



## Myocarditis After Covid- 19 Disease and its Prophylaxis.

Holboboeva Shakhnoza  
Asadullaevna

Ferghana medical institute of public health

ABSTRACT

The article summarizes the treatment experience of 37 patients treated in the hospital during the coronavirus pandemic. Clinical manifestations, age, diagnostic methods are discussed and suggestions are given.

### Keywords:

COVID-19, myocarditis, preventive medicine, angiotensin synthesizing enzyme 2, cardiomyocytes

**Introduction.** During the coronavirus pandemic, the COVID-19 virus is causing various complications. Especially the fact that there are many complications of the cardiovascular system with inflammation shows that the complications of this disease should be taken seriously. The effect of new strains of the COVID-19 disease on various organs of the human body, especially on the heart muscles, has significantly increased, which shows that the complications and treatment tactics of this disease should be taken seriously. The main reason for this is that the pathogenesis has not been fully studied at the moment, but it can be assumed that the virus has a direct damaging effect on cardiomyocytes. This problem is relevant for modern medicine and requires active study.

**The purpose of the study.** Monitoring the progress and development mechanisms of a patient with myocarditis developed after a coronavirus infection in the cardiology department of Fergana city hospital No. 2, and improvement of prophylactic measures.

**Materials and methods** . There is a lot of information in foreign literature about the

mechanism of acute myocardial injury caused by SARS-CoV-2 infection being related to ACE2. Angiotensin synthesizing enzyme 2 (ACE2) Cardiovascular vein and immunity in systems important role playing , enzyme membrane with connected is an aminopeptidase . ACE2 for SARS-CoV-2 functional receptor as determined . SARS-CoV-2 infection viral of protein heart and in the lungs to expressed ACE2 connection as a result surface it comes \_ of the heart to infection internal sensitivity shows . Also , the coronavirus with sick in 35 % of patients SARS- CoV in the myocardium genome existence showing data available , by this virus to cardiomyocytes straight away harm deliver probability increases. 23 (62.2%) women and 14 (37.8%) men among 37 patients with myocarditis developed after coronavirus infection in the cardiology department of Fergana City Hospital No. 2 within the first 2 months after the onset of the disease it was found that the disease developed in him.

24 of these patients (73%) were continuously treated with chronic cardiovascular diseases under the supervision of cardiologist "D". 13 (27%) patients had symptoms of myocarditis and applied to our hospital for treatment after contracting the

coronavirus disease. 10 (27%) people with coronavirus disease (mild lung damage 10-15%), 25 (67.6%) people with medium severity (with lung damage-25-40%), severe 2 patients (lung damage 50-75%) were treated with ir level. 17 (46%) of the treated patients were treated in inpatient conditions, 20 (54%) were treated in outpatient conditions or at home without specialist supervision. However, both groups of patients were infected with the coronavirus disease. no signs of myocarditis were observed and did not disturb. The symptoms of the disease appeared 2-3 weeks after the illness of COVID-19.

**Results.** The numbers show that there is no significant difference between the degree of heart muscle damage regardless of the level of infection with the coronavirus disease . It is seen that there is a difference between the patients who are not treated with the strict standards of treatment at home and under the supervision of a specialist. In addition, the frequency of myocarditis remains high in patients with chronic cardiovascular disease. It is noteworthy that myocarditis occurs even among people who do not have cardiovascular disease. Patients with COVID-19 who are not suffering from chronic cardiovascular diseases are also being monitored.

### Summary.

1. Regardless of the level of the disease of COVID-19, treatment is carried out under the supervision of a specialist.
2. ECG and cardiologist examination during treatment and after the end of treatment.
3. As far as possible, patients with chronic diseases should be treated under the supervision of specialists, regardless of the level of the disease of COVID-19.
4. Angiotensin synthesizing enzyme 2 (ACE2) laboratory in patients in the circumstances control to do

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