

SALMONELLOSIS – SYMPTOMS, TREATMENT

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Abstract:

Salmonellosis is an acute infectious disease caused by bacteria belonging to the genus *Salmonella*, transmitted by the fecal-oral mechanism, and mainly caused by damage to the gastrointestinal tract.

About salmonellosis

The nature of the course of the disease varies from case to case, ranging from asymptomatic damage to the level of toxic and dehydration shock. Pathogens enter the body mainly as a result of consumption of contaminated or improperly processed food products.

According to the International Classification of Diseases 2010 (International Classification of Diseases 2010), salmonellosis has the code A02.

DISTRIBUTION

Salmonellosis is a worldwide intestinal infection. Over the past 10 years, there has been an increasing trend in the prevalence of the disease among different groups of patients. The source of infection is animals and people (patient and carrier of bacteria). The main role in the spread of salmonellosis is played by animals without symptoms (bacterial transport) or with obvious symptoms.

Domestic animals, as well as livestock such as cattle and pigs intended for meat, pose a great danger to humans. In the development of epidemic forms of the disease, the infection rate can exceed 50% among poultry, 2.8-20% in pigs, 1.8-4.4% in sheep and goats.

Intestinal infections are often considered to be a disease characteristic of regions with unfavorable socio-economic conditions and low level of compliance with sanitary and hygienic rules. However, this does not apply to salmonellosis, because it often occurs equally in large cities with good sanitation and in small settlements, that is, in places where there are animals or food products.



Salmonellosis is a dangerous infectious disease that can lead to death. The general mortality rate is 1-3%. Children are more affected by the disease and the rate of severe disease is higher in them, as a result of which the mortality rate among children under 2-3 years of age can reach 3-5%. In addition, in the acute form of the disease, death occurs in 1-2% of patients, and in 20% of those infected, the disease passes without symptoms.

EPIDEMIOLOGY

Salmonellosis is dangerous because it quickly becomes epidemic, it is recorded as a sporadic case and epidemic outbreaks, and determining the source of their origin is a very difficult task. The epidemiological risk of the disease increases in warm seasons: the end of spring and summer is the most favorable time for the active spread of the pathogen.

In addition, salmonellosis can spread among patients in medical facilities. The spread of infection in hospitals occurs as a result of overcrowding of wards, unreasonable movement of patients from ward to ward, lack of necessary auxiliary equipment, reuse of disposable equipment, non-compliance with the rules of reprocessing of beds. The spread of salmonellosis in this form is more characteristic of children's hospitals.

If salmonellosis is suspected, the main challenge for the attending physician is to differentiate this disease from other diseases with diarrhea syndrome: shigellosis, cholera, escherichia, chemical and food poisoning. In some cases, it is necessary to distinguish salmonellosis from myocardial infarction, acute cholecystitis, acute appendicitis, thrombosis of mesenteric vessels.

In order to make a correct diagnosis, it is necessary to collect a medical and epidemiological anamnesis and study all symptoms, their frequency and intensity as accurately as possible. The typical chronology for the development of the disease is as follows:

If the patient has a mild form of salmonellosis, it may be allowed to treat the disease at home. Children with moderate or severe forms of the disease, pregnant women, patients with weak immunity should be hospitalized.

The patient is recommended to follow bed rest, especially in case of strong manifestations of dehydration and intoxication. If the patient's condition allows, treatment begins with washing the stomach and intestines, siphoning enemas, enterosorbents, for example, Enterosgel, Atoxyl, activated charcoal.



If dehydration of the 1st or 2nd degree is detected in the patient, administration of glucose-salt solutions - Regidron, Citroglucosolan, Oralit - by infusion is prescribed. Drops with a solution should be placed before the main treatment. In the first 2-3 hours, it is permissible to replenish the lost water reserves by drinking liquids up to 1 liter per hour, often, in portions, then it is necessary to monitor the intake of 1-1.5 liters of liquid every 3-4 hours.

When dehydration reaches 3-4 degrees, isotonic polyionic solutions are injected intravenously until dehydration shock is eliminated. Then the patient is prescribed drip solutions.

Depending on the condition, the doctor may prescribe 1 gram of potassium chloride or potassium citrate solution intravenously 3-4 times a day to normalize the amount of potassium ions.

After the water-electrolyte balance in the body is corrected, macromolecular colloid preparations such as Hemodez or Reopoliglyukin are prescribed to relieve intoxication. If severe metabolic acidosis is noted, 4% sodium bicarbonate solution is additionally administered intravenously.

Other drugs used:

To relieve the symptoms of intoxication: Indomethacin, mainly in the early stages of the disease, 50 mg three times for 12 hours. It is used in the gastrointestinal course of the disease.

Antibiotic and etiotropic agents: Fluoroquinolones (0.5 g twice a day), Levomycetin (0.5 g, 4-5 times a day), Doxycycline (0.1 g a day) are used. It is recommended in generalized forms of the disease.

To normalize digestive processes: Enzyme drugs, in particular Creon, Festal, Pancreatin, are used.

It is very important to follow diet No. 4 according to Pevzner during the entire course of treatment, and diet No. 13 until the patient has fully recovered after getting rid of diarrhea.

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