

**CLINICAL MANIFESTATIONS OF INFLAMMATORY AND INFECTIOUS
COMPLICATIONS IN URILISTIC DISEASE**

Butabayev Yakubjon Tuklibayevich

Department of infectious diseases

Andijan State Medical Institute

Uzbekistan, Andijan

Abstract: Urolithiasis, being a common pathology, accounts for almost 32-45% of the total number of all urological diseases. Despite the successes of modern medical materials science and the introduction into healthcare practice of more complex technologies associated with the widespread use of endoscopic and invasive procedures for diagnosis and treatment, in particular, extracorporeal lithotripsy, endoscopic methods for stone removal, which, in turn, have had a significant positive impact on the incidence of and the nature of postoperative infectious and inflammatory complications, the treatment of urolithiasis remains one of the most pressing and unresolved problems in urology.

Keywords: Urolithiasis, infection, method, uropathogens.

INTRODUCTION

In more than half of the cases, the course of the disease under study is complicated by chronic infection, which worsens its course and represents a formidable endogenous source of serious complications. The problem of urinary tract infections, the consequences of which are very severe and diverse if left unsolved, is of particular importance in the health care of developing countries, where the low level of medical and socio-economic development is manifested in a significant decrease in the quality of medical care and an increase in mortality rates and severe complications [1]. The high level of prevalence of postoperative infectious complications is due to an increase in the number of people with chronic diseases of various organs and systems of the body, high age indicators, and the frequent formation of strains of pathogenic microorganisms that are characterized by virulence and increased resistance to the effects of antibacterial drugs.

MATERIALS AND METHODS

Thus, the importance and timeliness of conducting scientific research to determine the true level of nosocomial infection is determined. specific causal risk factors for the development and ways of spreading infection in patients with urolithiasis and the development of optimal tactics that increase the effectiveness of their prevention and treatment, since there is a fact of irrational use of a wide arsenal of traditional and new antibacterial drugs and increasing resistance of pathogenic microorganism strains to them.

RESULTS AND DISCUSSION

Despite the achievements of modern urology in the use of numerous conservative, surgical and complex treatment methods, their choice is determined by several factors, among which it is necessary to note the form and timing of the disease, the presence of concomitant general somatic pathology and urinary tract infections, etc. The structure and frequency of diagnosing infectious complications of treatment urolithiasis was studied depending on the volume and type of urological interventions performed, the presence of somatic pathology, and the proportion of clinical manifestations of individual nosological forms in the overall structure of the problem under study.

Table 1

Forms of urinary tract infections in operated patients

Nosological forms of nosocomial	Number of patients
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infections	Abs. number	%
Acute pyelonephritis	98	54,4 ± 3,71
Acute urethritis	15	8,3 ± 2,06
Acute cystitis	35	19,4 ± 2,95
Epididymo-orchitis	6	3,3 ± 1,34
Pyonephrosis	8	4,4 ± 1,54
Paranephritis	4	2,2 ± 1,10
Postoperative wound suppuration	9	5,0 ± 1,62
Urosepsis	5	2,8 ± 1,22
Total	180	100, 0

As can be seen from Table 1, the most frequently diagnosed form of inflammatory and infectious complications of the treatment of urolithiasis in patients with diabetes mellitus was acute pyelonephritis, amounting to $54.4 \pm 3.71\%$.

Also often, urinary tract infections in the form of acute cystitis and acute urethritis ($19.4 \pm 2.95\%$ and $8.3 \pm 2.06\%$, respectively) occurred in the study population of patients after hospital examination and treatment, while In microbiological urine tests, various strains of opportunistic microorganisms were sown in them, which were not detected before the start of conservative and surgical interventions.

According to the data obtained, the most common pathogens in the etiological structure of inflammatory processes of the upper and lower urinary tracts (acute pyelonephritis, urethritis and pyonephrosis) were *E. coli* and *Proteus*, and cystitis was more often caused by microorganisms *Ps. aeruginosa*.

CONCLUSION

Thus, a directly proportional relationship was established between the nosological form of infectious diseases of the urinary tract and the structure and level of their contamination with various microorganisms. The structure of pathogenic microorganisms isolated from patients in the control group without concomitant somatic pathology and with various nosological forms of hospital-acquired urinary tract infections after surgical interventions is presented in Table 6. Among the causative agents of urinary infections in this group of kidney patients, against the background of relatively rare cases of diagnosing postoperative complications, also as in the main group, but in significantly smaller quantities, gram-negative microorganisms predominated. To improve the quality and results of treatment of urological patients with infectious and inflammatory complications and underlying general somatic pathology, it is recommended to conduct in-depth studies to identify the disadvantages, advantages and prescription of antibacterial drugs that optimize the prevention of antibiotic resistance.

REFERENCES

1. Apolikhin, O. I. Epidemiology of ICD in various regions of the Russian Federation according to official statistics / O. I. Apolikhin [et al.] // *Saratov Journal of Medical Scientific Research*. – 2011. – T. 7, N 2, appendix. – P. 120.

2. Ibishev Kh.S., Krakhotkin D.V., Vasiliev A.A., Krainy P.A. Recurrent lower urinary tract infection of viral etiology. *Journal of Urology*. 2017;5(1):26-31. DOI: 10.21886/2308-6424-2017-5-1-26-31
3. Lopatkin N.A. [and others] Urolithiasis: complications caused by occlusion of the urinary tract // *Sat. scientific works –M., – 2019. – P. 106-111.*
4. Nozimjon O'g'li, S. S., & Maksimovna, M. M. (2022). THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT. *Conferencea*, 31-33.
5. Nozimjon O'g'li, S. S., & Kasimjanovna, D. O. (2022, November). ORIGIN, PREVENTION OF MENINGITIS DISEASE, WAYS OF TRANSMISSION AND THE USE OF DIFFERENT ROUTES IN TREATMENT. In *E Conference Zone* (pp. 37-40).
6. Mavlonovna RD. Factors That Increase the Activity of Women and Girls in Socio-political Processes at a New Stage of Development of Uzbekistan. *JournalNX*.;7(07):61-6.
7. Mavlonovna, R. D. Participation of Uzbek Women in Socio-economical and Spiritual Life of the Country (on the Examples of Bukhara and Navoi Regions). *International Journal on Integrated Education*, 4(6), 16-21.
8. Mavlonovna, R. D. (2021, May). PARTICIPATION OF WOMEN IN EDUCATION AND SCIENCE. In *E-Conference Globe* (pp. 158-163).
9. Mavlonovna, R. D., & Akbarovna, M. V. (2021, July). PROVISION OF FAMILY STABILITY AS A PRIORITY OF STATE POLICY. In *Archive of Conferences* (pp. 34-39).