Gematologik kasalliklardagi infeksion asoratlarni rivojlanishi, tashxis va davolash

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Abstract: Bugungi kunga qadar xalqaro ilmiy adabiyotlarda innovatsion himoya muhit modullarining kattalardagi gematologik bemorlarda infeksiyalar spektri va xususiyatlariga ta'siri haqida hech qanday ma'lumot nashr etilmagan. Gemoblastozlar bilan bemorlarda mikobakterioz umumiy aholiga qaraganda tez-tez uchraydi (sil kasalligi 1,7 dan 16% gacha, sil bo'lmagan mikobakterioz-0,4-10%). Gematopoetik o'simlar uchun sitostatik terapiya, ayniqsa, davolashning dastlabki bosqichlarida 80% yoki undan ko'p chastotali yuqumli asoratlarning yuqori xavfi bilan bog'liq. Infeksion ehtimolini aniqlaydigan asosiy omillar sitostatik davolanishdan keyin neytropeniyaning chuqurligi va davomiyligidir. Mutlaq neytrofillar soni 0,6-1,0 x 10x9 /L dan pastga tushganda, og'ir yuqumli asoratlarning chastotasi, isitma davomiyligi, antibiotik terapiyasining davomiyligi va ko'lami oshadi [6]. Agar chuqur neytropeniya 5 haftadan ortiq davom etsa, yuqumli asoratlarning chastotasi 90% ga yaqinlashadi. 10 kun yoki undan ko'proq vaqt davomida 0,6 x 10x9 / L dan kam neytrofillar soni gematopoetik o'smalari bo'lgan bemorlarda og'ir yuqumli asoratlarning yuqori ehtimolini aniqlaydigan asosiy chegara qiymati hisoblanadi.

Kalit so'zlar: gemoblastozlar, infeksiyalar, sitostatik terapiya, neytropeniya, og'ir yuqumli asoratlar, mikobakterioz

Development, diagnosis and treatment of infectious complications in hematological diseases

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Abstract: To date, no data have been published in the international scientific literature on the impact of innovative protective environment modules on the spectrum and characteristics of infections in adult hematological patients. Mycobacteriosis is more common in patients with hemoblastoses than in the general

population (from 1.5 to 16% for tuberculosis, and from 0.4 to 10% for non-tuberculous mycobacteriosis). Cytostatic therapy for hematopoietic tumors, especially in the early stages of treatment, is associated with a high risk of infectious complications with a frequency of 80% or more. The main factors determining the likelihood of infection are the depth and duration of neutropenia after cytostatic treatment. When the absolute neutrophil count falls below 0.6-1.0 x 10x9 /L, the frequency of severe infectious complications, the duration of fever, and the duration and extent of antibiotic therapy increase [6]. If profound neutropenia persists for more than 5 weeks, the incidence of infectious complications approaches 90%. A neutrophil count of less than 0.6 x 10x 9/L for 10 days or more is the main cut-off value that determines the high probability of severe infectious complications in patients with hematopoietic tumors.

Keywords: hemoblastoses, infections, cytostatic therapy, neutropenia, severe infectious complications, mycobacteriosis

Maqsad: gematologik kasalliklardagi infeksion asoratlarni rivojlanishini o‘rganish.

Materiallar va usullar:

Tadqiqot Samarqand viloyat ko‘p tarmoqli tibbiyot markazi gematologiya markazida 2023-2024-yillar mobaynida o‘tkir miyeloblastli leykoz, o‘tkir promiyelotsitar leykoz, surunkali miyeloleykoz, surunkali limfoleykoz tashxisi bilan davolangan 55-71 yoshdagi 14 nafar bemorlar tanlab olindi. Bemorlarni 8 nafari erkak va 6 nafari ayolllar bo‘lib, tashxislar tegishlicha umumiy qon tahlili, miyelogramma va sitoximik tekshiruvlar asosida qo‘yilgan.

Natijalar:

1. Bemor G., 46 yosh, 2023 yil 28 noyabrda tukli hujayrali leykemiya (THL) bilan gmatologiya markaziga yotqizilgan. Kasallik boshlanganda umumiy qon tahlilida pansitopeniya (leykotsitlar - 0,6 ×109 / l, trmobotsitlar 45 ming, gemoglobin 58 g/l bo‘lgan), obyektiv: gepatosplenomegaliya, limfadenopatiya, ikki tomonlama pnevmoniya belgilari bor edi. Bronxoalveolyarda Mikobakteriya DNKsi 2013-yil 7-dekabrda balg‘am surtmasida (BS) aniqlangan. Asosan Aspergillus versicolor o‘sishi olingan. Bemorga invaziv o‘pka aspergillyozi va mikobakterial bo‘lmagan infeksiya tashxisi qo‘yilgan. Kattalashgan taloqda tartibsiz shakldagi avaskulyar o‘choqlar (150 × 176 × 94 mm). Splenektomiya o‘tkazildi. Biopsiyada THL uchun substrat aniqlandi. Interferon A bilan terapiya o‘tkazildi va bemorda koiniko-gematologik remissiyaga erishildi. Kombinatsiyalangan etiologiyali pnevmoniya uchun terapiya vorikonazol, etambutol, rifamipin va klaritromitsinni o‘z ichiga oladi. Mikobakterioz 1,5 yil davomida davolandi va doimiy klinik javobga erishildi. 5 yildan keyin THL remissiyasi saqlanadi.

2. Bemor T., 48 yosh, 2024-yil 11-oktabrda miyelodisplastik sindrom/ miyeloproliferativ kasallik (MDS/MPD), ikki tomonlama pnevmoniya, gigant splenomegali (taloq xajmi 31 × 19 × 8,5 mm), kortikosteroidlar bilan oldingi davolash (1 × leykotsitoz, 1 × 10) bilan kasalxonaga yotqizilgan. Diaskin testi salbiy chiqdi. Mikobakteriyalar turlari BS suyuqligida 2024-yil 17-oktabrda yetishtirildi. 2024-yil Noyabrda og‘irligi 3.5 kg bo‘lgan taloq olib tashlandi, unda ekstramedulyar gematopoez va ko‘plab o‘choqlar mavjud bo‘lib, unda kislotaga chidamli bakteriyalar (KCHB) aniqlangan.

Umumiy mikobakterioz tufayli klaritromitsin, etambutol, rifampitsin va amikatsin bilan davolash o‘tkazildi. O‘pkada ijobiy dinamikaga erishildi. Bemorga poliximiya terapiyasi o‘tkazildi. Biroq, 2025 yil yanvarda MDS/MPZ rivojlanishi qayd etildi va 2025 yil 2 martda bemorda o‘lim holati kuzatildi.

3. Bemor A., 61 yosh, 2024 yil 15 noyabrda o‘tkir promiyelotsitar leykemiya boshlang‘ich davri tashxisi bilan SVKTT gematologiya markaziga yotqizilgan (pansitopeniya bilan (0.9 × 0.0)), ikki tomonlama pnevmoniya, taloqning o‘choqli shikastlanishi, enteropatiya, isitma > 38,0°S. Induksiya kursidan keyin remissiyaga erishildi. BS suyuqligida patogen aniqlanmadi. Ensefalopatiya belgilari tufayli miya suyuqligi qayta tekshirildi. 137 hujayra/mkl gacha sitoz aniqlandi (neytrofillar - 59%, limfotsitlar-40%, monotsitlar-1%). Bakterial agent aniqlanmadi. Sitomegalovirus DNK nusxalari <500 aniqlandi.

Bemorga meropenem, linezolid, atsiklovir bilan antimikrob terapiya o‘tkazildi. Qisqa muddatli haroratni normallashtirishga erishildi. Kompyuter tomografiyasida taloqdagi o‘choqlar sonining ko‘payishi aniqlangan 2024-yil martda splenektomiya o‘tkazildi.

Taloq biopsiyasida AFB va Mikobakteriya sil kasalligi DNKsi aniqlandi. Bemorga umumiy sil kasalligi tashxisi qo‘yilgan: tarqalgan o‘pka tuberkulyozi, infiltratsiya bosqichi, meningoensefalit va taloq tuberkulyozi. Bemor axvolining og‘irligi sababli poliximiyaterapiyasi to‘xtatildi. Bemorga bir yil davomida silga qarshi samarali terapiya olib bormoqda. Remissiya saqlanib qoladi.

Xulosa. Immunitet tanqisligi bo‘lgan bemorlar turli xil etiologiyali infeksiyalarning rivojlanishi uchun nishondir. Faol diagnostika, shu jumladan invaziv tadqiqot usullaridan foydalanish kam uchraydigan yuqumli asoratlarni aniqlash va aniq terapiyani amalga oshirish imkonini berdi. Ushbu holatlarning tahlili shuni ko‘rsatdiki, jigar va taloqdagi o‘choqlar nafaqat zamburug‘lar, balki boshqa mikroorganizmlar tomonidan ham paydo bo‘lishi mumkin.

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