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INTERRELATION OF CLINICAL, LABORATORY AND INSTRUMENTAL PARAMETERS OF COVID-19 ASSOCIATED PNEUMONIA

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Abstract: The COVID-19 epidemic has presented healthcare professionals with new and complex challenges related to the need for emergency diagnosis and provision of adequate medical care to patients. The rapid change in the epidemiological situation, the receipt of a large amount of often conflicting information about the clinical features of the infection, insufficient information about the possibilities of treating this disease determine the complexity and magnitude of the problem. It is believed that bilateral pneumonia is a very common clinical manifestation of this variant of coronavirus infection, in a significant number of cases there is the development of acute respiratory distress syndrome, which is associated with a very high risk of death.

Keywords: COVID-19, pneumonia, clinical signs, severity.

Relevance. Coronavirus infection (COVID-19) is an acute infectious disease caused by a new strain of the SARS CoV-2 coronavirus with an aerosol-droplet and household contact mechanism of transmission. Pathogenetically, COVID-19 is characterized by viremia, local and systemic immune-inflammatory processes, endotheliopathy, hyperactivity of the coagulation cascade, which can lead to the development of micro-macrothrombosis and hypoxia. Clinically proceeds from asymptomatic to manifest forms with intoxication, fever, predominant pulmonary involvement and extrapulmonary lesions of various organs and systems (vascular endothelium, heart, kidneys, liver, pancreas, intestines, prostate, central and peripheral nervous systems) with a high risk of developing complications. Viral lung damage caused by SARS CoV-2 is usually interpreted as specific "COVID-19-associated pneumonia".

Purpose of the study: To study the incidence of pneumonia associated with COVID-19 and the assessment of clinical signs of the relationship with laboratory and instrumental parameters

Materials and methods: We conducted a study on the basis of BOMC in the departments of pulmonology and therapy. The study material was 42 patients with COVID-19 pneumonia. Patients were divided into 3 groups according to the severity of the disease - mild 22 patients, moderate 18 patients and severe 2. Extremely severe was excluded from the study. All the subjects underwent general clinical research methods, in addition to this, laboratory studies were carried out - KLA, OAM,

biochemical analysis (determination of glucose, electrolytes (K +, Na +, Mg ++, Ca ++), ALT, AST, bilirubin, determination of total protein and albumin, urea and creatinine, **glucose, examination of the level of C-reactive protein in blood serum, coagulogram with the determination of PT, INR, APTT, fibrinogen**), from instrumental studies, CT, chest x-ray, pulse oximetry were performed.

Results and discussions.The total number of patients was 42, among them 29 (69%) men and 13 (31%) women.

The patients were distributed as follows:

By severity	mild degree-22 patients moderate degree-18 patients severe degree-2 patients
According to the prevalence of the process according to CT (in the presence of)	CT-1 (< 25% of volume) - 11 patients CT-2 (25-50% of volume) - 27 patients CT-3 (50-75% of volume) - 4 patients
With the flow	- superacute (up to 10 days) - 28 patients - acute (up to 1 month) - 9 patients - protracted (over 1 month) - 5 patients
On clinical grounds, there was	Asymptomatic - 4.7% increase in body temperature - in 95.2% of the examined <ul style="list-style-type: none"> • general weakness, malaise - in all subjects • loss of appetite - 90% • cough 86% • sweating 59.5% • myalgia and body aches 62% • headache for everyone • hiccups - 9% • sore throat 19% • chest pain, feeling short of breath - 62% • anosmia (loss of smell) 52% • ageusia (loss of taste) - 52% • diarrhea - 9% • restless behavior (agitation) 4.7% • rash - not observed • shortness of breath (at the time of examination or in the dynamics of the disease) - 81% • shortness of breath, feeling of lack of air - 76%

	<ul style="list-style-type: none"> • palpitations - in all seriously ill patients • nausea, vomiting - not observed • persistent headache - in all seriously ill patients • no stomach pain • pain in the heart area - in all seriously ill patients • dizzy 76% • urinary retention - not observed
<p>From laboratory data</p>	<ul style="list-style-type: none"> • <i>Covid-19 PCR proven – 81%</i> • <i>Not proven - 19%</i> Leukopenia lymphopenia (COVID-19) relative lymphocytosis, thrombocytopenia

Findings: From the above data it follows that complaints and clinic Covid-19 associated pneumonia is diverse and each clinical sign cannot be considered specific to one of the pneumonia courses. Separate clinical signs (pain in the heart area, persistent headache) may characterize a severe course, which requires further additional research. The detection of correlations makes it possible to predict the course of the disease, as well as the prevention of complications.

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