

Adenovirus Keratoconjunctivitis

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Annotation: Inflammatory diseases of the conjunctiva have been the main cause of general autumn diseases. About 40% of patients who seek medical help for conjunctivitis in autumn are patients with adenoviral conjunctivitis. Adenovirus conjunctivitis, which develops into a chronic form without proper treatment, leads to social problems by lowering the work rate of the population, especially the able-bodied. If the disease is not treated in time, the quality of life of patients will decline.

Keywords: conjunctivitis, adenovirus, bacterial conjunctivitis, epidemic keratoconjunctivitis, pharyngoconjunctival lihoratka.

In the last two or three years, the incidence of adenoviral conjunctivitis has risen sharply. The high incidence of the disease, mainly among preschoolers and school-age children, is causing serious medical and social problems.

Conjunctivitis is an allergic or infectious inflammation of the mucous membrane. In adults, adenoviral conjunctivitis occurs in 85% of cases of conjunctivitis, and bacterial conjunctivitis in the remaining 15%. In children, adenovirus and bacterial conjunctivitis occur at the same frequency. First of all, it is clear that due to the high effectiveness of treatment of bacterial conjunctivitis, the incidence of bacterial conjunctivitis is much lower than that of adenoviral conjunctivitis. Second: - Adenovirus conjunctivitis is highly contagious to bacterial conjunctivitis.

Due to this approach, patients with adenovirus conjunctivitis are referred. Third: - Citizens with adenoviral conjunctivitis are losing their ability to work due to high incidence of dysfunction, due to high levels of discomfort.

Symptoms of the disease have the appearance of a triad: -Lihoratka. -Pharyngitis.- Purulent follicular conjunctivitis. In children, the presence of an easily removable yellowish film-like membrane in the conjunctiva of the pelvis. Corneal damage is characterized by a decrease in sensitivity in 13% of cases and the appearance of small punctate infiltrates.

There are two different clinical forms of adenovirus keratoconjunctivitis.

1. Pharyngoconjunctival lixoratka.
2. Epidemic keratoconjunctivitis.

The causative agent is adenovirus infection. The disease is transmitted by airborne droplets and contact. More air is transmitted through the droplets. Adenoviruses enter the body through the conjunctiva and upper respiratory tract. There, viruses multiply and show signs of acute respiratory infection. During this period, the body is poisoned by viruses and the body temperature rises. At the same time there is a weakening of the immune system, secondary bacterial infection occurs and the development of angina, pneumonia or hemorrhoids due to the bacterial flora. The disease is accompanied by inflammation of the upper respiratory tract and fever. The disease is most common in preschool and school-age children.

The incubation period of the disease is 7 -10 days. From this day on, the development of the disease becomes more active. The disease is milder than other epidemic diseases. The disease is most common in spring and autumn.

The symptoms of the disease are unique to each patient, depending on the age of the patient, the immune system and the degree of disease. The disease takes several different forms, and each form has its own set of symptoms. The disease begins with a rise in body temperature and solitary advanced nasopharyngitis. The duration of the rise in body temperature is of a sheer nature. Symptoms of conjunctivitis appear on the second rise in body temperature. Swelling and redness of the cavities are observed. The patient suffers from

numbness and shrinkage in the fall. He is annoyed as if something strange has happened in the fall. A lot of tears from the fall and not being able to look at the light are annoying. All parts of the conjunctiva are painted red. The submandibular lymph nodes become enlarged. The disease usually spreads from one fall to the next. Gradually, the patient's general condition worsens, and in the autumn aging and purulent discharge increase. Due to this pus, the ability to build up is restored after a short course of treatment. It is impossible to ignore the disease and treat it on its own.

In the fall, there is a noticeable local disturbance. The mucous layer of autumn is slightly reddened. If there is a purulent-serous discharge, it is very small. In this form of the disease, no complications are observed and the patient recovers within a week.

One of the main symptoms of the disease is the appearance of blisters on the mucous membrane. They can be of any size. These follicles can be located anywhere in the mucous membrane or in a specific location. In the early stages of the disease, these follicles resemble trachoma. In trachoma, there are no symptoms of lihoratka and nasopharyngitis.

The disease begins with the appearance of a thin gray film on the mucous membrane. In most cases, they are easily obtained. Sometimes it is more difficult to get it by sticking tightly to the conjunctiva. It is necessary to remove such a film in time and to receive a course of treatment on the basis of a doctor's prescription. Otherwise, a scar is formed on the conjunctival mucosa, and the complications of scarring lead to nerve disorders in the patient.

The disease begins with clinical manifestations such as inflammation of the upper respiratory tract, such as pharyngitis, rhinitis, tracheitis, bronchitis.

- Elevation of body temperature to 38-39 0.
- Headache.
- Symptoms of follicular conjunctivitis from 2-4 days of illness.
- Hyperthymia of the conjunctiva
- A slight swelling of the mucous membrane of the cavity.
- The multiplicity of small follicles in the conjunctival cavity.
- Small deposits in the conjunctiva.
- Presence of serous secretions.
- Regional adenopathy of anterior ear lymph nodes.
- All clinical signs should not exceed two weeks.

In cases of suspected adenoviral conjunctivitis, the examining physician should determine whether the patient has been in contact with infected patients.

During the examination of the patient in the fall should be determined whether there are signs of adenovirus and signs of inflammation in the upper respiratory tract.

If you find yourself experiencing the above symptoms in the fall, the first thing you should do is go to this specialist. How and with what treatment is determined only by a specialist. One hundred percent protection against the disease is impossible. However, there are some measures that can reduce the risk of contracting the disease. One of these measures is to maintain personal cleanliness and strengthen immunity. Remember that adenoviral conjunctivitis spreads quickly. If you notice signs of adenovirus in yourself and your loved ones, you should immediately isolate yourself and your loved ones. The patient's kitchen utensils, towels, and cleaning utensils should be kept separate. Vaccine load to prevent disease. But this disease is much better known to all fall doctors. Because of this and because of its ability to cure effectively, you will recover quickly from this disease.

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