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STUDY OF THE CLINICAL COURSE, CHARACTERISTICS AND COMPLICATIONS OF PATIENTS INFECTED WITH THE COVID-19 VIRUS IN MALE AND FEMALE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS.

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Abstract:
In article is given analyses of clinical options, course and prognosis of systemic covid 19 lupus erythematosus in men. Systemic lupuserythematosus (SLE) severe chronic connective tissue disease of autoimmune nature. When the disease affects the skin, blood vessels,connective tissue all internal organs. SLE is commonly seen in young (mostly girls and women) who are at risk. The Defeat of theinternal organs has a special place in SLE.

Keywords: systemic lupus erythematosus, clinical variants, diagnostics, prognosis.

Systemic (systemic) lupus erythematosus (SLE) is a chronic, polysyndromic, immune-complex, severe systemic disease of the connective tissue, with rapid spread of the pathological process in patients, severe visceral manifestations, pronounced peripheral syndrome characterized by severe damage to the immune system [1-5,7].

The incidence of TB is 4-250 cases per 100,000 population, approximately 90% of patients are women, 4-22% are men [5]. The ratio of occurrence of the disease in women and men is on average 6:1, and in the post-puberty period it is 10:1. [6]. In the population aged less than 15 years and older than 65 years, the significance of the disease depending on sex is less (Hochberg M.S., 1997). There are theories that the onset of the disease in men is more severe at an older age, M. Hochberg. According to the data, the average onset of the disease is 40.4 years, in women it is 31.8 years [7]. According to some authors, the onset of the disease corresponds to the age of 50-59 in men, the disease is more severe in men than in women, and cases of lethality occur earlier [4,7].

THE PURPOSE OF THE STUDY: to analyze the variants of the clinical course, period of onset, and complications of systemic lupus erythematosus in men and women with the covid19 virus.

MATERIAL AND METHODS. The study was requested from all the covid center departments of Andijan region and medical diagnostic departments at the district level. A total of 25 men and women treated with the diagnosis of "systemic lupus erythematosus" who were treated at the Kovid Center since March 2020 were included in the study. When diagnosing a disease in patients, attention is paid to "major" and "minor" diagnostic signs based on clinical, laboratory, and immunological signs of the disease.

"Big" signs of the disease: "butterfly copy" redness (on the face, on the edge of the nose), lupus nephritis, lupus arthritis, pneumonitis, detection of Le cells, hemolytic anemia, Werlgof's sign, detection of antibodies against DNA in high titers.

"Minor" symptoms of the disease: fever, prolonged pain in the muscles, shortness of breath, cough, weight loss, inflammation of the capillaries, skin rashes, polyserositis, lymphadenopathy, inflammation of the liver and spleen. inflammation, myocarditis, damage to the nervous system, increased ECHT, decreased leukocyte and platelet counts. All components increase during the Sitakinli storm. If there are 3 large signs in systemic red volchanka, the diagnosis is definite. If there are only minor symptoms or lupus nephritis is present along with minor symptoms, the diagnosis is considered uncertain.

RESULT: The results of the observations showed that the clinical course of the disease and laboratory analyzes in men are not significantly different from women. In more than half of the male patients, the onset of the disease corresponds to the age group younger than 20 years, and only 10% of patients are older than 40 years.

At the onset of the disease, the following symptoms predominate in men: arthritis, skin damage, hematological and immunological disorders, temperature stability. Damage to vital organs (kidneys, lungs, heart, central nervous system) was observed in 42% of patients. In 84% of cases, acute (IgA) is the primary chronic course of the disease, and only 16% of patients have a subacute variant of the course of the disease (IgM).

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Diagnosis of the disease causes difficulties in the primary chronic and non-obvious variants of the disease. The obtained results showed that the final diagnosis of (TQB) patients infected with the virus is an acute course of the disease in 1/3 of the patients; and one out of four patients died from the onset of the disease until the final diagnosis. In the clinical course of the disease, 24% had arthritis in large joints, 58% had damage to the reticuloendothelial system, 28% had Raynaud's phenomenon, and 5% had damage to the nervous system as an early sign of the disease.

Joint syndrome is one of the most common (in 80-90 percent of patients) clinical symptoms of the disease as arthritis, usually persistent pain with transient arthralgia or arthritis, periarthritis and, rarely, painful contractures. It is observed as a severe syndrome. Mainly small joints of the paw, wrist and ankle joints, sometimes large joints are also damaged. Joint syndrome is usually observed with severe myalgia, myositis, tendovaginitis, epiphyseal osteoporosis of the bones is visible in X-ray examination. Systemic lupus erythematosus is one of the early symptoms of Raynaud's syndrome and is observed in 10-40 percent of patients. Observation of Raynaud's syndrome with this disease shows that the process is going wrong. But if the development of the disease begins with Raynaud's syndrome, it will lead to bad consequences. In such patients, a systemic vascular process is detected and irreversible blood circulation disorders are observed. Thrombotic complications in TQB occurred in 1/4 patients, in which venous thromboses were 2 times more frequent than pulmonary arterial thromboses, and 2/3 patients had repeated thrombosis, which can be attributed to an increase in positive anticoagulant. Cardiovascular diseases were detected in 17.0% of patients, the development of vascular pathology in patients depends on the duration of the disease and glucocorticoid therapy, as well as the cumulative dose of prednisolone and solmedrol. Atherosclerotic changes in the vessels were noted in more than half of the patients.

When the disease starts early and when it is acute, its course is noted in severe variants. An increase in the severity index of the disease was observed in patients under 20 years of age, when the disease flared up, and the acute exacerbation of the disease was observed. In 2/3 of the patients, irreversible pathological conditions in the organs were observed, and they were accompanied by disorders of the nervous and mental sphere, damage to the organs of vision, and pathological conditions in the organs of the kidney and vascular system.

The organ damage index is high in elderly patients, and it is noted that it depends on the duration of glucocorticoid therapy. Mortality in men is 1.9/100 person-years, and it depends on the paralysis of the TQB (early lethality) and the development of vascular pathology (late lethality).

In the development of the disease, high activity of the disease debut, kidney damage, hemolytic anemia and thrombocytopenia are predictors of high risk of lethal

SUMMARY:

1. TQB is more severe in men than in women, and its course depends on the onset of the disease.
2. Final diagnosis of TQB in 1/3 of patients in the first week of the disease; and one out of four patients dies without a final diagnosis after the onset of the disease.
3. The clinical course of the disease was dominated by arthritis in large joints in 24%, damage to the reticuloendothelial system in 58%, and Raynaud's phenomenon in 28%.
4. Mortality in men is 1.9/100 person-years, and it depends on the paralysis of the TQB (early lethality) and the development of vascular pathology (late lethality).
5. Prevention, control and treatment of atherosclerotic damage of blood vessels from the time of the final diagnosis in men with CVD leads to a longer life of patientsity.

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