



## CHARACTERISTICS OF THE CLINICAL COURSE OF SALMONELLOSIS DISEASE IN CHILDREN OF EARLY AGE.

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### Abstract

Salmonellosis is a zoonanthroponosis, that is, an acute infectious intestinal disease that can be transmitted from both animals and humans and is often characterized by symptoms of gastroenteritis, and in some cases by symptoms of diffuse infection. The clinical course and appearance of symptoms of salmonellosis manifests itself in different ways in young children. The nature and severity of the disease directly depends on the age of the child and the premorbid background of the disease, the way of transmission of the disease and the amount of infection [1,3].

**Key words:** salmonellosis, diffuse, gastroenteritis.

### ERTA YOSHLI BOLALARDA SAL'MONELLYOZ KASALLIGINING KLINIK KECHISH XUSUSIYATLARI.

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Sal'monellez - zooantroponoz, ya`ni xam xayvonlarda, xam odamlardan yuqadigan va ko'pincha gastroenterit simptomlari bilan, ba`zi xollarda esa tarqoq infektsiya belgilari bilan ta`riflanadigan o'tkir yuqumli ichak kasalligidir. Sal'monellyoz kasalligining klinik kechishi va simptomlarining paydo bo`lishi erta yoshli bolalarda turli xil ko`rinishda namoyon bo`ladi. Kasallikning kechish xarakteri va og'irlik darajasi bevosita bola yoshiga va kasallikning kechayotgan premorbid foniga, kasallikning yuqish yo`liga va infitsirlanish miqdoriga bog'liqdir [1,3].

**Kalit so'zlar:** sal'monellyoz, tarqoq, gastroenterit.

**The purpose of the investigation:** to study the characteristics of the clinical course of salmonellosis in the first years of a child's life.

Examination method and materials: our observation consists of a retrospective analysis of the medical history of 34 1-12-month-old children who were treated in inpatient conditions at the Regional Infectious Diseases Clinical Hospital.





All bases in the diagnosis of salmonellosis disease consist of a comprehensive evaluation of clinical, epidemiological and laboratory analyses. The diagnosis of salmonellosis in all patients was based on the confirmation of the results of bacteriological examination of stool. From the etiological point of view, *S. typhimurium* ranks first among the causative agents of the disease (89.5%). The share of identified pathogens in the rest of the patients belongs to *S. derby* (2.94%) and *S. enteritidis* (7.56%).

**Investigation results and discussion:** Intestinal infection with salmonellosis was more common in the first three months of children's life compared to the second trimester (61.3%). When we observed the case depending on the gender, the number of diseases was more common in our representatives of the female gender than in boys (56 and 44% corresponded to the ratio).

15 (44.1%) patients were hospitalized in the first three days of illness, 10 (29.4%) patients on 4-5 days, 4 (11.7%) at the end of the first week, 3 (8.8%) on 8-10 days, 2 patients (5.88%) who applied after 11-15 days. 7 (20.5%) of the patients were transferred from other hospitals due to worsening of their general condition.

Analyzing the data in the anamnesis: unfavorable factors of the premorbid background were found in 31 (91.1%) patients. % observation of rickets and calcium deficiency in children, observation of anemia in 7 (22.5%) children, hypotrophy in 3 (9.67%) children, pathological pregnancy or pathological birth in mothers of 2 (6.45%) children birth after birth, premature birth of 2 (6.45%) children, development of exudative catarrhal diathesis in 1 (3.22%) child is considered as the cause. Before contracting salmonellosis in children, 20 (58.8%) children had ORI, 11 (32.3%) children had other types of acute intestinal infections, 3 (8.8%) patients had pneumonia and it became known that he was treated on an outpatient basis with the diagnosis of acute bronchitis.

According to the epidemiological anamnesis: 57.3% of patients were infected with food, 42.7% of patients were infected by contact.

When the general condition of the patients under observation was divided by severity level: 10 (29.4%) severe forms and 24 (70.6%) moderate forms were observed. There was no mild form of the disease. The results obtained in our investigation are consistent with the results of the investigation made by O.S. Makhmudov and others (1991) that the disease is more common in children of early age.

The course of clinical symptoms characteristic of the initial period of the disease in the patients of our investigation was characterized by the following data. Acute onset of the main clinical symptoms of the disease in the first hours was observed in 40.8%





of children. In 39.7% of the patients, the initial period of the disease was respiratory in nature: the disease began acutely with an increase in body temperature, hyperemia of the conjunctiva of the eyes, stuffy nose, and a couple of coughs. Among general symptoms, general intoxication symptoms prevailed: general weakness, apathy, adynamia were observed in 32 (94.1%) patients. Restlessness and hyperesthesia were observed in 19 (55.88%) patients. Loss of appetite was observed in all patients under observation, refusal to feed with breast milk was observed in 13 (38.2%) patients.

When we look at the patients objectively, we can observe that 24 (70.58%) patients have pale skin, 8 (23.5%) patients have cyanotic changes in the mouth-nose-lip triangle, and throat hyperemia. 29 (85.2%) of the patients had abdominal rest and pain on palpation, intestinal dysfunction, stool without mucus was observed only in 8 (23.5%).

According to the severity of the disease, 49.58% of patients have a medium-severe form of salmonellosis with an acute onset of body temperature up to 38-39 C, and 16.81% of patients have a subfebrile state. observed. Signs of general malaise, loss of appetite, thirst, build-up of the mucous membrane of the oral cavity were observed. Vomiting was observed in 1/3 of patients. Defecation was observed up to 10 times or more, initially in the form of porridge, subsequent defecation was observed as liquid, mucous and yellow-green, green-brown with mixed blood (47,8 %). Cardiovascular system: muffled heart sounds, tachycardia were observed in the patients. Liver enlargement was observed in 26.5% of patients, spleen enlargement in 9.58%. Duration of body temperature was  $3.60 \pm 0.56$  days. After the body temperature moderated, general signs of intoxication decreased, the patient felt better and was more active. In patients, it was observed in  $10.3 \pm 1.1$  days that stool approaches the norm.

A severe form of salmonellosis with an acute onset and an increase in body temperature up to 39-40 C was observed in 50.42% of patients. A clear manifestation of general intoxication syndromes was observed in 96.22% of children. 54.2% of children had bowel movements up to 10 times, and in the rest up to 20 times or more, they were enterocolitic in nature: liquid, mucous and greenish-brown with mixed blood (27.73% ).

Dehydration was observed in 42.86% of children in the isotonic type, in 38.14% in the hypertonic type, and in 19% in the hypotonic type. The disappearance of symptoms of general intoxication was observed after 5-6 days of the disease.

The indicator of treatment with antibiotics during the disease was 34 (100%) patients. Among them, treatment with the same type of antibiotics was observed in 22 (64.7%),



treatment with two types of antibiotics - 11 (32.35%) children, treatment with three types of antibiotics - 1 (2.94%) patients.

All patients with moderate and severe forms of salmonellosis were treated with antibiotics and antibacterial agents, all types of bacteriological tests were performed, and after receiving negative results, they were sent home after clinical recovery.

### **Conclusions:**

1. Premorbid background in children is considered the main reason for frequent occurrence of salmonellosis infection in young children.
2. Among the clinical forms of the disease, gastrointestinal type damage is observed more often in early-aged children, and due to the increase in the toxicosis-exykosis condition, it is the reason for the rapid onset of dehydration and the aggravation of the disease.

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