

OPTIMIZATION OF DIAGNOSIS AND TREATMENT OF POST-COVID PNEUMONIA

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Relevance. Coronavirus infection (COVID-19), according to world literature and experience, caused a pandemic, which not only led to a revision of approaches to the diagnosis and treatment of infectious diseases, but also required a reassessment of the role of radiodiagnosis methods in detecting COVID-19 and its complications, evaluating the effectiveness of ongoing treatment and verification of manifestations of post-covid syndrome. Of course, in the primary diagnosis of the disease, special attention is paid to the state of the lungs, while more and more data indicate the involvement of the organs of the gastrointestinal tract and other target organs in the process. Obviously, it is computed tomography (CT) that forms the basis of radiation diagnostics of COVID-19 [1,3,6].

Long-term post-COVID syndrome is a pathological condition that includes persistent physical, medical and cognitive consequences after a novel coronavirus infection, including persistent immunosuppression, as well as pulmonary, cardiac and vascular fibrosis. The morphological basis of acute respiratory distress syndrome in COVID-19 is severe diffuse alveolar damage, characterized by hypoxemia, bilateral pulmonary infiltrates, and decreased lung compliance [1,4,7,8]. It remains relevant to prevent complications of post-COVID conditions, especially when lung tissue is damaged more than 25%.

Purpose: Optimization of diagnosis and treatment of post-covid pneumonia, to combat pulmonary fibrosis and eliminate respiratory failure.

Materials and methods of research: 40 patients who had a Covid-19 viral infection complicated with pneumonia with 25-65% lung tissue damage were studied in the Department of Anesthesiology and Intensive Care and Radiology of the Multidisciplinary Clinic of Samarkand State Medical University No. 1.

During the study, the following methods were applied: clinical and anemnesitic method; questionnaire for assessment after covid infection; general clinical and laboratory studies (general blood count, general urinalysis, blood clotting); determination of coagulogram, D-dimer, C-reactive blood protein, lactate, procalcitonin, antibodies M and G.

Of the instrumental methods, ECG, MSCT of the chest, chest x-ray, ultrasound of the liver, kidneys were used.

Research results. Patients were diagnosed with a covid infection with lung damage. The course of pneumonia in 25% was severe and 75% moderate. All had signs of inflammation, body temperature was above 37C, cough, loss of smell.

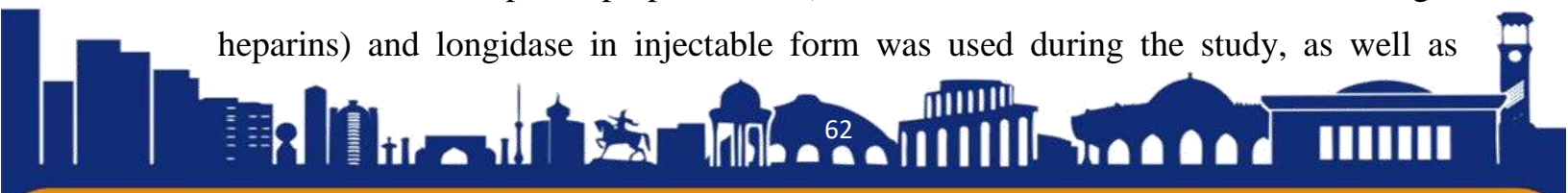
According to laboratory examinations, there were changes in the general blood test in the form of leukocytosis with a shift to the left, an increase in ESR, and a violation of the hemostasis system.

According to the radiograph, more than 25% lung tissue damage was determined. ECG data indicated dystrophic changes in the heart, conduction disorders, bradycardia.

MSCT made it possible to assess the extent of the lesion, the state of adjacent organs, the state of the spread of fibrous tissue.

Ultrasound of the kidneys and liver was performed in the diagnostic complex to assess the state of vital organs.

In the course of the complex treatment of complications of covid infection, a combination of heparin preparations (unfractionated and low molecular weight heparins) and longidase in injectable form was used during the study, as well as



symptomatic treatment, including non-invasive oxygen therapy methods, contributed to the resorption of fibrosis, which means diffusion and ventilation improved and obstructions for there was practically no normalization of oxygenation.

The treatment regimen with a combination of heparin and longidase made it possible to prevent the process from becoming chronic and improve the condition of the lung tissue, which was reflected in the clinical data of patients. The duration of stay in the intensive care unit of the clinic of Samara State Medical University No. 1 averaged 7.5 ± 1.3 bed days.

To optimize the diagnosis, a single use of CT was used. It gave enough information about the condition of the lungs and the degree of fibrosis.

Conclusions: Thus, we can safely talk about changes in the blood coagulation system, which leads to thrombosis and hypoxia of the lung tissue in patients with more than 25% lung damage.

Laboratory analysis of blood parameters and CT scan are the optimal and essential diagnostic method that allows you to monitor the condition, which in turn contributes to the prevention of complications.

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