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DIAGNOSIS OF INTERNAL MYCOSES IN PATIENTS WITH HIV INFECTION AND TUBERCULOSIS UNDER HOSPITALIZATION CONDITIONS

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Relevance: The relevance of research in this area is due to the fact that patients with pulmonary tuberculosis and HIV infection have weakened immunity, making them more susceptible to various infectious complications, including internal mycoses. Internal mycoses caused by fungi can lead to serious complications and even fatal outcomes in such patients. Therefore, studying this issue is of great importance for developing effective strategies for the prevention, diagnosis, and treatment of internal mycoses in this category of patients.

Aim of the Research: The aim of the study is to investigate the features of the clinical course of mycoses in patients with HIV/TB coinfection. It also includes assessing the frequency of occurrence of internal mycoses in patients with HIV/TB coinfection, analyzing the features of clinical manifestations of these infections in the context of their interaction, determining the risk factors for the development of internal mycoses in this category of patients, and evaluating the effectiveness of various

methods of diagnosis and treatment of internal mycoses in the presence of HIV/TB coinfection.

The data obtained will help improve preventive strategies, optimize diagnosis and treatment selection, ultimately leading to improved treatment outcomes and reduced complications in patients with this dual infection.

Materials and Methods: We examined 135 patients with HIV/TB aged 20 to 70 years. There were 72 (80.9%) men and 17 (19.1%) women. Of the 135 patients, 89 (65.9%) were found to have mycoses. Among them, 42 (47.2%) were newly diagnosed patients, and 47 (52.8%) were previously treated.

In our study, we examined 135 patients with HIV/TB, aged 20 to 70 years. Among them, 72 (80.9%) were men and 17 (19.1%) were women. It is noteworthy that mycoses were detected in 89 out of 135 patients (65.9%). Among them, 42 (47.2%) were newly diagnosed with pulmonary tuberculosis, while 47 patients (52.8%) had previously received treatment for tuberculosis. The data obtained allow for a more detailed study of the development features of internal mycoses in patients with HIV/TB coinfection and to determine effective strategies for the diagnosis and treatment of this condition.

Results and Discussion:

The following clinical forms of tuberculosis (TB) were identified: infiltrative - in 31 (34.8%), disseminated - in 15 (16.8%), focal - in 13 (14.6%), fibrous-cavernous - in 10 (11.2%), broncho adenitis - in 8 (9.0%), exudative pleurisy - 4 (4.5%), miliary tuberculosis - 3 (3.3%), cavernous tuberculosis - in 2 (2.2%) patients, and caseous pneumonia, tuberculomas, meningoencephalitis in one (1.1%) case each. All these clinical forms of tuberculosis in patients with HIV/TB require a comprehensive approach to diagnosis and treatment. Timely detection and effective treatment are important for clinical manifestations of the disease.

The isolation of tuberculosis mycobacteria in sputum is an important indicator of the activity of the infectious process and contributes to the diagnosis and monitoring of treatment effectiveness. This emphasizes the need for bacteriological examination of sputum for accurate tuberculosis diagnosis and antibiotic susceptibility testing.

Data on lung tissue decay in 58 (65.2%) tuberculosis patients and the isolation of tuberculosis mycobacteria in sputum in 67 (75.3%) patients indicate the severity and activity of the disease process. Lung tissue decay is one of the typical signs of advanced tuberculosis, which can lead to the formation of cavities in the lungs and intensify the clinical manifestations of the disease.

Considering these data, it is important to emphasize the significance of early diagnosis and comprehensive treatment of tuberculosis, especially in patients at high risk of complications, to prevent disease progression and reduce the risk of infection spread.

Of the 89 patients, various types of fungi were found in 80 (89.9%), indicating a high prevalence of fungal infections among those studied. The most common type of fungus was *Candida albicans*, found in 56 patients (70.0%). This fungus is well known for its pathogenic ability and ability to cause various infections.

Candida crusei (7 patients, 8.7%), *Candida tropicalis* (11 patients, 13.8%), and *Candida parapsilosis* (6 patients, 7.5%) were also found. These types of fungi can also cause various fungal infections and require specialized treatment.

Although *Candida* was the most common type of fungus among patients, *Aspergillus* spp. was also found in 7 cases (7.9%) and *Cryptococcus neoformans* in 2 cases (2.4%). These types of fungi are also potentially dangerous and can cause serious infections.

Detecting various types of fungi in the majority of patients underscores the importance of accurate diagnosis and proper selection of antifungal therapy for effective control of fungal infections and prevention of complications.

Antifungal therapy was conducted based on the results of antibiotic susceptibility testing and determination of fungal susceptibility to antifungal drugs. This allowed for the selection of the most effective treatment for each patient, taking into account their individual characteristics and possible complications.

For most immunocompetent patients, the average duration of treatment was from 10 to 14 days. The duration of therapy was determined based on the type of fungal infection, its severity, prevalence, and response to treatment. Proper adherence to the duration of therapy plays an important role in successful treatment and prevention of recurrence of fungal infections.

If continuation of treatment or adjustment of the antifungal drug regimen was necessary, additional assessment of the patient's condition and results of laboratory tests were conducted. An individual approach to the duration and regimen of treatment allows achieving the best results in combating fungal infections and minimizing the risk of complications.

Conclusions:

The outcome of fungal infections against the background of antituberculosis therapy depends on the timely initiation of antifungal treatment. Patients who received adequate and effective antifungal treatment immediately after the diagnosis of fungal infection had more favorable outcomes and faster recovery.

Delay in starting antifungal therapy against the background of antituberculosis drugs can lead to worsening of the patient's condition, spread of infection, and development of complications. Therefore, it is important to regularly monitor patients for the development of fungal infections during simultaneous use of antituberculosis therapy.

Thus, early detection of fungal infections in patients receiving antituberculosis drugs and timely initiation of adequate antifungal treatment are key points for successful treatment and prevention of complications. This emphasizes the need for a comprehensive approach to the treatment of patients with tuberculosis and fungal infections, taking into account the characteristics of each case.

<i>Tangirov A.L., Lolayeva Z.A.</i>	242
SOG'LOM UZOQ UMR KO'RISH SIRLARI	
<i>Tangirov A.L., Karimova M.U., Lolayeva Z.A.</i>	243
МОРФОФУНКЦИОНАЛЬНЫЕ НАРУШЕНИЯ ПОЗВОНОЧНОГО СТОЛБА У ГИМНАСТОК, ЗАНИМАЮЩИХСЯ ХУДОЖЕСТВЕННОЙ ГИМНАСТИКОЙ	
<i>Билялова Н.Х., Пахрудинова Н.Ю.</i>	245
<i>Вопросы медицинской помощи при чрезвычайных ситуациях</i>	
АСТЕНИЯ КАК КОГНИТИВНАЯ ДИСФУНКЦИЯ	
<i>Кахрамонова И.И.</i>	248
DIAGNOSIS OF INTERNAL MYCOSES IN PATIENTS WITH HIV INFECTION AND TUBERCULOSIS UNDER HOSPITALIZATION CONDITIONS	
<i>Mukhamedov K.S., Jurabaeva M.Kh., Ongarbayev D.O., Galeti Faheem Akram</i>	251
ПЕРВАЯ МЕДИЦИНСКАЯ ПОМОЩЬ ПРИ ССЗ	
<i>Султонова С., Нигматуллаева Д.Ж.</i>	254
РОЛЬ СИМУЛЯЦИОННЫХ ТЕХНОЛОГИЙ В ОБУЧЕНИИ СРЕДНЕГО МЕДИЦИНСКОГО ПЕРСОНАЛА НАВЫКАМ ОКАЗАНИЯ ПЕРВОЙ МЕДИЦИНСКОЙ ПОМОЩИ ПРИ НЕОТЛОЖНЫХ СОСТОЯНИЯХ	
<i>Чифтчи З.А.</i>	255
ОБУЧЕНИЕ СРЕДНЕГО МЕДИЦИНСКОГО ПЕРСОНАЛА НАВЫКАМ МЕДИЦИНСКОЙ СОРТИРОВКИ ПРИ КРУПНОМАСШТАБНЫХ ЧРЕЗВЫЧАЙНЫХ СИТУАЦИЯХ	
<i>Чифтчи З.А.</i>	256
<i>Иммунитет и иммунологические основы здорового образа жизни</i>	
ФАКТОРЫ, СПОСОБСТВУЮЩИЕ ФОРМИРОВАНИЮ НОСИТЕЛЬСТВА STREPTOCOCCUS PNEUMONIAE СРЕДИ РАБОТНИКОВ, ПОДВЕРГАЮЩИХСЯ ВОЗДЕЙСТВИЮ ПРОМЫШЛЕННЫХ АЭРОЗОЛЕЙ	
<i>Бушueva Т.В., Рослая Н.А., Штин Т.Н., Карнова Е.П.</i>	258
A NEW METHOD FOR THE EFFECTIVE TREATMENT OF SKIN DISEASES, INCLUDING ECZEMA, AND THE PREPARATION OF AN EFFECTIVE MEDICINE FOR SKIN DISEASES	
<i>Abduravidov T.A., Muhamedova B.I.</i>	261
IMMUNOPATHOLOGY OF COPD	
<i>Sakina Khan, Mirkhamidova S.M.</i>	264