

Study of Clinical and Laboratory Features of Rheumatoid Arthritis

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Abstract. The article presents the results of the analysis of a comprehensive examination of the clinical course of rheumatoid arthritis in the population in the environmental conditions of Uzbekistan. The research was carried out in the city United Hospital of Samarkand. The age of patients older than 25 years, 33 of them women, 21 men. The history of the disease, clinical and laboratory features and concomitant diseases were studied. The features of the clinical course of rheumatoid arthritis are revealed.

Keywords: rheumatoid arthritis, features of the course, joints of the hands, C reactive protein.

INTRODUCTION

Rheumatoid arthritis is an inflammatory rheumatic disease of unknown etiology characterized by symmetrical chronic erosive arthritis (synovitis) of peripheral joints and systemic inflammatory damage to internal organs. The prevalence of rheumatoid arthritis among the adult population is 0.5–2% (in 65-year-old women 5%). The ratio of women to men is 2-3:1. All age groups are affected, including children and the elderly. The peak of the onset of the disease is 30-55 years. According to official statistics, 280 were registered in the Russian Federation in 2002. thousand patients suffering from reliable rheumatoid arthritis (260 thousand adults and 20 thousand children and adolescents), of which more than 26 thousand are newly ill. After 10-15 years from the onset of the disease, approximately 90% of patients lose their ability to work, a third become completely disabled. In the Russian Federation, the average age of patients with rheumatoid arthritis who become disabled is 48 years old and more than 25% need expensive conservative or surgical (joint replacement) treatment.

The purpose of the study: To study the modern features of the clinical course of rheumatoid arthritis.

MATERIALS AND METHODS OF RESEARCH

The analysis of the medical history of patients with rheumatoid arthritis who were on inpatient treatment on the basis of the Department of therapy of the city medical association of the city of Samarkand was carried out. The age of the patients is over 25 years old, 33 of them are women, 21 men. When carrying out the work, we used generally accepted clinical, laboratory and instrumental studies.

THE RESULTS AND THEIR DISCUSSION

The data of a comprehensive examination of these patients are analyzed. When studying the anamnesis of the cause of the disease, 32 patients are associated with a cold, and 12 patients are not associated with anything. According to Karateev and co-authors, about 4 months pass from the moment the first symptoms of the disease appear to a visit to a rheumatologist in Moscow. In the UK, patients with rheumatoid arthritis are referred to a rheumatologist on average also after 4 months and usually receive the first basic anti-inflammatory drug 8 months after the onset of the disease. When studying the main diagnosis of rheumatoid arthritis, grade I activity was detected in 11 (20.37%) patients, grade II activity in 43 (79.63%) patients, articular form was detected in 51 (94.44%) patients, articular-visceral form was detected in 3 (5.561%) patients. When studying the anamnesis, 16 (29.62%) patients have been ill for 1-2 years, 38 (70.38%) patients have been ill for many years. Articular syndrome was

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characterized by knee joint lesion in 52 (96.3%) patients, elbow joint lesion in 45 (83.3%) patients, wrist joint lesion in 16 (29.63%) patients, hands were affected in 42 (77.78%) patients, ankle joint lesion in 16 (29.63 %) patients. It should be noted that in most patients, lesions of the joints of the hands and knee and elbow joints prevailed. Morning stiffness up to 30 minutes in 3 (5.55%) patients, up to 1 hour in 19 (35.18%) patients, up to 2 hours in 32 (59.25%) patients, up to 3-4 hours in 1 (1.85%) patients. Weakness, fatigue, fever were noted in most patients. According to V. I. Makolkin, the articular form mainly occurs in 80% of patients, in 66% of patients it occurs in the form of chronic progressive polyarthritis, in 14% — in the form of oligo and mono arthritis with a subacute course and a lesion of one or two large joints (more often knee) and a small and x deformation. Articular-visceral form occurs in 12-13% of cases, occurs with damage to internal organs and pronounced general reactions in the form of fever, weight loss, anemia, high activity of laboratory parameters. From objective data, the skin is pale pink in 25 (46.3%) patients, pale in 29 (53.70%) patients. Systolic blood pressure 110-90 mmHg, diastolic 80 mmHg in 2 (3.70%) patients, systolic blood pressure 110-130 mmHg diastolic pressure 85 mmHg in 47 (87.04%) patients, systolic blood pressure 160-179 mmHg diastolic pressure 100-109 mmHg.ct in 3 (5.56%) patients, systolic blood pressure above 180 mmHg, diastolic pressure above 110 mmHg in 2 (3.70%) patients, Pulse 70-80 per minute in 45 (83.33%) patients, pulse 81-90 per minute in 9 (16.07%) patients. From laboratory data, hemoglobin 110-70 g / l in 37 (68.52%) patients, hemoglobin 79-60 g / l in 17 (31.48%) patients, erythrocytes 3-4 million in 54 (100%) patients. The erythrocyte sedimentation rate is normal in 1125 (46.3%) patients, an increase of 20-25 mm in. an hour in 29 (53.7%) patients. From the total urine analysis, the specific gravity was 1009-1015 in 5 (9.26%) patients, 1015-1025 in 47 (87.04%) patients, 1026-1032 in 2 (3.70%) patients, protein negative in 46 (85.19%) patients, protein 0.33% in 8 (14.81%) patients. From a biochemical blood test, the total protein, cholesterol, and urea are within normal limits. CRP was negative in 4 (7.41%) patients, CRP++ in 2 (3.70%) patients, CRP +++ in 18 (33.3%) patients, CRP ++++ in 30 (55.56%) patients. from instrumental ECG data without pathology in 15 (27.78%) patients, metabolic changes in 19 (35.19%) patients, LVH in 5 (9.26%) patients, blockage of the left leg of the Gis bundle in 3 (5.56%) patients, dystrophic changes in 12 (22.2%) patients. In some patients, in addition to the main disease, concomitant disease chronic bronchitis was detected in 15 (27.78%) patients, chronic gastritis in 3 (5.56%) patients, grade II hypertension in 8 (14.81%) patients, moderate iron deficiency anemia in 10 (18.52%) patients, severe iron deficiency anemia in 5 (9.26%) of patients, chronic calculous cholecystitis in 11 (20.37%) patients. vegetative vascular dystonia of the hypertensive type in 1 (1.85%) patients, dyscirculatory encephalopathy in 1 (1.85%) patients.

CONCLUSIONS:

The peculiarities of the course of rheumatoid arthritis at the present stage are the predominance of lesions of the joints of the hands, knee and ankle joints, activity of the II degree, morning stiffness up to 2 hours, in most patients the articular form of the disease prevails, the ability to self-care is lost, signs of acute inflammation (anemia, increased ESR, positive C reactive protein). In patients with rheumatoid arthritis, concomitant diseases such as chronic bronchitis, chronic gastritis, hypertension, moderate iron deficiency anemia, chronic calculous cholecystitis, vegetative vascular dystonia of the hypertensive type, dyscirculatory encephalopathy were detected. Somatic diseases have the greatest correlation with behavioral factors (eating disorders, hyperglycemia, hypercholesterolemia and arterial hypertension). Correction of risk factors contributes to achieving remission of comorbid diseases. The introduction of new methods of early diagnosis of rheumatoid arthritis is expected to prevent severe consequences of the disease, improve the quality of life of patients.

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