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Idiopathic Alveolitis That Leads to Fibrosis (Hammena-Richa Syndrome)

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ABSTRACT

Carried out, the synthesis of the starting compounds, that they enter the reactions of alkylations in various solvents (DMF, acetonitrile and alcohol). The resulting compound was deter mined by the physico-chemical method IR, PMR and mass-spectroscopy.

Hammena-richa syndrome belongs to the group of primary pulmonary fibrosis. Etiology of NOM. Morphological changes in this disease, inflammatory processes are accompanied by exudative inflammation and diffuse changes , the development of diffuse fibrosis in the directions of small blood vessels, as well as fibrosis of the intervertebral and alevoli intermediate barriers. This condition causes alveolar capillary blockage, external breathing disorders, and severe wheezing . That is why most Autors called "alveloit, which leads to diffuse fibrosis", given the morphological changes of this disease . Rheumatoid arthritis is a disease that has a separate nosological form, among such diseases as systemic sclerodermia. In our observation, 2 patients syndrome Hammena—richa they were treated with the disease. The first patient is a man 24 years old, the second patient is a woman 67 years old. The first patient is 24 years old both patients are from Fergana region. Patients do not have harmful habits. They went to the doctor because of an exacerbation of a non-strong cough and wheezing.

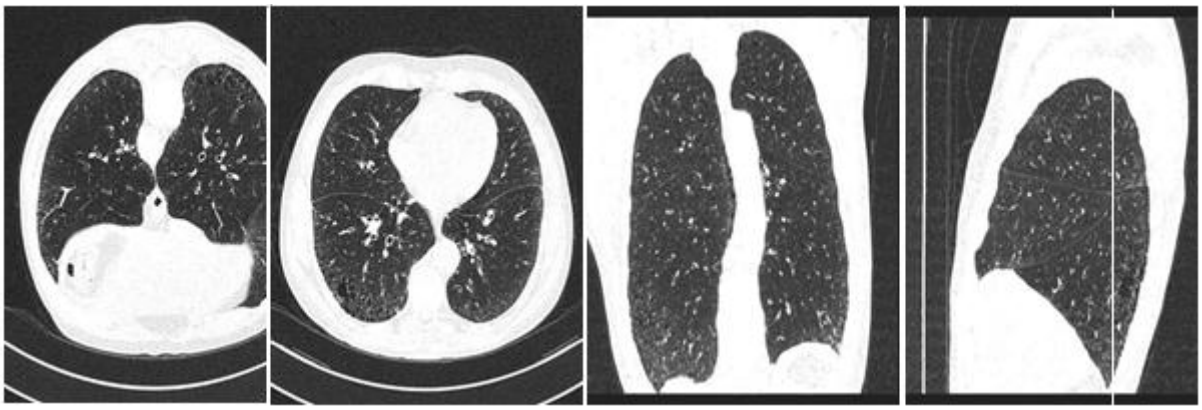
Both patients considered nospecific pneumonia at the onset of the disease. Several times, strong antibacterial treatments did not work. Both patients had symptoms of tsianosis on their faces ; 1 patient had a "drumstick" observed on their fingers . SpO86%(with oxygen) breathing rate 28 times in 1 inut.Peripheral nodes were not palpated. In auscultation of the lungs, wet wheezing with small puffs, which crack at the expense of the weakening of vesicular breathing, are heard in the lower parts of the lungs. In the Radiological picture , the picture of the lungs is seen in the form of mesh nodules, in which the interstitial tissue is hardened, subjected to strong deformations . The boundaries of the heart have not changed . In both patients, an act of tone II is heard in the pulmonary artery.

On the ECG, an increase in the load on the right side of the heart is observed.Tuberculosis has been ruled out in both patients.

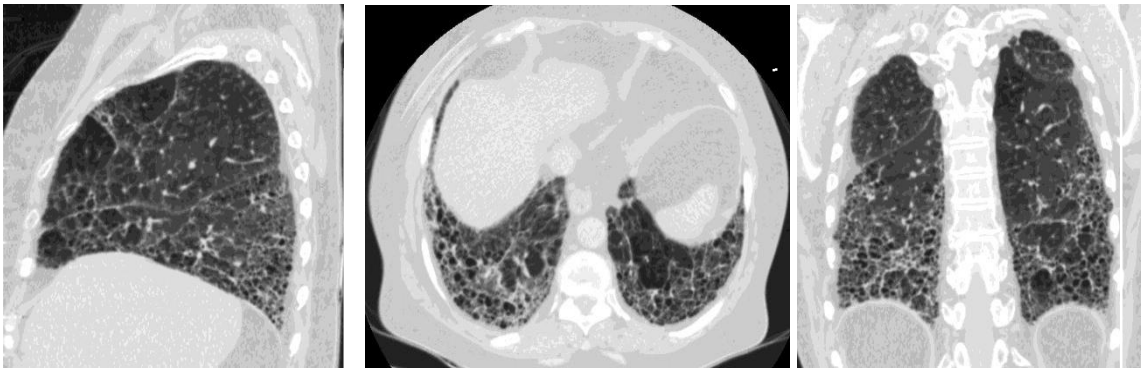
In the spiriographic examination, changes in the function of external breathing were observed due to a decrease in the ventilation of the pulmonary ventilation due to a restorative disorder.(Gel 37%).

In peripheral blood analysis (20.12.2022) hemoglabine 162, erythrocytes 5.4*9L, color indication 0.9, leukocytes 16.*bacilli 5% neutrophils 1-6 segments 60% lymphocyte 20% monocytes 8% SOE 50mm rt st. Mycobacterium tuberculosis was not found in sputum.Bronchography examinations were not conducted in the event that patients were severe.(the breathing rate is 32 times, there are tsianoses.) At the expense of the growing alveolar capillary block in both patients, pulmonary edema led to death.

Histological examination can see thickening of the pleura, finding hyalinoses thickening and structural impairment of alveolar barriers, and decreased growth of collagen fibers and lung tissue airiness. In alveolar barriers –diffuse lymphoid macrophagal fibroblastic reactions are observed. Lymphoid macrophagal vascular vasculitis its swelling and edema homogenous thickening of the vessels, the formation of connective tissue in the alveolar barrier was observed.In the Alveolar range, homogenous macrophagal exudate appears, multiple sclerosis in lung tissue and focal emphysema. These are typical for the hammena—richa disease.



Расм 1. interstitial pneumonia,



Расм 2. interstitial pneumonia, typical of manzarasi. Tyrli fibrosis tykima.

At the moment, a 60-year-old patient is observed in our clinic. Complaints of wheezing increase in physical nagruzka, difficulty coughing , sputum discharge, a feeling of tightness of the chest, and pain, rapid heartbeat, Anamnesis count himself sick for 10yil . The hammena-richa disease was established at the Republican Institute of scientific investigation of phthisiatrics and pulmonology . The disease erupted in the next 2 months. Several times were treated by the stasionar method . There was no effect of antibacterial and anti-inflammatory agents.

In objective examination, signs of numbness on the lips,, acrocyanosis, "Drumstick", symptom,

breathing frequency — 28 v in 1 minute. In auscultation, wet wheezing is heard, which ruptures in the lower part of the lungs. Over the pulmonary artery with an enlarged right border of the heart, the act of ton II is heard. Na EKG-increased right ventricular load , decreased ventricular aro transient and III of repolarization. it can be seen that the avF networks are broken.

In the peripheral blood landscape . land. 4-10 v 1 l, e. 3%, p.-2% s-71 limf.-18%, mon-6%; SOE -32 mm/ch. In sputum, leukocytes are found in the form of a 2-4 area in the form of a flat epithelium-3-6 area ,the epithelium of the bronchial cell -2, VK is not found . In a spriographic examination in the patient snijenie gel decreased by 38%, the tuberculin test is negative . In an X-ray examination of the lungs, the lung area is seen as emphysematous, the lung picture is in a fine-mesh form at the expense of diffuse increased, deformed interstitial tissue growth.

Diagnostic criteria:

1.Diagnosis of pulmonary fibrosis from ilagari (earlier)

2.Increased wheezing in the last 30 days .

3.View of the maanzara "mesh glass" in X-ray and computer tomogram.

4.Absence of other infections in the lungs (tvs and other diseases).

Medicamentous therapy

Steroid hormones were added to the treatment measures.Under the influence of this, the patient's condition improved significantly, bruises and growths remained on amma's lips. Conducting monotherapy with corticosteroids

Conducting randomized monotherapy with glucocorticosteroids (GKS) led to a slight improvement in lung function, but did not give the observed result [60.61]. Long treatment with glucocorticoids leads to some adverse complications. [60].combination therapy of GKS and immunomupressants in the treatment of IOF has no specific data on prolonging the patient's life (e.g. azathioprine and cyclophosphamide). Combination therapy in combination with this leads to an improvement in lung function [58].Currently, warfarin and sildinophilus are not used in IOF disease due to the lack of Group drugs effect.

So the syndromes that we have listed above are compatible with Hammena—richa syndrome. In the main place in the diagnosis of us and other Autors is based on clinical radiological, MRI examinations:growing wheezing, bruising on the faces, the symptom of "drumstick" is based on the appearance of deformity of lung tissue in X-ray. And the lack of effect of nosesific treatment measures indirectly confirms the diagnosis of Hammena—richa syndrome. In our opinion, in protracted forms of the disease, it is recommended to perform a punctual or transthoracal biopsy in structural disorders of the lung tissue.

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