

VENOM CAUSATIVE MORPHOLOGY OR AS A VENEREAL DISEASE

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Annotation: venereal or syphilis is a classic type of venereal disease, the causative agent of which is whitish Treponema, and this trigger can also damage organs other than the genitals. Zahm is transmitted through the genital tract. The disease is characterized by the occurrence and slow development of various fog clinical symptoms. If left untreated, venereal disease leads to serious changes in the internal organs and nervous system. Over the past years, the worldwide incidence of syphilis has increased 5-fold. The poison trigger is present in the patient's blood, skin wound, lymph nodes, spinal fluid, saliva, nerve tissue and all organs, even in the milk of a woman suffering from poison, and in male lust. Leakage treponema dies when dried outside the body, but lives long in a humid environment (e.g., lust, saliva, vaginal mucus).

Keywords: leakage treponema, venereal disease, congenital zahm, syphilides, Wasserman reaction, Kan-Zak Vitebsky reaction.

Morphology: Venom trigger-Treponema pallidum is a motile spirochete known from time immemorial. The body is evenly twisted to form a spiral. The treponemes are either pointed or slightly curled on two sides, 10-13 μm long and 0.1-0.18 μm wide. The poison trigger twists and acts wave-like. Under an electron microscope, a leaky treponema is visible in a state enclosed in a three-layer shell, each floor has its own structure and function. Fibrils are thread-shaped and stick to blepharoblasts with one end. The cytoplasm contains ribosomes of different sizes, which carry out the synthesis of protein molecules, vacuoles and lysosomes. Whitish treponemes increase by transverse division. For treponemes, the appearance of unfavorable conditions in the body (the effect of antibiotics) leads to their formation of cysts. The cystae are ball-shaped twisted treponemae surrounded by a mucinsifate shell that is resistant to the effects of medication on the outside. Treponemes that have passed into the shape of a cyst do not have a pathogenic effect on the body and are stored for a certain period of time. When the immunobiological nature of the macroorganism decreases and the factors affecting the microorganism are eliminated, microbes in the form of a cyst turn into pathogenic treponemes.

Pathogenesis of the disease in humans: this disease can be transmitted through the following ways:

- Sex Route (95 %) – when having sex with an infected person;
- Domestic transmission of venereal disease is observed in rare cases (this is due to the fact that the bacterium is not resistant to external environmental factors);
- Transmission to the fetus-transmission from the infected mother to the child during childbirth through the genital tract, while babies can undergo breast milk;

- By blood transfusion (hardly present).

It spreads to the body through the hematogenous and lymphogenic pathway after the trigger enters the body. The incubation period can be from 1 week to 4 months. Most often, the first signs of syphilis appear on the surface 21 days after damage. Within these days, the patient does not develop any symptoms, the patient does not have any complaints, but there is an infection in his blood, and this transmission is also possible. Symptoms of venereal disease are different fog, depending on the period of morbidity. Often the disease is typical, and doctors do not have difficulty diagnosing the disease. Primary venereal clinical signs include those below:

- In the area where the Treponema enters, a "shankir" - spot appears, and later this spot becomes papule and erosion;
- * Wounds have a clear border on the mucous membrane, are dark red in color and have a dense bottom;
- * Chancre-can be a few millimeters and spread throughout the genitals;
- The formation of wounds does not call the feeling of pain;
- If the chancre appears around the mouth-a wound, indentation and pain appear;
- The chancre that appears around the Anal opening, however, is in the form of a cracked wound and causes severe pain at the time of constipation;
- In the area where the chancre appears, the local lymph nodes enlarge, while in palpation it is painless.

If the primary poison is not treated, the second stage – after 60-90 days, the secondary poison develops. In this case, the following signs come to the surface:

- Skin rash (in the form of erythema, papula, pustula);
- Body temperature does not increase, the patient feels better;
- The color of the rashes becomes dull, loses its bright appearance;
- Skin rashes settle away from each other;
- * At the same time, rashes of different appearance can also come to the surface;
- Hair loss is possible;
- Problems may arise in the activities of internal members.

Ternary poison. This stage of the disease develops in 3-5 years and can last for 10 years. Clinical signs manifest as follows:

- Bumps appear on the skin;
- Nodules that are deeply embedded in the skin (gumma);
- When the bulges burst, a dark liquid comes out of them, a wound and a scar appear;
- Internal organs are damaged (blood vessels, bones, brain, heart, liver, kidney);

In the tertiary stage, death occurs as a result of rupture of blood vessels in the internal organs.

Labaratory and diagnosis:

When diagnosing venereal disease, the following examinations will be needed:

Collecting Anamnesis from the patient will help determine the source of the disease transmission and the path of transmission. It is necessary to determine when the rash appeared and find out if there was a change in its general condition. The objective examination focuses on the area in which the rash is located, their shape, color, specificity.

- * Poison detection analysis. When the Biomaterial (blood, spinal fluid, secretions in the skin) is examined under a microscope, leaky treponemes are detected.

* **Bacterioscopic method: the material for examination is taken from the wound,** the fluid secreted from the papule and the regional lymph nodes, and the native drug is seen in the darkened area of the microscope. The grease is prepared and painted with Romanovsky-Gimza and Burri methods.

* Immunofluorescent method. Wasserman reaction (RW). Blood is drawn from the patient, antibodies are detected in the blood, that is, antibodies formed against treponema. This examination is carried out in the 2nd period of the disease. Because during this period, immunobiological changes occur in the body.

• PZR. Polymerase chain reaction is a plausible method of detecting Treponema in a patient-derived biomaterial.

* Kan and Zak-Vitebsky (Cytokol) reaction: serum from the patient is mixed with a lipid antigen made from the muscle of the heart of the Ox. If after 10 minutes there are deposits in the form of small granules or lumps, the reaction is positive or vice versa if the same well is formed, the reaction is negative.

* Serological investigations. RPGA, RIBT, RIF, IFA – all of which identify excitatory antigens and antibodies.

* Identification of antibodies in children's serum born with congenital syphilis: for this, the direct immunofluorescence method is used. This uses antibodies against human gamma-globulin treated and celebrated with cultured treponema to adsorb the nonspecific antitoxin to the inactivated lost leakage Treponema.

• Treponema immobilization reaction: this reaction also gives a good result in diagnosing syphilis. This is an immobilization reaction, administered with tissue leakage treponemes that are multiplied by sending the patient serum **and** rabbit testicles. The essence of the reaction is that serum antibodies in the patient's blood are combined with leaky treponemes in the presence of a complement, immobilizing them, in this case, the reaction is considered positive and, conversely, in the first and other periods of syphilis, are laid with protein antigens isolated from cellular and cultural treponemes using KBR, BilGAR lari, ultrasound.

Poison consequence: if poison disease is not treated in time, the infection spreads to the internal organs and causes their function to be disrupted. Often, the symptoms of the disease decrease at first, and then the patient's condition suddenly worsens.

Primary labor complications:

- Phimosis;
- Paraphimosis;
- Tissue necrosis in the area where the chancre is formed;
- Balanite.

Complications of secondary labor:

- * Bone damage;
- * Internal organ damage;
- * Changes in the nervous system.

Tertiary labor complications:

- * Serious changes in internal organs;
- * Pathological fracture of bones;
- * Bleeding and blood clots due to ruptured blood vessels in the limbs;
- **Cranial damage;**
- * Damage of tissues of the neck and face area with triponema;

Treatment and prophylaxis: the treatment of this disease is mainly treated with special antibiotics. Primary Labor treatment is carried out for 3 months, and secondary labor for 24 months. Re-examination is necessary after treatment, and re-examination is necessary after 3, 6 and 12 months. In the treatment of venereal disease, the drugs penicillin and extensillin give good results in 95-98% of cases. It has also been proven in practice that it is also treated with fluoroquinolones, macrolides, tetracyclines. Children born with congenital syphilis or mothers who have not received adequate treatment are treated in a special way. In stationary conditions, antibiotics are given 8 times every 3 hours during the day. Immunostimulants are also added to the treatment .

In poison prophylaxis, the following measures are used:

- * Adherence to an orderly sex life;
- * Compliance with the rules of personal hygiene;
- The use of barer contraceptives during sexual intercourse.

It is necessary to accurately diagnose patients in time, to fully treat them, to carry out extensive disembarkation work among the population. Recovered patients remain on the list for a certain period of time and are periodically examined for infection markers.

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