WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979, Volume 6, Issue 11, November- 2025

CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF ERYSIPELAS AMONG HOSPITALIZED PATIENTS IN THE SAMARKAND REGION

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Abstract
A retrospective analysis of erysipelas cases was performed among 46 hospitalized patients. Based on the clinical manifestation of the disease, the patients were divided into two groups: 32 individuals with the erythematous form and 14 with the erythematous-bullous form of erysipelas. The results showed that erysipelas occurred more frequently among female patients and was commonly associated with comorbid conditions. Regardless of the clinical form, the inflammatory process was predominantly localized in the lower parts of the body.

Keywords: Erysipelas, erythematous form, erythematous-bullous form, comorbid conditions.

Introduction

Relevance

Erysipelas is currently defined as an infectious and allergic disease caused by beta-hemolytic streptococci of group A. The incidence of erysipelas is reported at 12-20 cases per 10,000 population. When analyzing the overall morbidity of infectious diseases, erysipelas ranks fourth after acute respiratory viral infections, acute intestinal infections, and viral hepatitis. Erysipelas most frequently occurs among elderly individuals [1, 2].

At present, the epidemiological situation shows a noticeable increase in the number of patients with severe forms of erysipelas, a tendency toward recurrence, and the development of post-infectious complications. Since erysipelas often develops against the background of comorbid conditions such as diabetes mellitus, impaired blood and lymph circulation, and mainly affects elderly people, its epidemiological significance is increasing in connection with demographic changes [2, 3, 4].

Purpose of the Study

To evaluate the clinical and epidemiological characteristics of erysipelas in the territory of Samarkand region.

Materials and Methods

In the course of this study, a retrospective analysis of 46 inpatient medical records of patients diagnosed with erysipelas was carried out.

The patients were divided into two groups depending on the clinical form of erysipelas: Group 1: 32 patients with the erythematous form of erysipelas; Group 2: 14 patients with the erythematous-bullous form of erysipelas.

Results and Discussion

Analysis of the epidemiological history of the patients showed that in 79% of cases, erysipelas was associated with skin trauma, while in 21% of cases the cause remained unknown.

According to the place of residence, 58.7% of patients lived in rural areas and 41.3% in urban areas.

Age distribution revealed that: in Group 1, patients were aged 51-80 years, in Group 2, 2-50 years.

Gender analysis showed that in Group 1, women constituted 58% and men 42%, while in Group 2, women made up 72% of the total.

The average hospital stay was 9.25 ± 0.3 days in Group 1 and 12.86 ± 1.0 days in Group 2.

Hospital admission timing analysis revealed that: in Group 1, 42% of patients were hospitalized within the first 3 days after disease onset, 36% between days 4-6, and 24% after 7 or more days; in Group 2, 39% were admitted on days 4-6, and 61% after more than 7 days.

According to the clinical forms:

in Group 1: primary erysipelas was recorded in 72% of cases, recurrent in 15%, and secondary recurrent in 13%; in Group 2: primary - 77%, recurrent - 14%, secondary recurrent - 9%.

When assessing clinical manifestations: in Group 1, 24% of patients had a body temperature up to 38 °C, 41% - between 38 °C and 39 °C, and 22% - above 39 °C;

in Group 2, 72% of patients had a temperature up to 38 °C, and 28% - between 38 °C and 39 °C.

The duration of fever was as follows: in Group 1: up to 3 days - 74%, 4-6 days - 14%, and more than 7 days - 12%; in Group 2: 1-3 days - 54%, 4-6 days - 33%, more than 7 days - 13%.

Comorbidities were observed in 90% of patients in both groups.

In Group 1, comorbidities included: arterial hypertension - 58%, diabetes mellitus - 22%, grade II obesity - 23%, cardiovascular diseases - 54%.

In Group 2, comorbidities included:
varicose veins of the lower limbs - 32%, arterial hypertension - 46%, diabetes mellitus - 13%, grade III obesity - 32%, cardiovascular diseases - 37%.
Localization of inflammatory lesions was as follows:
in Group 1: 77% of patients had lesions on the lower extremities, 7% on the upper extremities, 13% on the face, and 2 patients had the abdominal wall affected (extensive form); in Group 2: 92% of patients had lesions on the lower extremities, and 4% on the upper or facial regions.

Conclusion

The incidence of erysipelas was higher among rural residents (58.7%) compared to urban residents (41.3%).
Regardless of the clinical form, the disease was more common among women (58%) than men (42%). Comorbidities were recorded in 90% of the studied patients. In all clinical forms, inflammatory processes were predominantly localized on the lower parts of the body, mainly the lower extremities.

References

1. Сергиев П. В., Захарова И. А., Грачёва Т. В. Инфекционные болезни: национальное руководство. - М.: ГЭОТАР-Медиа, 2021. - 1024 с.
2. Ковалева Н. В., Алексеев А. А. Рожа: современные аспекты эпидемиологии и клиники // Вопросы инфекционной патологии. - 2020. - Т. 8, № 2. - С. 45–49.
3. Мирсаидов М. М., Исмоилов Б. Б. Клинико-эпидемиологические особенности рожи в Узбекистане // Журнал теоретической и клинической медицины. - 2021. - № 4. - С. 38–42.
4. Ситникова Н. Ю. Рожа: патогенез, клинические формы, лечение и профилактика // Российский медицинский журнал. - 2022. - Т. 30, № 1. - С. 60-65.
5. Министерство здравоохранения Республики Узбекистан. Методические рекомендации по диагностике и лечению рожистого воспаления. - Ташкент, 2022. - 36 с.
6. World Health Organization (WHO). Bacterial skin infections: guidelines and updates [Electronic resource]. - 2023. - URL: https://www.who.int/publications.
7. Карасев А. В. Антибиотикотерапия при рожистом воспалении: выбор препарата и длительность курса // Антибиотики и химиотерапия. - 2021. - Т. 66, № 3–4. - С. 15–20.

8. Centers for Disease Control and Prevention (CDC). Erysipelas – Clinical Overview [Electronic resource]. - 2024. - URL: https://www.cdc.gov/bacterial-infections/erysipelas.html.
9. Мустаева Г. Б. Особенности течения клебсиеллезной инфекции по данным Самаркандской областной клинической больницы //Вестник науки и образования. – 2020. – №. 18-2 (96). – С. 81-85.
10. Мустаева Г.Б., Саидов Х. Ш. About the so-called prolonged or persistent diarrhea in children//American Journal of Technology and Applied Sciences.-2024/1.-Т.20 . 48–51.
11. ТиркашевО.С., Мустаева Г.Б.,Брянцева Е.В., Матназарова Г.С. Изучение клинических и эпидемиологических особенностей кори // Science and education.-2023/1. Volume 4, issue 1.с. 212-219.
12. Ярмухамедова Н.А., Тиркашев О.С., Матякубова Ф.Э., Раббимова Н.Т. Особенности клинического течения современной скарлатины у детей (на примере Самаркандской области) // Инфекция, иммунитет и фармакология.-2022.-№2.-С. 232-236.
13. Ne'matov H.A., Tirkashev O.S. Specific clinical and epidemiological features of scarlet fever // Web of scientist: international scientific research journal.-2023.-Т.4, №2. P.578-584.