of the disease. The presented data indicate that in the case of COVID-19, a number of studies should be conducted to analyze the duration and and methods of Correction of post-traumatic syndrome.

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