

# Morphology of the Heart from the Internal Organs of Patients with Tuberculosis

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**Relevance of the topic:** According to the World Health Organization, approximately 2.1 billion people on earth are infected with tuberculosis. In 10% of them, tuberculosis may occur during their lifetime, in which AIDS is of great importance. The world's mass media say that the fight against tuberculosis is of global importance. It should also be said that the disease knows no borders. Due to the development of communication between the population of countries, migration, and poverty, there is no way to stop the influx of tuberculosis patients among healthy people into developed countries.

Tuberculosis is an airborne infection that most often affects the lungs, but can also "attack" other organs: bones, skin, intestines, and the heart. The cause of the disease is Mycobacterium tuberculosis bacteria. They cause inflammation in certain areas, resulting in the formation of nodules and foci of necrosis (ie, dead tissue) in the tissues. Because of them, the organs cannot work normally, and the body reacts with general intoxication.

If immunity or drugs do not stop the disease in time, the person may die. According to the World Health Organization, tuberculosis is one of the ten leading causes of death worldwide.

The main source of infection is sick people. However, there is also a possibility of the disease being transmitted from animals.

The more sick people around, the higher the risk of infection. It is not out of the question to encounter such patients in public places in big cities.

The majority of patients have a closed form of the disease, that is, the bacteria gnaw the body, but are not released into the environment.

The open form of tuberculosis is very dangerous for others (and for the patients themselves), so it is necessary to treat it in a hospital. Prolonged contact with people suffering from the open form of tuberculosis is a big risk.

In the past, a person infected with tuberculosis died regardless of their financial status and age. Today, this disease is not as scary as it was in the past. Despite all the advances in medicine, it can be overlooked, it is difficult to lose, and it is impossible to forget.

R. Koch discovered tuberculin in 1890. He extracted tuberculin by boiling the patient's sputum several times. R. Koch, for the first time, gave information about the possibility of using tuberculin for

preventive purposes. The obtained tuberculin was first tested by R. Koch on himself and on animals. It should be mentioned that after tuberculin injected into his body, R. Koch's body temperature increased to 38-390, his condition worsened, but after 3-4 days his condition improved. It can be said that this discovery of R. Koch laid the foundation for tuberculosis diagnosis, which is widely used today. Later, after the discovery of anti-tuberculosis drugs, tuberculin has been used in some cases as a pathogenetic treatment.

Among the works devoted to the pathological anatomy of tuberculosis, it is possible to point out multinucleated giant cells, which were first identified by T. Langhans (1868). In 1912, Czech pathologist A. Gon's "Gon's foci" and "Abrikosov's foci" discovered by A.I. Abrikosov in 1904 can be pointed out. Diagnostics. The auscultation method proposed by Laennec in 1819 was of great importance in the diagnosis of tuberculosis. The painting method proposed by F. Tsil and F. Nielsen in 1882-1884 has not lost its importance.

Finally, Xnulari, discovered by V. Roentgen, became of historical importance in the diagnosis of tuberculosis. R. Koch was the first to observe the changes observed when re-injecting tuberculin into the human body (Koch's phenomenon). On this basis, he suggested injecting tuberculin under the skin for the purpose of diagnosing tuberculosis. In 1907, the Australian pediatrician and immunologist K. Pirke suggested injecting tuberculin into the skin and introduced the concept of "allergy". In 1910, S. Mantoux and F. Mendel proposed injecting tuberculin into the skin. Currently, this method is widely used with the concept of "Mantu test". Tuberculosis vaccine.

R.Koch's students A. Calmette and K. Guerin proposed a vaccine to inoculate people against tuberculosis. This vaccine is called 18 Bacillus Calmette-Guerin (VSG or BTsJ). The BTsJ vaccine was first used in 1921. Experiments and observations have shown that vaccination is safe for the human body, and it has many positive aspects, that is, severe, destructive types of tuberculosis are less common among vaccinated children, and death is reduced. In the former union, in 1928, it was proposed to vaccinate newborns in tuberculosis outbreaks. Since 1935, vaccination began to be carried out not only in villages, but also in cities. Since 1950, all newborns have been vaccinated. Vaccination is mainly oral, and since 1962, vaccination has been administered by intradermal injection.

**The purpose of the work:** as the purpose of the work, it was aimed to determine the morphological changes, morphometric and histochemical characteristics of the heart from the internal organs of patients who died with various forms of tuberculosis at the Khorezm Branch of the Republican Scientific and Practical Medical Center of Phthisia and Pulmonology.

**The obtained results:** as a result of scientific research, the corpses of patients suffering from various forms of tuberculosis were examined at the Bureau of Pathological Anatomy of Khorezm Region, and after 5 years they were examined in an autopsy. histochemical and morphometric indicators, clinical-morphological aspects of heart tissue in different areas were studied.

As a material, in 5 years, the materials of the heart tissue obtained at the autopsy of a total of 81 cases as a result of the death of patients suffering from various forms of tuberculosis at the Republican Scientific and Practical Medical Center of Phthisia and Pulmonology. Among them, 61 female and 20 male materials were taken. Prepared fragments are studied morphologically.

The obtained morphological results were analyzed using hematoxylin eosin, Van Gison, ShIK and Shiff methods from histochemical methods, tissue structural structures and blood vessels through morphometric tests.

During the study, 81 patients were examined by gender, 61 were female and 20 were male.



Table 1. Distribution of patients by gender.

When looking at the distribution of patients with various forms of tuberculosis by gender, 61 (75.3%) were men, 20 (24.6%) were women. This, in turn, shows that the incidence of the disease is higher in men than in women.

The residential addresses of patients who died of heart disease as a complication of various forms of tuberculosis were studied, and as a result, a high rate was found in the city of Urganch of the Khorezm region.



Table 2. Distribution of patients in district and city sections.

As can be seen in Table 2, the disease had a high rate in the city of Urganch in the Vashakhar section of the district, i.e. 10 (8.1%).

When the corpses of patients who died of various forms of tuberculosis at the Khorezm Branch of the Republican Physiatrics and Pulmonology Scientific and Practical Medical Center were examined at

the Khorezm Regional Bureau of Pathological Anatomy, it was found that pathological changes were mainly in the heart, i.e. hypertrophy of the wall of the left ventricle of the heart, tuberculosis bacilli in the heart tissue. was found to exist.

**Conclusions:** in conclusion, it can be said that when the corpses of patients who died from various forms of tuberculosis in Khorezm region were examined by autopsy, it was found that there were morphological changes in their internal organs, that is, in the heart, as a result of which most patients died as a result of acute heart failure as a complication of the disease.

In Urganch city, which was divided into district and city sections during the study, it was 10 (8.1%), in terms of gender, 61 (75.3%) men and 20 (24.6%) women.

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