

**FOOD TOXICOINFECTION, CLINICAL COURSE AND PATHOGENETIC TREATMENT
EFFECT**

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Description of the clinical case

Food poisoning remains one of the most important and urgent problems in the field of public health and food safety, since toxic infections pose a serious risk with the possibility of serious illness and even death. Scientific research in this area helps to identify and analyze the sources of food contamination, which makes it possible to take measures to prevent diseases. Also, studying food poisoning can help improve control systems and ensure food safety. This is important to prevent the spread of diseases through food consumption. Outbreaks of food poisoning can have serious economic consequences for food producers, trading companies, and the healthcare system. It is also important to emphasize that studying these infections helps to reduce economic losses. In particular, according to our research, the following has been established.

Date: 17.02.2024

The time is 2:20 p.m.

Patient: Kurbanov J., 63 years old (11/16/1961). GT No. 1333. Complaints: according to the patient and his nephew: general weakness, malaise, lethargy, nausea, loose stools, stomach pain, difficulty swallowing, hoarse voice (slurred words), difficulty swallowing especially liquids (water), drooping eyelids, impotence, loss of appetite, decreased muscle tone of legs and arms, gait when walking uneven, dizziness at rest, flatulence, dry mouth, a lump of viscous phlegm in the throat. t_0 –36.80S; BH – 20; Rs – 86; A/D–120/80;

Body weight-105 kg; SP2- 95%.

Anamnesis morbi: Беморни сўзидан касаллик белгилари 15.02.2024й. кундан қорнида Anamnesis morbi: symptoms of the disease according to the patient on 02/15/2024, the disease began with an acute appearance of abdominal pain, nausea and vomiting. Appetite decreased, abdominal pain increased, diarrhea and vomiting began, which lasted for 2 days. Also, from that day on, my throat began to tingle, and I had difficulty swallowing. Since 02.16.2024, hoarse voice, dizziness when walking. The patient is weakened, took medications, dizziness when walking, blurred vision and doubling of objects in the field of vision (diplopia), nausea continued from time to time. From February 15 to February 16, he was at home. He took various painkillers and antidiarrheal medications. Constipation, nausea and vomiting stopped, but there was general weakness, exacerbation, lethargy, there were no positive changes in the condition. The patient found

it difficult to swallow, wanted to drink water, liquid flowed from his nose, his voice became hoarse, dizziness increased when walking, and the muscle tone of his legs and arms decreased. 16.02.2024. In the afternoon, he was sent to the Sokh District Medical Association at his place of residence, where he was examined by the doctor on duty and hospitalized in the intensive care unit, parenteral and infusion therapy procedures were performed. On 17.02.2024, he was taken to the Ferghana branch of the RCMIPZ by ambulance with a final diagnosis of botulism, bulbar-paralytic form, severe case, examined by a neurologist, cardiologist, therapist, intensive care specialist and infectious disease specialist, hospitalized in the intensive care unit, taking into account the severity of the disease.

Anamnesis vitae: married, has 5 children. The living conditions are satisfactory, he lives in rural areas. Does not work – retired. Bad habits: alcohol consumption. There were no allergies to medications or food products. He did not undergo surgical treatment. There are no family members with hereditary diseases. To this day, he has been treated for acute respiratory viral infections and influenza on an outpatient basis.

Epidemiological history: has not been in contact with patients with infectious diseases (pneumonia, salmonellosis, dysentery, typhoid paratyphosis, tuberculosis, sexually transmitted diseases, COVID-19, viral hepatitis, etc. The cause of the disease, according to his nephew, was eaten on 02/15/2024. canned tomatoes, cooked at home on time for dinner that day, are attributed to the fact that he drank juice made from tomatoes and bell peppers. Over the past 6 months, parenteral (intramuscular, intravenous) procedures have not been performed, hemotransfusion (blood and its components) has not been performed, resection and massive operations have not been performed. He received 3 vaccines against COVID-19. The cause of the disease is associated with the consumption of canned tomatoes, bell peppers.

Status cases: a serious condition is detected during a general examination of the patient. Unconscious. The patient lies weakened, depressed, slowed down, in a depressed mood, does not come to his senses. The questions are answered rather slowly, unwittingly. There is a response to external influences and treatment methods, but it is weakened and inadequate. Pupils OD = OS are moderately dilated, sensitivity to light is preserved, but sees poorly, eyelids are lowered (ptosis), sometimes vision of objects is bifurcated (diplopia), blurred vision, hoarse voice (aphonia), cannot drink liquid poured into a glass, difficulty swallowing (dysphagia), sharp resistance to zoning, due to the fact that the liquid bounces back from the squinted nose (dysphagia). Arms and legs are relaxed, muscle tone is reduced, hypotension is observed, pulsation when walking, arms and legs are weak, peripheral edema is not detected. A patient with a well-proportioned physique. The osteoarticular and muscular systems are deformed. There are no meningeal signs, ensa(-) muscle tension is negative. Peripheral lymph nodes (jaw, occiput, neck, back of ear, armpits, groin area, and others) not enlarged, not palpable. The body temperature is normally 36.8 °C. The skin and visible mucous membranes are light pink, pale, and dry. The

elasticity and swelling of the tissues are preserved. Subcutaneous fat is of the normosthenic type, moderately developed. The tongue and lips are dry, the surface of the tongue is covered with a whitish-gray coating, the mouth is irritated by an unpleasant odor, and I feel thirsty. The throat is clean, not reddened, the murtaka glands are not enlarged, dark mucus accumulates in the throat (with the help of an electric pump, the throat is cleared of mucus). The tilcha tongue is tilted to the right, bordered by harakati. With the help of an electric pump, the throat was cleared of mucus. Self-breathing through mouth and nose, shallow, NS - 20 times per 1 minute. Saturation is 95%. Vesicular respiration is heard auscultationally in the lungs, shortness of breath is heard in the lower parts, there is no wheezing. The heart beats are rhythmic, the tones are strangled. Pulse tachycardia is observed, detected in peripheral vessels – 86 times per 1 minute, with moderate fullness and tension. Reduced compared to the standard a/b-120/80 mm.sim.ust.ga equal. The stomach is rested, painless. The liver and spleen are not enlarged on palpation. Intestinal motility is heard auscultationally. Ichi after an enema, yellow, indigestible. Diuresis is a reduced urine content, yellow in color, transparent.

Laboratory test results: - general blood test: Hemoglobin- 122.0 g/l, erythrocytes- 3.9 g/l, PK - 0.93; leukocytes – 8.7 g/l, n/l – 4%, s/l – 65%, eosinophils – 2%, monocytes - 3%, lymphocytes– 26%, ESR-7 mm/s. Platelets -170.000. Blood clotting: start - 2.11 sec, end - 2.34 sec; - Bilirubin: 14/4/10 mmol/L; Alt – 0.50 mmol/L; ast – 0.38 mmol/L; glucose – 8.6 mmol/L; urea – 5.8 mmol/L; creatinine – 69 mmol/L; thymol sample – 12.5 units; total protein – 63.2 g/l; albumin – 26.4%;

C –reactive protein – 24 mg/l; PTI – 94%; fibrinogen – 3.7 g/ l; MNO - 1.0. - Total estimated amount of urine -30.0, straw-colored, cloudy. Mucus is a small amount; Protein is not, urobilinoids are (-) negative. Microscopy: epithet. flat cells-8-12, leukocytes – 8-10 - refer the culture to the intestinal group - negative.

Ultrasound: Exocardial fatty hepatosis of the 3rd degree (L1-RADS1C)steatosis p/j

Diagnosis: botulism, bulbar-paralytic form, severe course. Complication: – 1-2 degrees. The groove is 1-2 degrees. Intoxication syndrome. Moderate dehydration.

Examination and treatment plan.

1. Blood, urine, and feces are common (in dynamics).
2. Total protein in the blood, bilirubin, transaminases, cannabis, urea, creatinine, PTI, fibrinogen, thymol synapse, AChTV, MnO, SRB. (dynamic verification).

Examination and treatment plan.

1. Blood, urine, and excrement are common (in dynamics).
2. Total protein in the blood, bilirubin, transaminases, glucose in the blood, urea, creatinine, PTI, fibrinogen, thymol synapse, APTT, INR,CRP. (in dynamics).
3. Blood, vomit, feces, food residues - for bacteriological examination for botulism (regional CSSEN)
4. Fecal sowing - examination by the intestinal guru and Shpm.
5. Consultation with a neurologist, optometrist, ENT (by phone – 73.244.90.55.).

6. Calculation of fluid: it = ft - 30 ml / kg = 3050 ml. KVIS = before vomiting – 15 ml/ kg = 900 ml: total = 3950 ml + 2 volumes of diuresis (1000 ml); 60% of the fluid administered to the patient was recommended for intravenous administration, and 40% - for oral rehydration. If necessary, it is recommended to increase the amount of injected liquid.

1. Nutrition: diet No. 4, boiled liquid food (through a probe).

2. Rehydration through the mouth (probe): boiled water without gas - 2000.0.

3. In order to replenish reserves and improve blood parameters, detoxification-rehydration to the patient:

Sol. Ringer lactatatis - drip 2 times 500.0 mg IV;

Sol. Reosorvedoli-1 drop per 200.0 g / l.

Sol. Aminoflani-200.0 g / in. 1 time.

4. In order to improve the metabolism in the body, as well as to compensate for salt deficiency:

Vitamin B complex-2.0 ml IV;

Sol. Tiotriozolini 2.5 % - 4.0 + Sol. Natrii chloridi 0.9%-10.0 x 2 times a day;

Sol. Natrii chloridi 0.9%-10.0 + Sol. Acidi ascorbynici 5% -6.0 t/l. 2 times a day;

5. To stabilize and reduce the sensitivity of the cell membrane:

Sol. Dexametazoni 4 mg(1.0) + Sol. Natrii chloridi 0.9% -10.0 t/day. 3 times a day;

6. Improves the functioning of the gastrointestinal tract, removes toxins from the body

Syrup. Laktuloztae 20ml x 3 mahal per/os

Tab. Lactofiltrum 1tb 3 times per/os

Tab. Pancreatini 25000ed 2 tab. x 3 times per/os

7. Antibacterial therapy was recommended for the purpose of etiotropic therapy that prevents secondary infection:

Sol. Seftriaxoni - 1.0gr + Sol. Natrii chloridi 0.9%-10.0 x 2 max. t/l s/song -10.0 x 2 times h/l/day.

8. To neutralize botulinum toxin in the body: Anti-botulism serum x 2 biodoses x 3 times IV was administered using the Bezredka method after the sample.

Sol. Natrii chloride 0.9% - 500.0 +

Sol. SPB-type A-20000ME + type B-10000ME + type E-20000ME intravenously every 8 hours.

9. To improve the permeability of nerve fibers:

Sol. Prozerini 0.05% - 1.0 x 3 times per day.

Tab. Galantamini 1 tab. x 2 times per os;

10. It was recommended to put a cleansing enema and, if necessary, a permanent probe on the stomach.

11. Treatment regimen - intensive care list dated 02/17/2024.

CONCLUSION

Currently, cases of botulism present with atypical symptoms among foodborne toxic infections. Therefore, it is of great importance to improve laboratory diagnostics.

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