



THE ROLE OF CYTOMEGALOVIRUS AMONG ACUTE RESPIRATORY VIRAL INFECTIONS.

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Relevance . Diseases caused by cytomegalovirus (CMV) are classified as anthroponotic viral infections and are characterized by different clinical manifestations. The essence of the problem of CMVI is that it is called opportunistic infections, the clinical manifestations of which can develop only in conditions of primary or secondary immunodeficiency. The spread of cytomegalovirus infection, the possibility of long-term survival of the pathogen in the human body with damage to various organs and systems, the difficulties of laboratory diagnosis, and the lack of reliable therapeutic and preventive means reliably emphasize the relevance of this infection.

Key words: cytomegalovirus, diagnosis, children, etiology.

The purpose of the study: to determine the clinical and laboratory characteristics of torch infections in children of different ages.

Materials and methods: in 2021-2023, the medical history of 160 patients diagnosed with cytomegalovirus among patients with acute respiratory viral infections treated in Bukhara Regional Infectious Diseases Hospital was retrospectively analyzed and divided into 2 groups. 90 of them were children of early age (56.25 %) (group 1 of observation), 70 children (43.75%) – adults (group II). They were diagnosed based on anamnesis, clinical and laboratory data.

Results: in the age structure of group 1, boys predominated (61.5% and 38.5%), group II - girls (52.9% and 47.1%, respectively). Half of the children of the 1st group had a fever above 39 degrees (56.25%), and the children of the IIth group had a fever of 38-39 degrees (43.75%). Asthenovegetative signs were observed in 15.3% of children in group 1 and 22.9% in group II. In group 1, in most cases, cervical lymph nodes increased to 1-2 cm (84.6%) in front and back, and in group 1, neck and submandibular lymph nodes increased to 2-4 cm (74.3%). In this group, 15.4% of tonsils increased to the 1st degree, 2nd degree - to 69.2%. 3-level increase by 15.4%. 7.1%, 50% and 42.9% in group II, respectively. 59.0% of children in group 1, 24.3% in group II have catarrhal syndrome. The following





changes were observed in the children of group I in the hemogram: leukocytosis up to $15 \times 10^9 / l$, up to - 56.4%, above $15 \times 10^9 / l$ - 43.6%, lymphomonocytosis -59.0%, ESR up to 30 mm / h - 51.3%, over 30 - 48.7%. In children of group II: leukocytosis up to $15 \times 10^9 / l$ 64.3%, above $15 \times 10^9 / l$ - 35.7%, ESR up to 30 mm / h - 65.7%, above 30 mm / h - 34.3%.

Summary: Clinical and laboratory characteristics in young children: a clear febrile syndrome above 39 degrees, less pronounced intoxication and lymphoproliferative syndromes, frequent manifestations of breathing, which indicates their combination with ARVI, more specific changes, a decrease in the hemogram (increased ESR, leukocytosis and lymphomonocytosis above physiological indications). In small children, their specific features complicate the diagnosis and this indicates a large percentage of false diagnoses. When admitted to the hospital: 27% - tonsillitis, 53% - ARVI, 20% - TORCH infection was diagnosed.

