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Covid In Parenteral Viral Hepatitis 19 Forgiveness of Infection

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ABSTRACT

This article provides information on the course, clinical manifestations, treatment stages and immunity of Covid 19 infection in patients with parenteral viral hepatitis.

Keywords:

Viral hepatitis, HBV, HCV, HDV, Covid 19, infection, clinic, pathogenesis, treatment, parenteral

The urgency of the problem: Covid 19 infection is usually transmitted through airborne droplets, which belong to the group of anthroponoses, ie through droplets released from person to person during coughing and sneezing. The infection spreads to the body through the upper respiratory tract and primarily affects the respiratory system, ie the epithelial cells of the nasal mucosa, followed by inflammation of the lungs, bronchioles, dysfunction of the larynx and larynx. The virus spreads through blood vessels, causing secondary viremia to many organs, which in turn disrupts vascular permeability. As a result, organ failure begins to occur. This condition is more severe in patients with viral hepatitis. During the pandemic, it was found that Covid 19 infection, in addition to acute respiratory syndrome, leads to dysfunction of other organs, especially the liver. . The human liver performs a variety of vital functions, including barrier function to fight covid 19 infection. It is actively involved in the phagocytosis of foreign bodies and infectious agents using Visokovich-Kupfer cells, participates in the process of liver

hemagglutination and prevents blood clotting, participates in the synthesis of sedatives. We know that viral hepatitis, especially HBV, HCV, HDV, which cause parenteral viral hepatitis (no stable immunity is observed in parenteral viral hepatitis), is the most common cause of liver damage and deficiency of the above-mentioned functions and leads to its deficiency. The most common form is inflammatory processes of the liver (hepatitis) or its dystrophic processes, which lead to primary metabolic disorders in hepatocytes. As a result, when patients with HBV, HCV, HDV become infected with SARSCo V-2 infection, the pathophysiological process in the liver is severe and the probability of death in patients is high. Such a tragic condition in hepatic insufficiency is a disorder of metabolism (carbohydrate metabolism), protein metabolism, fat metabolism, disorders of vitamin and hormone metabolism, as well as in patients with viral hepatitis, detoxification and detoxification of the liver. leads to fatty dystrophy in liver tissue, impaired bile formation and excretory function, SARS-CoV-2 virus disrupts the barrier and transport

functions of bile acids in cholangiocytes - all of which accelerate the development of Covid 19 infection is a favorable environment for. Many other organ failure, including cardiovascular failure, results in a complete breakdown of the immune system in the human body.) is observed as a result of abnormal growth of anti-inflammatory cytokines in the blood serum. Absorption of serum fluid into the lung tissue develops rapidly. In humans, respiratory distress, ie the development of pneumonia, occurs in a very short time. `xtashi occurs. Not only patients with parenteral viral hepatitis, but also all patients with chronic liver disease are at risk after the epidemic of cardiovascular disease, and this requires increased attention of physicians to patients at risk, as they Against the background of exacerbation of the disease increases not only the risk of infection with COVID 19 virus, but also its more severe course, and the mortality rate is higher than in patients without a diagnosis of viral (parenteral) hepatitis. Current research suggests that patients with a diagnosis of parenteral viral hepatitis have a higher incidence of coma in the short term, leading to a higher mortality rate when infected with COVID 19 infection. This coma is characterized by a number of neurological changes. The most obvious of these are disorders of the central nervous system, increased anxiety reflexes, tremors, followed by adynamism, when oxygen saturation is less than 50%, resulting in the disappearance of all vital functions. Rapid onset of coma may occur in acute circulatory disorders as a complication of Covid 19 infection.

Watch for Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Difference between COVID-19 & Flu

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with influenza viruses.

COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. More information about differences between flu and COVID-19 is available in the different sections below.

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis.

While more is learned every day about COVID-19 and the virus that causes it, there is still a lot that is unknown . This page compares COVID-19 and flu, given the best available information to date.

Conclusion

There are hundreds of coronaviruses, most of which circulate in animals. Only seven of these viruses infect humans and four of them cause symptoms of the common cold. But, three times in the last 20 years, a coronavirus has jumped from animals to humans to cause severe disease.

SARS, a beta coronavirus emerged in 2002 and was controlled mainly by aggressive public health measures. There have been no new cases since 2004. MERS emerged in 2012, still exists in camels, and can infect people who have close contact with them.

COVID-19, a new and sometimes deadly respiratory illness that is believed to have originated in a live animal market in China, has spread rapidly throughout that country and the world.

The new coronavirus was first detected in Wuhan, China in December 2019. Tens of thousands of people were infected in China, with the virus spreading easily from person-to-person in many parts of that country.

The novel coronavirus infections were at first associated with travel from Wuhan, but the virus has now established itself in 177 countries and territories around the world in a rapidly expanding pandemic. Health officials in the United States and around the world are working to contain the spread of the virus through public health measures such as social distancing, contact tracing, testing, quarantines and travel restrictions. Scientists are working to find medications to treat the disease and to develop a vaccine.

The World Health Organization declared the novel coronavirus outbreak “a public health emergency of international concern” on January 30. On March 11, 2020 after sustained spread of the disease outside of China, the World Health Organization declared the COVID-19 epidemic a pandemic. Public health measures like ones implemented in China and now around the world, will hopefully blunt the spread of the virus while treatments and a vaccine are developed to stop it.

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