

## ACUTE POLIOMYELITIS

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**Abstract:** this thesis is about acute poliomyelitis. It is an infectious disease of the central nervous system, affecting various parts of the brain and the anterior branches of the gray matter of the spinal cord.

**Key words:** infectious disease, Poliomyelitis,

This disease occurs mostly in young children (up to 4-5 years old). Poliomyelitis is caused by filtering viruses. The disease is transmitted from a sick child or carriers of this disease virus. Viruses enter the body through the stomach, intestines, and respiratory tract. From this place, it goes to the lymph tissues and eats a lot. Then, through the blood, the spinal cord goes to the anterior horn of the gray matter and damages this area. The latent period of the disease is 10-14 days.

In the abortive form, the disease begins acutely, with a rise in temperature, headache, and signs of inflammation of the upper respiratory tract. In this case, there is a cough, flu, sore throat, and other patients have abdominal pain, nausea, vomiting, loss of appetite, and diarrhea. In this form, the child becomes healthy in 3-7 days. Meningial form in which poliomyelitis viruses show symptoms of serous meningitis. The disease suddenly starts acutely, the temperature rises, the patient vomits 2-3 times, a headache attack appears. Meningial symptoms are muscle tension, Kernig's and Brudzinski's symptoms appear on the 2nd-3rd day of the disease. Cerebrospinal fluid pressure is normal or slightly elevated, clear in color. The patient complains of pain in the neck and back of the body and in the muscles of the arms and legs, a lot of crying, restlessness, and rapid fatigue. Examination reveals nystagmus or nystagmoid. A sudden onset of pontine form, peripheral nerve palsy of the facial nerve is observed. As a result of damage to several cranial nerves (pair of nerves IX-X-XII) along with the spinal cord in the form of bulbar and spinal cord (spinal), breathing and heart function are disturbed, leaving serious complications.

The patient's temperature rises to 38-39°C, and often the temperature curve is bisected. The first increase is 1-4 days, then the decrease is on average 2-3 days. Then the temperature rises again.

The second period of paralysis of the disease occurs on the 6-7th day in the arm or leg, sometimes on one side, and in the muscles of the neck and face. Paralysis is observed more often in the morning when the child wakes up. Paralysis of the peripheral

nerves will be different. Muscle tone is reduced, tendon reflexes disappear. After a few weeks, muscle atrophy is observed in the proximal parts of the arms and legs. Sensibility and function of pelvic organs are not disturbed.

The third movement of the disease is the recovery period. In this case, a few days after the onset of paralysis, movements in some muscles begin to recover, and recovery is very fast for 3-4 months. The reason for this is the return of swelling in the damaged area of the gray matter of the spinal cord. The fourth period of the disease is the complications of the disease, which begins after a year. In this case, the affected arm or leg lags behind in growth.

Permanent paralysis, muscle atrophy, and sometimes muscle contracture begins in the arms or legs, paws, and the shape of the arm or leg changes (deformation).

The cure. The patient should lie down without getting up. He should be kept in a separate room in the hospital for infectious diseases. In the acute period of the disease, gamma globulin 3.0 ml intramuscularly, ascorbic acid in a large dose, diphenhydramine, calcium chloride, 40% glucose, pain reliever analgin, reopirin, diclofenac sodium, 3% sodium bromide are used as sedatives.

If swallowing becomes difficult, artificial feeding should be done through a tube, if breathing is impaired, artificial respiration should be performed. Antibiotics are prescribed only if the infection starts. It is recommended to straighten the paralyzed arm or leg, change the patient's position every 2-3 hours, keep warm, sollux, paraffin, ozokerite.

Prevention. The calendar of prophylactic vaccinations in our country is based on the order No. 0132-02 of August 11, 2002, mainly, OPV-0 vaccination against poliomyelitis is carried out from the 2nd-5th day of the child. Then OPV-1 at 2 months, OPV-2 at 3 months, OPV-3 at 4 months, OPV-4 at 16 months, OPV-5 at 7 years old (grade 1) are administered.

### References:

1. O'zbekiston Respublikasi Vazirlar Mahkamasining Sog'lom avlod xaqidagi farmoni Ma'rifat gazetasi №9 1.03.2000. . 2. Almatov X.T. Ulg'ayish fiziologiyasi. M.Ulug'bek nomidagi UzMU bosmoxonasi.
2. T.2004 3. Sodiqov B, S.Aripova Yosh fiziologiyasi va gigienasi. Darslik. T.:Yangi asr avlodi 2009 y.
3. [www.ziyonet.uz](http://www.ziyonet.uz)
4. <https://mymedic.uz/>