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ACUTE AND CHRONIC TYPES OF PYELONEPHRITIS

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ABSTRAC: In this article, we will get acquainted with the acute and chronic types of pyelonephritis. In addition, we will consider the symptoms, diagnosis and treatment of the disease. The purpose of our article is to identify and treat these diseases.

Keywords: pyelonephritis,, prostate gland, proteinuria, antibacterial therapy, nephroptosis, nephropexy.

Pyelonephritis is a kidney infection disease that develops due to various bacteria. Patients with acute and chronic pyelonephritis account for almost 2/3 of urological patients. Pyelonephritis can occur in an acute or chronic form, damaging one or both kidneys. In chronic pyelonephritis, the course of the disease with no symptoms or less noticeable symptoms in most cases leads patients to be relatively indifferent to this disease, they cannot adequately assess the severity of the disease and do not take treatment seriously. The diagnosis and treatment of pyelonephritis is carried out by a nephrologist doctor. When pyelonephritis is not treated in time, it can lead to serious complications such as kidney failure, carbuncle or kidney abscess, sepsis and bacterial shock. This disease can occur at any age. Pyelonephritis develops in the following periods:in children under 7 years of age (the likelihood of meeting pyelonephritis increases due to the characteristics of children in the anatomical structure);in young women between 18 and 30 years of age (pyelonephritis is associated with the onset of sexual activity, pregnancy and childbirth);in older ecaches (urinary tract obstruction due to prostate adenoma).Any organic or functional causes that hinder the normal flow of urine increase the likelihood of developing the disease. Pyelonephritis often occurs in patients with bladder disease.Negative factors that stimulate the development of pyelonephritis include diabetes mellitus, immune disorders, chronic inflammatory diseases and frequent cooling. In some cases (usually women), pyelonephritis develops after acute cystitis.The symptom-free course of the disease causes a late diagnosis of chronic pyelonephritis. Patients begin treatment after impaired kidney function. The disease most often occurs in patients with urinary-thoracic disease, therefore, such patients need special therapy even when the symptoms of pyelonephritis are not observed. For acute pyelonephritis, a sudden manifestation of the disease and an increase in body temperature to 39-40 °C are characteristic. Hyperthermia is accompanied by profuse sweating, loss of appetite, severe weakness, headaches, sometimes nausea and vomiting. In parallel with the rise in temperature, impenetrable pain (usually unilateral) occurs in the lumbar region. A manifestation of pain is observed when the lumbar region is pressed in the physical examination (positivity of Pasternatsky's symptom). An uncomplicated form of acute pyelonephritis does not cause urinary disorders. The urine becomes fuzzy or becomes reddish. Laboratory urine analysis reveals bacteriuria, some proteinuria, and microgematuria. General blood analysis shows an increase in leukocytosis and ECHT. In about 30% of cases, an increase in nitrogen slags is determined by biochemical analysis of the blood.Chronic pyelonephritis is often a consequence of an untreated acute form of the disease. It is also possible to develop primary chronic pyelonephritis at once without acute pyelonephritis in the patient's Anamnesis. Sometimes chronic pyelonephritis is detected accidentally as a result of urine analysis. Patients with chronic pyelonephritis often complain of weakness, decreased appetite, headaches, and frequent urination. Some patients are disturbed by blunt pain around the waist, which intensifies in cold, humid weather. With the development of bilateral chronic pyelonephritis, kidney function is impaired,

which leads to an increase in the specific gravity of urine, hypertension and kidney failure. Signs of acute chronic pyelonephritis are consistent with clinical images of the disease in acute form. Bilateral acute pyelonephritis can lead to acute kidney failure. Examples of the most severe complications are sepsis and bacterial shock ladi.Ba in some cases, acute pyelonephritis can lead to a complication such as paranephritis. Also apostenomatous pyelonephritis (the formation of several small pus vesicles on the pus substance and surface of the kidney), renal carbuncle (often caused by the fusion of small sores, characterized by the presence of pus-inflammatory, mecrotic and ischemic processes), renal abscess (erosion of the renal parenchyma) and necrosis of the renal cilia can develop. Renal surgery is required when purulent-destructive changes are observed in the kidney.If the disease does not heal, the terminal stage of purulent-destructive pyelonephritis begins. In this case, pionephrosis develops, in which the kidney is completely exposed to purulent decay and becomes a hollow furnace made up of the remaining substances as a result of the breakdown of urine, pus and tissue. The diagnosis of" acute pyelonephritis " is usually not a challenge for a nephrologist due to the presence of clear clinical signs.Often in Anamnesis there are chronic diseases or recently passed acute purulent processes. The clinical picture consists of fever and back pain (often unilateral), painful urination and altered urine, typical of pieltonephritis. The urine will be dull or reddish in tone, with a characteristic foul smell.For laboratory confirmation of the diagnosis, the detection of bacteria and a small amount of protein in the urine serves. To determine the causative agent of the disease, a bacterial planting of a urine sample is carried out. The presence of acute inflammation is indicated by increased leukocytosis and Echt in a general blood analysis. With the help of special test kits, microflora is detected, which leads to inflammation.When conducting a large-scale urography, it is felt that the size of one kidney has increased. Excretory urography indicates a sharp restriction in renal mobility when orthoproba is performed. In apostematous pyelonephritis, there is a decrease in secretory function on the affected side (the shade of the urinary tract is delayed or not observed). In the excretory urogram in the Carbuncle or abscess, bulges are detected in the kidney contour, compression and deformities in the jaw and pelvis.The diagnosis of systemic changes in pyelonephritis is made with the help of ultrasound of the kidneys. The ability of the kidneys to concentrate is assessed using the Zimntsky test. To exclude kidney-stone diseases and anatomical abnormalities, kidney CT is performed.Uncomplicated acute pyelonephritis is treated conservatively in the urology department in a hospital setting. Antibacterial therapy is carried out. Preparations are selected taking into account the sensitivity of bacteria in the urine. In order to quickly eliminate inflammatory processes and prevent pyelonephritis from passing into a purulent-destructive form, treatment begins with the most effective drug.Disintoxication therapy, strengthening of immunity is carried out. When a fever is observed, a diet with a low protein content is prescribed, when the temperature reaches the norm, the patient returns to a full-fledged food diet, in which he retains a lot of fluid. In the first stage of treatment for secondary acute pyelonephritis, obstacles to normal urination should be eliminated. In cases of impaired urination, the appointment of antibacterial drugs does not give the desired effect and can lead to the development of serious complications.The treatment of chronic pyelonephritis is carried out based on the same principles as the treatment of a disease of an acute form, but it is more time-consuming and labor-intensive. Treatment of chronic pyelonephritis includes the following therapeutic methods: elimination of the causes that prevent the outflow of urine or lead to impaired renal circulation;antibacterial therapy (treatment is prescribed taking into account the sensitivity of microorganisms);general immunity normallashtirish.To it is necessary to restore the normal passage of urine in the presence of leaks. The restoration of urinary flow is carried out through a surgical procedure (nephroptosis, removal of kidney and urinary tract stones, removal of prostate adenoma, etc.). In many cases, the elimination of obstructions that block the urethra allows long-term and reliable remission to be

achieved.In the treatment of chronic pyelonephritis, antibacterial drugs are prescribed taking into account the antibiotics. Antibacterial drugs with a wide range of action are used until the sensitivity of microorganisms is determined.Patients with chronic pyelonephritis require long-term systemic treatment that lasts at least a year. Treatment begins with antibiotics that last for 6-8 weeks without interruption. This method allows you to eliminate purulent processes in the kidney without complications and prevent the formation of scar tissue. In case of impaired renal function, constant control of the pharmacokinetics of nephrotoxic antibacterial drugs is required. Immunostimulants and immunomodulators are used to strengthen immunity if necessary. Once remission is achieved, the patient is given courses of antibacterial therapy with interruptions.During remission, patients with chronic pyelonephritis are recommended to be treated in sanatoriums. The mandatory duration of therapy should not be forgotten. The antibacterial treatment started in the hospital should be continued on an outpatient basis. Phytotherapy is used as an additional treatment.

REFERENCES:

1. Akhmedzhanova N.I., Akhmedzhanov I.A., Khusanova F.A., Makhmudov Kh.U. Sostoyanie kletochnogo immunity pri chroncheskom pielonefrite U detey / / problematic biologii i meditsiny. Samarkand 2021. №1.1 (126). Str. 464-465.

2. Akhmedzhanova N.I., Akhmedzhanov I.A., Ashirov Z.F., Abdurasulov F.P. Pathogenetic role of features of clinical and immunological parameters in chronic tubulointersticial nephritis in children // annals of the Romanian society for the Call of Biology 2021, Volume 25. Issue 1. Pp. 7187-7199.

3. Daminova M.X., Akhmedzhanova N.I., Akhmedzhanov I.A., Saifiyev H.X. Osobennosti sostoyaniya pokazateley immunities pri chronikicheskom pielonefrite U dete / / reproductive zdorovya and uro-nephrological studies. 2.1.2021. Str. 197.

4. Mikheeva N.M., Zverev Ya.F., Vyhodtseva G.I., Lobanov Yu.F. Hypercalciuria it detey s infektsiey mochevoy system / / Nephrology. Barnaul, 2014. - №1. - S. 74-79.

5. Fofana B.K.Uropatogenic bacteria in urine samples of patients suspected of urinary tract infections and their antimicrobial susceptibility sample from Eastern Regional Hospital, coforidua. Ghana. - 2016. B.77

6. Hasanboy son, a. A. (2023). Origin and Prevention of Cushing'S syndrome: medical science. International Journal of scientific researchers, 1(1), 3-5.

7. Son of nazimjan, S. S., & Son of Hasanboy, a. A. (2021). Quantitative indicators of villi cells in the intraepithelial part of the small intestine. EUROPEAN JOURNAL OF INFORMAL EDUCATION, 1(2), 19-21.

8. Hasanboy Son, A. A. (2023). GASTROINTESTINAL DISEASES. IQRO, 3(1), 381-183.