

**ENDOCARDITIS DISEASE DIAGNOSIS, TREATMENT METHODS AND
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Abstract: This article provides information on the diagnosis, causes, treatment methods, and preventive measures of infectious endocarditis, which is one of the inflammatory diseases of the heart.

Key words: endocarditis, heart, valves, endocardium, sepsis, urological, invasive diagnostic procedures.

INTRODUCTION

Cardiac diseases are a group of pathologies related to the cardiovascular system, manifested by disturbances in the normal functioning of the heart. Such diseases may be caused by damage to the epicardium, pericardium, myocardium, endocardium, valvular apparatus of the heart, and blood vessels. Heart diseases can be hidden for a long time without any clinical picture. Along with various tumors, it is one of the main causes of early death in developed countries today.

LITERATURE ANALYSIS AND RESEARCH METHODOLOGY

Infectious endocarditis is a disease characterized mainly by damage to the heart valves and severe inflammation of the endocardial layer of the heart. Endocardium is the third outer layer of the heart wall and surrounds the heart cavity. Infectious endocarditis is one of the diseases that are difficult to diagnose. If it is not treated properly in time, it can leave serious complications and make the patient suffer a lot, and even lead to disability. According to the results of observations, the primary type of infective endocarditis occurs in patients with intact heart valves, and the secondary type often develops in people with acquired and congenital heart defects. Infectious endocarditis can occur in people who have previously undergone surgery for heart disease, who have undergone sepsis, urological, invasive diagnostic procedures, or who receive frequent intravenous drug injections, and drug addicts.

In addition, acute respiratory diseases, the presence of purulent foci in the oral cavity and operations performed in this area, genital surgery or prolonged examination of these organs with the help of instruments probe (catheter) during the examination) in such cases, an infection center appears in the body and a disease can occur. According to the clinical course, it has been determined that there are acute, semi-acute and chronic (recurring) types of the disease.

Infection-bacteria pass through the blood to the heart valves (valves) and stop there, forming a secondary infection center. Microbes that have settled in the valves and near them-arterial vessels gather and form bundles, during the development of the disease, these focal bundles are broken and pieces (embolus) are separated, and as a result of spreading through the blood vessels, a septic condition occurs will come. Complications of thromboembolism or abscess - purulent foci occur as a result of emboli falling into different organs of the body with the blood flow. Infections in the heart valves cause an overactive reaction in organs and tissues. In general, the development and exacerbation of this disease causes dystrophic changes in the affected organs. In the course of development, infective endocarditis may progress to the last stage and cause organ failure (for example, cardiovascular, liver, spleen, and kidney failure). The stages of infective endocarditis are related to the degree of damage to the organ systems in the body.

If the cause of the disease is a virulent - pathogenic infection, an acute course of endocarditis is observed. In this case, patients shiver, sweat profusely, and the body temperature is very high. In this case, the heart and internal organs are damaged, cardiovascular and respiratory failure worsens for 1-2 months, liver, spleen, and kidney function fail, or thromboembolism occurs in the vessels of the brain. In such cases, the patient's life is in danger. In the moderately acute course of the disease, general weakness, fatigue, loss of appetite, weight loss, headache, sweating, and decreased work capacity are observed. In approximately one-third of patients, infective endocarditis can often develop after angina, tonsillitis, purulent otitis media, urinary tract infection, childbirth (abortion), or childbirth. In some, this disease begins with hemorrhagic symptoms (for example, bleeding from the gastrointestinal tract or nose), and in others, it is observed with septic hepatitis, lung abscess, and swelling of thromboembolic neck veins. In the early stages of the disease, the patient's skin may be pale, gray, and in the late stages, the color of "coffee with milk". In infectious endocarditis, due to damage to the walls of small vessels, the eyelids, hard and soft palate, neck, chest, wrist and the palms and soles have bluish spots and blisters. Some patients have pain in their joints, that is, they develop arthritis in their small or large joints. In general, the main symptom of infective endocarditis is heart damage, which is expressed by pain in the chest area similar to angina or myocardial infarction.

DISCUSSION AND RESULTS

Endocarditis is a serious medical condition characterized by inflammation of the inner lining of the heart's chambers and valves, called the endocardium. This condition can cause a number of symptoms and complications that, if left untreated, pose a serious risk to heart health. Endocarditis can be caused by bacterial or fungal infections that affect the lining of the heart, resulting in an inflammatory reaction and damage to the heart valves and surrounding tissue.

Endocarditis usually occurs when bacteria or fungi enter the bloodstream and attack the lining of the heart. It occurs when it adheres to damaged areas of the lining, such as preexisting heart disease, valvular abnormalities, or prosthetic heart valves. Common risk factors for endocarditis include previous episodes of endocarditis, congenital heart defects, rheumatic heart disease, intravenous drug use, and certain medical procedures that increase the risk of blood-borne infections. People with compromised immune systems, such as those with HIV/AIDS or receiving chemotherapy, are at increased risk of developing endocarditis.

The symptoms of endocarditis can vary depending on the underlying cause, the duration of the infection, and the extent of damage to the heart. Common symptoms of endocarditis include fever, chills, fatigue, weakness, night sweats, shortness of breath, chest pain, and unexplained weight loss.

In some cases, individuals with endocarditis may experience changes in heart sounds, such as murmurs or abnormal rhythms detected during physical examination. The diagnosis of endocarditis usually involves a combination of blood tests to detect infectious agents, imaging studies such as echocardiography, and sometimes a heart biopsy to confirm the presence of infectious organisms in the heart tissue. ExoKG), X-ray of the chest, dopplerography of peripheral blood vessels, 3-hour thermometry, general blood analysis, general urinalysis, bacterial culture of blood and other biochemical tests are carried out.

Treatment of endocarditis is aimed at eliminating infectious agents, reducing inflammation, and preventing complications such as valve damage or systemic embolization. Depending on the severity of the infection, the causative organism, and the presence of heart disease, treatment may include antibiotics, antifungal medications, and sometimes surgery to repair or replace damaged heart valves. In cases of acute endocarditis or severe complications, hospitalization and intravenous antibiotics may be necessary to control infection and support cardiac function.

Treatment depends on the cause of the disease. In the initial period of infectious endocarditis, if a large amount of antibiotics sensitive to the disease is used for a long time, the disease will recover faster. Hormonal, non-steroid, diuretic, general strength-enhancing drugs can also be given to improve the patient's immune system. If the treatment with antibiotics does not give a good result, the heart valves can be surgically replaced with artificial valves. Everyone should know that in order to prevent the disease, a patient with heart disease should be under constant medical supervision, mouth, nose and Timely identification of the focus of purulent infections in other areas and early treatment is important for pain recovery. If not diagnosed and treated in time, endocarditis can lead to serious complications such as heart failure, stroke, septic embolism, or valve dysfunction. can bring. Chronic inflammation of the lining of the heart can

weaken the heart muscle, impair valve function, and increase the risk of life-threatening events. Early detection and appropriate treatment of endocarditis is essential to minimize complications and improve outcomes for affected individuals. With timely and comprehensive treatment, many patients with endocarditis can fully recover and restore normal heart function, although constant monitoring and follow-up care are often necessary to prevent recurrence and control possible complications.

CONCLUSION

In conclusion, endocarditis is a complex and potentially life-threatening disease that requires prompt detection, diagnosis, and treatment to minimize cardiac health risks. Understanding the causes, symptoms, diagnosis, and treatment strategies of endocarditis is critical for healthcare providers and patients to effectively manage this condition and improve outcomes.

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