



## Clinical and laboratory characteristics of HIV infection as a mono- infection and against the background of intestinal leukemia

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### ABSTRACT

An invasive disease caused by Giardia. In humans, Giardia is caused by *Lamblia intestinalis*. There are motile (vegetative) and non-motile (cyst) forms of Giardia. The source of the disease is a person infected with giardia. Giardia enters the gastrointestinal tract of a healthy person, multiplies in the small intestine and damages its mucous membrane. They pass from the small intestine to the large intestine (this place is unfavorable for them), lose their movement and turn into cysts. They come out with feces. Giardia cysts are well preserved in the external environment. The disease is transmitted by eating food (especially fruits and vegetables) contaminated with giardia and drinking water, as well as through dirty hands and household items. Cysts are found in faeces in 5-12% of cases among adults in different geographical regions. Giardia mostly occurs in children. Clinical signs vary depending on the organ affected. More intestinal and bile ducts are affected. Sometimes the symptoms of the disease are not visible, enteritis, cholecystitis, etc. can also go together. During the examination, cysts of giardia can be found in feces, and its vegetative forms can be found in grass (bile). Strict adherence to personal hygiene rules is required to prevent giardia. Treatment: depending on the course of the disease, trichopol, furazolidone, aminaquinol and others are prescribed. In Uzbekistan, various aspects of Giardia were thoroughly studied by Professor N. A. Dehkankhojayeveva.[1]

#### Keywords:

Giardiasis, Parasitology, Pediatrics, Infection, Choloretic Drugs, Ornidazole, Enzymes

#### Result

The source of infection is HIV-carrier. Carrying the virus can last from 3 months to 10 years and even longer. HIV in the patient's body in the following biological fluids:

<Blood

<Sperm

<Vaginal discharge

It has been proven that it is found in the largest amount in breast milk. This virus is found in very small amounts in sweat, urine, tears and feces, and the risk of infection through them is

very small. But any biological fluid mixed with blood serves as a source of infection. Symptoms such as fever, rash, rashes in the oral cavity, loss of appetite, loss of body weight, and weakness often occur in patients infected with HIV. Symptoms of HIV infection may not be known for up to 6 months. Such symptoms do not occur in people who are not infected with HIV.

### Discuss

Most of the HIV-infected patients do not get medical help in the early stages of the disease because they do not know about their disease. It is very important to know the diagnosis of HIV-infection for UASh. In the first years of the AIDS pandemic, everyone's attention was focused on gay and bisexual men, drug addicts, hemophiliacs, but now this approach to the disease is less effective. HIV is most often transmitted through heterosexual intercourse, and at the same time, most HIV-infected patients do not know how they contracted the disease. Nowadays, it is more correct to think not about risk groups, but about dangerous types of behavior. When collecting anamnestic information from any patient, the doctor should ask non-judgmentally about his sexual relations and drug use. This information increases the chances of timely diagnosis of HIV infection. Presence of venereal disease or tuberculosis in the patient and pregnancy are indications for laboratory diagnosis of HIV infection. Alternatively, all groups of lymph nodes are enlarged, dementia of unexplained cause, chronic diarrhea, unexplained weight loss, disseminated herpes, idiopathic urticaria with involvement of multiple dermatomes, unexplained cytopenias, V-cell lymphomas, and other conditions suggestive of cellular immunodeficiency. It is advisable to conduct an HIV test in the case of diseases. A diagnosis of HIV-infection is made in the event that a positive result is determined in IFA several times, and the subsequent immunoblot method is also confirmed with positive results. False-negative results are rare, mainly between the periods of infection and seroconversion and do not last longer than 6 months. False positives are also generally rare. A positive result in IFA and the detection of antibodies to only one or two HIV

antigens is an unreliable result in immunoblot testing. Unreliable results are obtained in the period of seroconversion, in the late stage of the disease, and in cases where the body has alloantibodies (pregnancy, blood transfusion, organ transplantation) or autoantibodies (autoimmune diseases, malignant tumors). Such patients should be re-examined after 3-6 months. If a suspicious result is obtained against the background of seroconversion, a positive result will be obtained in the examination after one month.

### Conclusion

Symptoms of HIV vary from person to person, but they are similar in men and women. These symptoms may come and go or get worse. The US Department of Health and Human Services (HHS) usually recommends a three-drug HIV drug initiation regimen of at least two of these drugs. This combination helps prevent HIV from developing drug resistance. (Resistance means the drug no longer works to treat the virus.) Most antiretroviral drugs are combined with others, so that a person with HIV only takes one or two pills a day. A health care provider can help a person with HIV choose a regimen based on their health and personal circumstances. These medicines should be taken every day, exactly as prescribed. If they are not taken properly, resistance to the virus may develop and a new regimen may be needed.

### References

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