INTERNATIONAL CONFERENCE ON MEDICAL

# MEDICINE AND HEALTH SCIENCES VENICE 2021

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#### **MEDICAL SCIENCES**

# **RETROSPECTIVE ANALYSIS OF BLOOD INDICATORS IN PATIENTS WITH CORONAVIRUS INFECTION**

#### Babadjanova Shoira Agzamovna

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**Summay.** The development of leukocytosis and neutrophilia, their degree, lymphocytopenia and thrombocytopenia depend on the severity of the course of coronavirus infection, with the level of lung damage and was more pronounced in the severe course of the disease. In the severe course of coronavirus infection, leukocytosis of more than  $20 \times 10^{9}$ / $\pi$  and a shift of the leukoformula with the appearance of single myelocytes and metamyelocytes, lymphocytopenia less than 10% were observed.

**Introduction:** COVID-19 is a systemic infection that has a significant effect on the hematopoietic system. Coronavirus disease 2019 (COVID-19) was first reported in an epidemic outbreak in Wuhan (N. Zhu et al., 2020), which quickly escalated into a pandemic and infected billions of people forced to comply with social distancing measures.

Although coronavirus infection is primarily a respiratory tract infection, recent evidence indicates that it should be considered a systemic disease affecting the cardiovascular, respiratory, gastrointestinal, neurological, hematopoietic and immune systems (E. Driggin et al., 2020; MN Bangash, J. Patel, and D. Parekh, 2020; P. Mehta et al., 2020).

**Materials and methods of research:** The object of the study was 200 case histories of patients with coronavirus infection treated in the departments of the Zangiata infectious diseases hospital. The patients were divided into the following groups: group 1 consisted of 50 (25%) patients with mild coronavirus infection, group 2 96 (48%) patients with moderate coronavirus infection and group 3 54 (27%) patients with severe coronavirus infection. The average age of the patients was  $54.2 \pm 4.6$  years. The control group included 30 apparently healthy individuals of comparable age and gender.

**Methods:** a general blood test with an expanded leukoformula and counting the number of platelets in patients with Coronavirus infection.

Results: During the incubation period and in the early stages of coronavirus infection, peripheral blood counts were within the normal range. With mild severity, patients of group 1, when there was no lung damage, 10 (5%) patients had leukocytosis more than 12.0x109 / 1 and neutrophilia more than 72%, 8 (4%) patients had lymphocytopenia less than 15%, 4 (2 %) of patients with thrombocytosis more than 400x109 / 1 and in 6 (3%) patients thrombocytopenia less than 150x109 / 1.In patients of group 2 with a moderate course of coronavirus infection in the presence of severe respiratory failure and lung damage up to 20%, 68 (34%) patients had leukocytosis more than 12.0x109 / 1 and neutrophilia more than 72%, in 58 (29%) patients lymphocytopenia less than 15%, in 6 (3%) patients with thrombocytosis more than 16 (8%) patients with thrombocytopenia.

In group 3, with a severe course of coronavirus infection, with lung damage of more than 50%,

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26 (13%) patients had leukocytosis of more than 20x109 / 1 and neutrophilia of more than 78% with the appearance of single myelocytes and metamyelocytes, 10 (5%) patients had leukocytosis of more than 12x109 / 1 and neutrophilia more than 72%, and 14 (7%) patients had leukocytopenia less than 4.0x109 / 1. In addition, lymphocytopenia of less than 10% was detected in 32 (16%) patients, in 6 (3%) patients with thrombocytosis, and in 18 (9%) patients with thrombocytopenia. In the control group, the number of leukocytes was  $6.5 \pm 1.2x109 / 1$ , platelets were  $212 \pm 41.3x109 / 1$ , the leukocyte count was unremarkable.

**Conclusions:** The development of leukocytosis and neutrophilia, their degree, lymphocytopenia and thrombocytopenia depend on the severity of the course of coronavirus infection, with the level of lung damage and was more pronounced in the severe course of the disease. In the severe course of coronavirus infection, leukocytosis of more than 20x109 / L and a shift of the leukoformula with the appearance of single myelocytes and metamyelocytes, lymphocytopenia less than 10% were observed.

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