

DIAGNOSIS, TREATMENT AND PREVENTION MEASURES FOR SYPHILIS

Xolboboyeva Shaxnoza Asadullayevna

Central Asian Medical University

Abstract: Syphilis, or wound disease, is a sexually transmitted disease that, if left untreated, can cause serious complications, but with the right approach it can be easily cured. The causative agent is the bacterium *Treponema pallidum* [1]. The disease is divided into stages (primary, secondary, latent and tertiary). Each stage of the disease has its own different symptoms.

Keywords: syphilis, lymphadenitis, pneumonia, chancre, population, serological reaction, reaction.

INTRODUCTION

Wound disease is also a dermatological disease. Wound disease, called syphilis, is an infectious venereal disease caused by a penetrating treponema (spirochete) infection. This microorganism is called leaching because it is poorly stained with aniline dye. Syphilis is an infection caused by bacteria. Most often, it spreads through sexual contact. The disease starts as a sore that's often painless and typically appears on the genitals, rectum or mouth. Syphilis spreads from person to person through direct contact with these sores[2,3]. It also can be passed to a baby during pregnancy and childbirth and sometimes through breastfeeding.

After the infection happens, syphilis bacteria can stay in the body for many years without causing symptoms. But the infection can become active again. Without treatment, syphilis can damage the heart, brain or other organs. It can become life-threatening.

The disease is transmitted sexually through the skin and mucous membranes. It can also be transmitted through direct contact and various household items.

Syphilis is the most dangerous infectious disease. It is very easily transmitted, and there are several ways of transmission [4,5,6]. According to medical statistics, the wound is transmitted in 95% of cases sexually and in 5% of cases through daily contact or infected blood. In addition, it can be transmitted through the placenta from mother to child and through blood transfusion.

At the first stage, wound disease is transmitted only through infected blood.

The first symptom of syphilis is a small sore called a chancre (SHANG-kur). The sore is often painless. It appears at the spot where the bacteria entered your body. Most people with syphilis develop only one chancre. Some people get more than one.

The chancre often forms about three weeks after you come in contact with syphilis bacteria. Many people who have syphilis don't notice the chancre. That's because it's usually painless. It also may be hidden within the vagina or rectum. The chancre heals on its own within 3 to 6 weeks.

A rash caused by syphilis:

- Often is not itchy.
- May look rough, red or reddish-brown.
- Might be so faint that it's hard to see.

The rash often starts on the trunk of the body. That includes the chest, stomach area, pelvis and back. In time, it also could appear on the limbs, the palms of the hands and the soles of the feet.

Along with the rash, you may have symptoms such as:

- Wartlike sores in the mouth or genital area.
- Hair loss.
- Muscle aches.
- Fever.
- Sore throat.
- Tiredness, also called fatigue.
- Weight loss.
- Swollen lymph nodes.

Symptoms of secondary syphilis may go away on their own. But without treatment, they could come and go for months or years.

MATERIALS AND METHODS

Technique of material collection and microscopic diagnostics. Laboratory diagnostics of a wound includes two methods: microscopic and serological methods of research. At the first stage of the disease, tissue fluid and lymph nodes are taken from a hard chancre (primary syphiloma), at the second stage - from eroded papules and cerbar warts [7,8]. The obtained tissue fluid is tested. In primary syphilis, reading treponemas are more concentrated in the spaces between the fibers of connective tissue, on the periphery of the affected area, around the lymphatic and blood vessels. interstitial mites are located in the oral cavity. They are very difficult to detect microscopically in tertiary lesions. Because they decrease in damaged areas of the skin. When collecting material from a wound, the surface of a hard chancre, erosion, papule, Serbar's condyloma is first carefully wiped with a cotton or gauze swab moistened with a physiological solution [9,10], and then cleaned with dry cotton wool. If the wound is covered with a black crust, it is moistened and then carefully removed. Sometimes it is recommended to soak it in saline for several hours. There are several ways to extract tissue fluid from a hard chancre.

Method of squeezing out tissue fluid. This method is the most convenient for a laboratory technician among other methods. The laboratory technician (or the patient himself) begins to slowly squeeze the two edges of the wound with his left hand with the head and index fingers or tweezers [11,12,13]. Without rubber gloves, it is inappropriate to touch the wound, erosion, or serbar candelabrum with your fingers. If you stop for a few seconds during

compression and then squeeze again, as in a massage, the tissue fluid will be released better. The release of tissue fluid containing a lot of blood complicates the search for treponemas.

Tissue fluid is usually obtained by touching the edge of the cover glass to the edge of the wound [14,15,16,17]. The fluid of the entire wound area contains a large number of treponemes.

Scratch method. Although this method is rarely used compared to the compression method, it sometimes gives good results. This combing method is convenient to use for removing tissue fluid from erosions on the cervix, oral cavity, cervical warts. First, the wound, the surface of the erosion is carefully wiped with a saline solution, gently wiped on one side for 20-30 seconds with a sterile scalpel, tweezers or the edge of a glass. After 40-60 seconds, tissue fluid will begin to shine from the scratched area [17]. Tissue fluid cannot be taken outside the laboratory, as it will immediately dry and will be dangerous to others, since it is infectious.

RESULTS AND CONCLUSION

Obtaining tissue fluid from erosive papules in the oral cavity in secondary recurrent lesions or from a hard chancre located on the tongue, palate and tonsils in primary lesions is an important requirement for a laboratory worker. In this case, depending on the localization of the eroded papule or wound, both methods of obtaining material can be used. The separated tissue fluid should be sucked out with a Pasteur pipette with a rubber balloon (suction method).

Caution or Izhevsky method. In this case, the surface of the morphological elements being studied is burned with heated platinum, as a result, a bubble is found at the site of burning. Liquid taken from the blister, examination in a dark viewing place. All used medicines The instruments are sterilized in an autoclave by soaking them in a disinfectant for several hours. It is prohibited to store these instruments in a mixed state with other laboratory instruments. As soon as the rubber bags are opened, they are placed in a 1:1000 solution of mercury chloride and then thrown away. A darkened field of vision is the most convenient way to see a living treponema. Romanovsky, Giemsa, Zimin, Burri recommended staining treponemas. The disadvantage of these methods is that the laboratory technician does not see treponemas while they are alive. The frequency of detection of treponemas in drugs is 7-10%, which also indicates the imperfection of the method.

Syphilis is treatable and curable. People who suspect they may have syphilis should speak to their healthcare provider.

The early stage of syphilis is treated with a benzathine penicillin (BPG) injection. BPG is the first line treatment for syphilis and the only WHO-recommended treatment for pregnant women with syphilis. As second line treatment, doctors may also use doxycycline, ceftriaxone or azithromycin, which are antibiotic medicines.

BPG is also used to treat later stages of syphilis, but more doses are required. Doses are usually given once per week for three weeks, including when it is not possible to identify the stage of infection.

BPG can prevent syphilis from being passed from a mother to baby. Babies born with syphilis (congenital syphilis), or babies whose mother had untreated syphilis, need to be treated right away to avoid serious health problems.

Using condoms consistently and correctly is the best way to prevent syphilis and many other STIs. Syphilis can also spread through contact with other areas of the body not covered by a condom, including genitals, anus and mouth. People at higher risk of infection should be tested at least once a year. Pregnant women should be tested for syphilis at the first prenatal care visit and treated right away if the test result is positive[18]. Congenital syphilis can only be prevented by diagnosing and treating the mother with penicillin.

People diagnosed with syphilis should notify their sexual partners to prevent new infections. Syphilis is a preventable disease.

REFERENCES:

1. Eshboev E.Kh. Mirsaidova M.A. "Laboratory diagnosis of dermatovenerological diseases" textbook, publishing house of the National Library of Uzbekistan named after A. Navoi, Tashkent-2022;
2. Dadaev S. "Parasitology" study guide, Tashkent "Uzbekistan" 2006;
3. Salimov H.S. Kambarov A.A. "Epizootology" textbook, Tashkent 2016;
4. Parmanov M.P. et al., "Epizootology" textbook, T, 2010. 5. G. Abdurahmonova, S. Dadaev "Practical exercises in general parasitology" training manual, Tashkent 2020.
5. 9. Tishabaeva Nargiza Alimdjanovna. (2023). Etiopathogenetic mechanisms in pre-eclampsia. World Bulletin of Public Health, 26, 66-70.
6. 10. N.A. Tishabaeva, Sh.D. Babajanova. Early and late preeclampsia - risk, factors of pregnancy and childbirth, Journal of clinical and preventive medicine 2023.-T.4.-№4.-S-78-81
7. Isaqova N. et al. Microscopic examination of sputum //development and innovations in science. – 2024. – Т. 3. – №. 6. – С. 63-66.
8. Исакова Н., Усмонова Г. Лабораторная диагностика трихомониза //международная конференция академических наук. – 2024. – т. 3. – №. 6. – с. 59-65.
9. Исакова Н., Усмонова Г. Кишечный дисбактериоз //Models and methods in modern science. – 2024. – Т. 3. – №. 9. – С. 106-112.
10. Rahmatjonovna I. N. et al. Laboratory diagnostics of trichomoniasis disease //Ethiopian International Journal of Multidisciplinary Research. – 2024. – Т. 11. – №. 05. – С. 496-499.
11. Rahmatjonovna I. N. Fast foods are the potential of human health //Ethiopian International Journal of Multidisciplinary Research. – 2024. – Т. 11. – №. 05. – С. 365-369.
12. A Tishabaeva, N., B Botiraliyev, B. Endocrine system diseases, relevance, morbidity and mortality rates. Вопросы науки и образования 17 (142), 15-19, 2021
13. Tishabayeva N.A. (2024). Role of placental dysfunction in the development of pre-eclampsia. World Bulletin of Public Health, 34, 52-54. Retrieved from <https://scholarexpress.net/index.php/wbph/article/view/4177>
14. Jaloliddinov Sh.I. "Treatment and prevention of caries disease in children". Ethiopian international journal of multidisciplinary research. volume 10, issue sjif 2019: 4.702 2020: 4.737 2021: 5.071 2022: 4.919 2023: 6.980

15. Jaloliddinov Sherzodbek Ikromjon O'g'li. exploring non-surgical options for managing ventral hernia: a comprehensive guide to conservative approaches "Innovative achievements in science 2024". part 28 Issue 1 pp.113-118
16. AA Djurabayev. On the etiological and pathogenetic aspect of nonspecific colitis. World Bulletin of Public Health 29, 24-26, 2023
17. AA Dzhurabaev. The role of endoscopic examinations in early diagnosis diseases of the esophagus, stomach, and duodenum. Innovations in technology and science education, 264-269
18. Tsuboi M, Evans J, Davies EP, Rowley J, Korenromp EL, Clayton T, Taylor MM, Mabey D, Chico RM. Prevalence of syphilis among men who have sex with men: a global systematic review and meta-analysis from 2000-20. Lancet Glob Health. 2021 Aug;9(8):e1110-e1118. doi: 10.1016/S2214-109X(21)00221-7. Epub 2021 Jul 8. PMID: 34246332; PMCID: PMC9150735.