

DISTINCT MODERN FEATURES OF THE CLINICAL COURSE OF ERYSIPELAS

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Abstract. This article analyzes the clinical and epidemiological indicators of 46 patients diagnosed with erysipelas in the Samarkand region. The patients were divided into two groups according to the clinical form of the disease. Epidemiological data showed that erysipelas occurred more frequently among rural residents and elderly individuals in both groups. The findings confirmed that the severe course of erysipelas is associated with recurrence, delayed medical consultation, and the presence of comorbidities.

Keywords: erysipelas, epidemiology, clinical form, erythematous form, bullous form, comorbidities.

Introduction. Erysipelas is an infectious disease caused by β -hemolytic streptococci of group A and is characterized by acute skin inflammation accompanied by allergic reactions. According to epidemiological data, the incidence rate ranges from 12 to 20 cases per 10,000 population. Among infectious diseases, erysipelas ranks fourth after acute respiratory viral infections, acute intestinal infections, and viral hepatitis. The disease is particularly prevalent among elderly patients and individuals with diabetes mellitus or circulatory disorders.

Materials and Methods

A retrospective analysis was conducted using medical records of 46 hospitalized patients diagnosed with erysipelas in the Samarkand region. Patients were grouped according to the clinical form:

- Group 1 (n=32): erythematous form
- Group 2 (n=14): erythematous-bullous form

The analysis included the following parameters: age and sex, clinical form, temperature profile, fever duration, presence of comorbidities, localization of inflammatory lesions, and duration of hospitalization.

Results and Discussion

Epidemiological characteristics

The distribution by place of residence demonstrated:

- Rural population - 58.7%
- Urban population - 41.3%

Age distribution analysis revealed:

- Group 1: predominantly 51-80 years
- Group 2: mainly 2-50 years

Sex distribution:

- Group 1: males - 42%, females - 58%
- Group 2: females - 72%

Hospital stay

- Group 1: 9.25 ± 0.3 days
- Group 2: 12.86 ± 1.0 days

Time from symptom onset to hospitalization:

Group 1:

- Within 3 days - 42%
- On days 4-6 - 36%
- After 7 days - 22%

Group 2:

- On days 4-6 - 39%

- After 7 days - 61%

Temperature and fever duration. In the erythematous form, temperature typically ranged between 38-39°C. In the erythematous-bullous form, fever most commonly did not exceed 38°C.

Fever duration was longer in Group 2, correlating with more severe disease progression.

Comorbidities. Comorbid conditions were identified in 90% of patients in both groups.

Group 1:

- Arterial hypertension - 58%
- Diabetes mellitus - 22%
- Obesity - 23%
- Cardiovascular diseases - 54%

Group 2:

- Varicose vein disease - 32%
- Arterial hypertension - 46%
- Diabetes mellitus - 13%
- Grade 3 obesity - 32%

Localization of inflammation

- Group 1: lower limbs and extremities - 77%
- Group 2: lower limbs and extremities - 92%

The findings indicate that erysipelas is more common among rural residents and is more severe in elderly individuals with metabolic disorders. The prolonged hospitalization and delayed medical consultation in patients with the erythematous-bullous form were identified as major factors contributing to severe progression.

Conclusion. Erysipelas is more prevalent in rural areas (58.7%). The disease is more common in females (58%). Comorbidities were present in 90% of the patients. The inflammatory focus was predominantly localized in the lower

extremities in all clinical forms. The bullous form was associated with more severe clinical progression and longer hospitalization duration.

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