

Impact Factor: 4.9

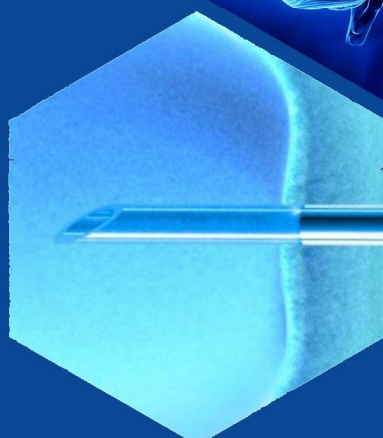
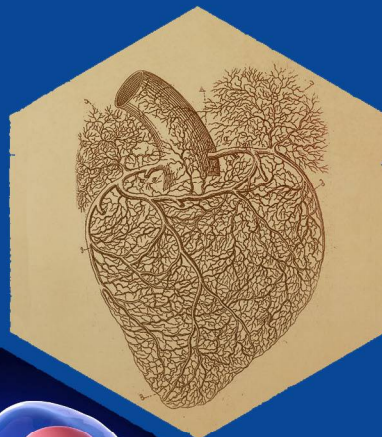
ISSN: 2181-0664

DOI: 10.26739/2181-0664

tadqiqot.uz/uzbek-medikal-journal

UZBEK MEDICAL JOURNAL

Volume 2, Issue 1



2021

Бош муҳаррир:
Главный редактор:
Chief Editor:

Мадазимов Мадамин Муминович
Ректор Андижанского Государственного
медицинского института, д.м.н., профессор
кафедры факультетской и госпитальной
хирургии

Тахририят раиси:
Председатель редакционной коллегии:
Chairman of the editorial Board:

Алексеев Андрей Анатольевич
Директор ожогового центра НМИЦ хирургии
им. В.Вишневского, главный комбустиолог
Министерства здравоохранения России, д.м.н.,
профессор.

Бош муҳаррир ўринбосари:
Заместитель главного редактора:
Deputy Chief Editor:

Салахитдинов Камалиддин Зухриддинович
доцент, д.м.н. кафедры факультетской и
госпитальной хирургии Андижанского
Государственного медицинского института

Бош муҳаррир ўринбосари:
Заместитель главного редактора:
Deputy Chief Editor:

Хегай Любовь Николаевна
доцент, к.м.н., начальник отдела по координации
деятельности грантов Межвузовской научно-
исследовательской лаборатории Ташкентской
медицинской академии

Маъсул котиб:
Ответственный секретарь:
Executive Secretary:

Досина Маргарита Олеговна
в.н.с. ГНУ "Институт физиологии Национальной
академии наук Беларуси", к.б.н., председатель
Совета молодых ученых Отделения медицинских
наук НАН Беларуси

Маъсул котиб:
Ответственный секретарь:
Executive Secretary:

Ниязова Зебинисо Анваровна
базовый докторант кафедры офтальмологии,
детской офтальмологии Ташкентского
педиатрического медицинского института

Ўзбек тиббиёт журнали тахририй маслахат кенгаши
редакционный совет Узбекский медицинский журнал
Editorial Board of the Uzbek medical journal

Хужамбердиев Мамазоир Ахмедович
д.м.н., профессор кафедры госпитальной терапии Андижанского
Государственного медицинского института

Привалова Ирина Леонидовна
д.б.н., профессор кафедры нормальной физиологии Курского государственного медицинского университета,
заведующая лабораторией физиологии висцеральных систем НИИ физиологии (Курск)

Гаврилова Елена Анатольевна
д.м.н., профессор, заведующая кафедрой лечебной физкультуры и спортивной медицины Северо-западного
государственного медицинского университета им. И.И. Мечникова (Санкт-Петербург)

Чурганов Олег Анатольевич
д.п.н., профессор кафедры ЛФК и спортивной медицины Северо-Западного государственного
медицинского университета им. И.И. Мечникова (Санкт-Петербург)

Салахитдинов Зухриддин Салахитдинович
д.м.н., профессор, заведующий кафедрой ВОП №1, Андижанского государственного медицинского института

Рябчиков Денис Анатольевич
д.м.н., в.н.с. онкологического отделения хирургических методов лечения ФГБУ "НМИЦ
онкологии им. Н.Н. Блохина" Минздрава России

Гулямов Суръат Саидвалиевич
д.м.н., профессор кафедры оториноларингологии, детской оториноларингологии, стоматологии
Ташкентского педиатрического медицинского института

Тереза Магалхайз
профессор, заведующая кафедрой Судебной медицины государственного университета Порту (Португалия)

Юлдашев Илхом Рузиевич
д.м.н., профессор, заведующий кафедрой Аллергологии, иммунологии, микробиологии
Ташкентского педиатрического медицинского института

Хамраев Абдурашид Журакулович
д.м.н., профессор кафедры госпитальной детской хирургии, Ташкентского педиатрического медицинского института

Редакционная коллегия:

Эрматов Низом Жумакулович
д.м.н., доцент, заведующий кафедрой гигиены детей и подростков и гигиены питания Ташкентской медицинской академии

Рузиев Шерзод Ибодуллаевич
д.м.н., доцент кафедры судебной медицины и медицинского права Ташкентского педиатрического медицинского института

Бабич Светлана Михайловна
доцент, заведующая кафедрой социальной гигиены Андижанского государственного медицинского института

Сабирова Рихси Абдукадировна
д.м.н., профессор кафедры медицинской и биологической химии Ташкентской медицинской академии

Цеомашко Наталья Евгеньевна
д.б.н, с.н.с., заведующая отделом медико-генетических исследований МНИЛ Ташкентской медицинской академии

Хамраева Лола Салимовна
доцент, к.м.н. кафедры офтальмологии, детской офтальмологии Ташкентского педиатрического медицинского института

Усманходжаева Адиба Амирсaidовна
доцент, к.м.н., заведующая кафедрой Народной медицины, реабилитологии и физической культуры Ташкентской медицинской академии

Шарипова Фарида Камилъевна
к.м.н., доцент кафедры психиатрии, наркологии и детской психиатрии, медицинской психологии, психотерапии Ташкентского педиатрического медицинского института

Бузруков Батир Тулкунович
д.м.н., профессор, заведующий кафедрой офтальмологии, детской офтальмологии Ташкентского педиатрического медицинского института

Туйчиев Галибжан Урмонжонович
к.м.н., доцент, заведующий кафедрой детской хирургии, детской анестезиологии-реаниматологии с курсом офтальмологии и стоматологии факультета усовершенствования и переподготовки врачей АГМИ

Маматхужаева Гулнора Нажмитдиновна
доцент, к.м.н. кафедры Офтальмологии Андижанского Государственного медицинского института

Каримова Зиёда Кушбаевна
доцент, к.м.н. кафедры Аллергологии, клинической иммунологии, микробиологии Ташкентского педиатрического медицинского института

Саидходжаева Саида Набиевна
доцент, Phd кафедры неврологии, детской неврологии и медицинской генетики Ташкентского педиатрического медицинского института

Зуфарова Зухра Хабибуллаевна
доцент, к.ф.н. кафедры промышленной технологии лекарственных средств Ташкентского фармацевтического института

Алимова Дурдона Дильмуратовна
PhD кафедры оториноларингологии, детской оториноларингологии, детской стоматологии Ташкентского педиатрического медицинского института

Page Maker | Верстка | Сахифаловчи: Хуршид Мирзахмедов

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

1. G. Urinova, N. Nasirtdinova, J. Nazarova COGNITIVE IMPAIRMENT IN PATIENTS WITH CORONAVIRUS INFECTION.....	5
2. O. Ya. Bustanov, Yu. N. Madjidova, N. A. Nasirdinova, O. B. Kuchkarova, Sh. Ya. Bustanov THE IMPORTANCE OF ANTIPHOSPHOLIPID SYNDROME IN DEVELOPED CEREBROVASCULAR DISEASES ON THE BACKGROUND OF SYSTEMATIC CONNECTIVE TISSUE DISEASES.....	9
3. Ergashev Vali, Nuraliev Nekkadam CHARACTERISTICS OF ORGANIC ORGANISMS ABLE TO CAUSE ACUTE AND CHRONIC EXPERIMENTAL OSTEOMYELITIS.....	14
4. Kasimova Munirakhon, Umarov Ravshanbek, Khamraeva Gavkhar DIAGNOSTICS OF PATIENTS WITH THROMBOEMBOLIC COMPLICATIONS OF THE VISUAL ORGAN OF RHINOSINUSOGENIC ETIOLOGY AT COVID 19.....	20
5. Xushvakova Nilufar, Nishanbaeva Firusa EFFECT OF INTRAVENOUS LASER IRRADIATION OF BLOOD ON BIOCHEMICAL CRITERIA IN CHRONIC TONSILLITIS.....	27
6. Ismoilov S. I., Usmanova M. H. OPTIMIZATION OF DIAGNOSIS OF NODULAR THYROID DISEASES (LITERATURE REVIEW).....	32
7. Komilov Abdullajon, Sultonova Madinabonu, Orifjonova Durdona USE OF TELECOMMUNICATIONS TO REDUCE THE IMPACT OF THE COVID-19 PANDEMIC.....	38
8. Khidoyatova Dilbar, Abdujamilova Rano, Zuparova Lobar, Mirkhalilova Madina PROGNOSTIC VALUE OF VARIOUS PATHOGENETIC VARIANTS OF TRANSIENT ISCHEMIC ATTACKS.....	44
9. Nazarova J.A., Rahmatova S.N. CLINICAL AND STATISTICAL CHARACTERISTICS OF PATIENTS WITH CEREBRAL STROKE.....	49
10. Fayzieva Munis, Usmanova Durdona FEATURES OF COGNITIVE IMPAIRMENT DEPENDING ON THE STAGE OF CHRONIC CEREBRAL ISCHEMIA.....	56

4. Iskhakova H.I., Vakhidova H.M., Shadmanova N.A. Classification, ecology and differentiation of *Pseudomonas aeruginosa* and other non-fermentative gram-negative bacteria (HBO) // Educational-methodical manual. - Tashkent, 2010. -- 36 b.
5. Iskhakova H.I., Shadmanova N.A., Eshchanova F.R. Screening - a method for phenotypic detection in staphylococci, the most common mechanisms of antibiotic resistance // Methodical recommendations. - Tashkent, 2010. -- 12 b.
6. Kuznetsova E.I. Rozova L.V. Features of the innate immune response in patients with chronic osteomyelitis depending on the microbial landscape // International Journal of Applied and Basic Research. - Moscow, 2015. - No. 7. - S.234-237.
7. Matkurbanov A.Sh., Ismailov E.A., Rakhmanova S.S., Batyrbekov A.A. Assessment of the state of immunological parameters in experimental acute osteomyelitis // Methodical recommendations. - Urgench, Uzbekistan, 2011. -- 11 p.
8. Nuraliev N.A., Bektimirov A.M.T., Alimova M.T., Suvonov K.Zh. Rules and methods of working with laboratory animals in experimental microbiological and immunological studies // Methodological manual. - Tashkent, 2016. -- 34 p.
9. The determinant of bacteria Bergie. Edited by Holet J., Krieg N., Snita R., Staley J., Williams S. - Moscow: Mir Publishing House, 1997. - Vol. 1-2. - 389 p.
10. Saginova D.A., Teleubaev B.E., Koshanova A.A. Microbial landscape in patients with chronic osteomyelitis and bacteriological effectiveness of local antibiotic transport to *S.aureus* strains // Medicine. - Almaty, 2018. -- No. 1 (187). - S. 44-48.
11. Chernigov S.V., Bayzikhanov S.K., Chernigov Yu.V. Assessment of the clinical status of rabbits with acute traumatic osteomyelitis of the tubular bones in the experiment // Issues of regulatory regulation in veterinary medicine. - 2013. - No. 3. - S.131-132.
12. Hernigou P., Daltro G., Flouzat-Lachaniette C.H., Roussignol X., Poignard A. Septic arthritis in adults with sickle cell disease often is associated with osteomyelitis or osteonecrosis // Clin Orthop Relat Res. - 2010. -- N468 (6). - P.1676-1681.
13. Poepl W., Lingscheid T., Bernitzky D., Schwarze UY, Donath O., Perkmann T., Kozakowski N., Plasenzotti P., Reznicek G., Burgmann H. Efficacy of fosfomycin compared to vancomycin in treatment of implant -associated chronic methicillin-resistant *Staphylococcus aureus* osteomyelitis in rats // Antimicrob. Ag. Chemother. - 2014. -- Vol. 58. - N9. - P.5111-5116.
14. Tyurin E.A., Checkan L.V., Marinin L.I., Dyatlov I.A. Professional risks faced by microbiological laboratory workers and their mitigation measures // Health Risk Analysis. - 2014. -- N3. - P.6.

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ UZBEK MEDICAL JOURNAL

Kasimova Munirakhon Sadikzhanovna,

Doctor of Medical Sciences, Vice-Rector of Tashkent

Institute of Postgraduate Medical Education,

Professor of the Department of Ophthalmology

Umarov Ravshanbek Ziyaviddinovich

Tashkent Institute of Postgraduate Medical Education,

Assistant of the Department of Otorhinolaryngology

Khamraeva Gavkhar Khusanovna

Doctor of Philosophy in Medical Science,

Tashkent Institute of Postgraduate Medical Education,

Lecturer at the Department of Ophthalmology.

e-mail: gavhar08021982@mail.ru

DIAGNOSTICS OF PATIENTS WITH THROMBOEMBOLIC COMPLICATIONS OF THE VISUAL ORGAN OF RHINOSINUSOGENIC ETIOLOGY AT COVID 19

 <http://dx.doi.org/10.26739/2181-0664-2021-1-4>

ABSTRACT

Cavernous sinus thrombosis is one of the most severe infections of the face, orbit, ear, paranasal sinuses and oral cavity. The study aims to analyse clinical cases of carotid-cavernous sinus thrombosis in patients with complications of COVID 19. An analysis of 2 clinical cases with a diagnosis of cavernous sinus thrombosis in the presence of COVID 19 was carried out. General ophthalmic research methods (visometry, external examination, the study of pupillary reactions, ophthalmoscopy, palpation measurement of intraocular pressure), MRI, MSCT of the brain and chest, general blood test, coagulogram, biochemical blood test. These clinical examples show that cavernous sinus thrombosis develops as a complication of coronavirus infection. The cause of cavernous sinus thrombosis was inflammation of the paranasal sinuses, dry blood, diabetes mellitus. The cause of death was the development of multiple organ failure due to concomitant diseases and a decrease in patients' immune status.

Keywords: coronavirus infection, cavernous sinus thrombosis, ophthalmoscopy, paranasal sinuses.

Касимова Мунирахон Садикжановна,

доктор медицинских наук, проректор

Ташкентского института усовершенствования врачей,

профессор кафедры офтальмологии, Узбекистан, г.Ташкент

Умаров Равшанбек Зиявиддинович,

ассистент кафедры оториноларингологии

Ташкентского института усовершенствования врачей

Узбекистан, г.Ташкент

Хамраева Гавхар Хусановна,

доктор философии по медицинским наукам,
ассистент кафедры офтальмологии Ташкентского
института усовершенствования врачей, Узбекистан, г.Ташкент

ДИАГНОСТИКА БОЛЬНЫХ С ТРОМБОЭМБОЛИЧЕСКИМИ ОСЛОЖНЕНИЯМИ ОРГАНА ЗРЕНИЯ РИНОСИНУСОГЕННОЙ ЭТИОЛОГИИ ПРИ COVID 19

АННОТАЦИЯ

Тромбоз кавернозного синуса - один из тяжелых осложнений инфекций области лица, орбиты, уха, околоносовых пазух и ротовой полости. Цель исследования включает анализ клинических случаев тромбоза каротидно-кавернозного синуса у больных с осложнениями COVID 19. Был проведен анализ 2 клинических случаев с диагнозом тромбоз кавернозного синуса на фоне COVID 19. Были проведены общие офтальмологические методы исследования (визометрия, наружный осмотр, исследование зрачковых реакций, офтальмоскопия, пальпаторное измерение внутриглазного давления), МРТ, МСКТ головного мозга и грудной клетки, общий анализ крови, коагулограмма, биохимический анализ крови. Данные клинические примеры показывают, что тромбоз кавернозного синуса развивается как осложнение коронавирусной инфекции. Причиной тромбоза кавернозного синуса послужило воспаление придаточных пазух носа, сгущение крови, сахарный диабет. Причиной летального исхода было развитие полиорганной недостаточности, вследствие сопутствующих заболеваний и снижения иммунного статуса больных.

Ключевые слова: коронавирусная инфекция, тромбоз кавернозного синуса, офтальмоскопия, синусит околоносовых пазух.

Касимова Мунирахон Садикжановна,

Тиббиёт фанлари доктори, Тошкент врачлар малакасини
ошириш институти проректори, офтальмология
кафедраси профессори, Ўзбекистон, Тошкент шаҳри.

Умаров Равшан Зиёвиддинович,

Тошкент врачлар малакасини ошириш институти
оториноларингология кафедраси ассистенти
Ўзбекистон, Тошкент шаҳри.

Хамраева Гавхар Хусановна,

Тиббиёт фанлари бўйича фалсафа доктори,
Тошкент врачлар малакасини ошириш институти,
офтальмология кафедраси ассистенти,
Ўзбекистон, Тошкент шаҳри

COVID 19 DA KŮRUV AʼZOLARININING RINOSINUSOGEN ETIOLOGIYALI TROMBOEMBOLIK ASORATLARINI TAʼXHISLASH

АННОТАЦИЯ

Каверноз синуси тромбози – юз соҳаси, орбита, кулок, бурун ёндош бўшлиқлари ва оғиз бўшлиғи инфекциясининг оғир асоратларидан биридир. Ушбу маколанинг максоди COVID 19 асоратлари бор беморларда каверноз синуси тромбози клиник ҳолатларини таҳлил қилиш. COVID 19 фонидаги каверноз синус тромбози таххисли 2 та клиник ҳолатнинг таҳлили ўтказилди. Умумий офтальмологик текширувлар (визометрия, ташқи кўрик, қорачикнинг ёруғликка сезгирлигининг текшируви, офтальмоскопия, кўз ички босимини пальпатор текшируви), бош мия ва кўкрак қафасини МРТ ва МСКТ текшируви, умумий қон анализи, коагулограмма, қонни биохимик текшируви ўтказилди. Бу клиник ҳолатлар каверноз синусининг тромбози коронавируснинг асорати бўлиб ривожланганлини кўрсатди. Каверноз синусининг тромбози ривожланишига бурун ёндош бўшлиқларининг яллиғланиши, қоннинг

куюклашиши, қандли диабет сабаб бўлди. Беморларда ёндош касалликлар ва иммун ҳолатнинг пасайиши, полиорган етишмовчилиги ўлим ҳолатига сабаб бўлди.

Калит сўзлар: коронавирус инфекцияси, каверноз синуси тромбози, офтальмоскопия, бурун ёндош бўшлиқлари синусити.

Introduction. Cavernous sinus thrombosis is one of the most severe infections of the face, orbit, ear, paranasal sinuses and oral cavity. Cavernous sinuses are formations located at the base of the skull and their role is to drain blood from the facial veins. Cavernous sinus thrombosis most often develops as a complication of furuncles of the vestibule of the nose (50%), sphenoidal or ethmoidal sinusitis (30%) and odontogenic infections (10%). Complications of viral infections, including coronavirus infection, can develop cavernous sinus thrombosis.

Non-infectious causes of cerebral vein and venous sinus thrombosis can be localized and general. Traumatic brain injury, tumors, head and neck surgery, and implantation of a pacemaker or central venous catheter are most commonly mentioned. Common diseases that contribute to thrombosis of the cerebral veins and venous sinuses include conditions such as hemodynamic disorders (e.g., congestive heart failure, dehydration), blood disorders (polycythemia, sickle cell anemia, thrombocytopenia), and coagulopathy (with disseminated intravascular coagulation syndrome), deficiency of antithrombin, protein C and protein S), as well as thrombophilic conditions associated with pregnancy, childbirth and taking oral contraceptives, antiphospholipid syndrome, systemic vasculitis. Moreover, in 15% of cases, the cause of the development of sinus thrombosis remains unclear [5].

Complications of cavernous sinus thrombosis include meningoencephalitis, brain abscess, stroke, blindness. However, the variety of clinical manifestations, as well as the difficulties in diagnosing this pathology, often impede the establishment of the correct diagnosis.

For practicing ophthalmologists, the issues of predicting thromboembolic complications of Covid 19, the search for the most informative signs that allow determining the outcome of the disease with a high degree of reliability are becoming especially relevant. Therefore, it becomes obvious the need to search for new informative methods to study visual functions for accurate, early and differential diagnosis of thromboembolic complications of the organ of vision in Covid 19.

Purpose of the study. Analysis of clinical cases of carotid-cavernous sinus (TCS) thrombosis in patients with complications of COVID 19.

Materials and methods. An analysis of 2 clinical cases with the diagnosis of TCS against the background of COVID 19 was carried out. General ophthalmological research methods (visometry, external examination, the study of pupillary reactions, ophthalmoscopy, palpation measurement of intraocular pressure), MRI, MSCT of the brain and chest, complete blood count were carried out, coagulogram, biochemical blood test.

Results. Under our supervision there was a patient Kh.A., born in 1958, who complained of headache, dizziness, pulsating noise in the head, intensifying towards night, severe pain in the right eye, redness and swelling of the right eye, squint to the nose, double vision when looking to the left and loss of vision, drooping of the upper eyelid, difficulty in nasal breathing.

From the anamnesis of the disease - 7 days ago, he tested positive for coronavirus infection. The patient was treated in a special hospital, took anticoagulant, antibacterial and anticonvulsant therapy. Despite the treatment, the patient developed covid pneumonia and cavernous sinus thrombosis. 2-3 days ago, the patient developed pain in the right side of the head, pain behind the eyeball on the right, drooping of the upper eyelid, photophobia, decreased vision of the right eye. The patient suffers from diabetes mellitus, ischemic heart disease, hypertension, chronic hemisinusitis on the right.

Upon admission, the general condition of the patient is severe. Arterial pressure 100/80, pulse 96 beats per minute. A vision of the right eye is absent (zero), of the left eye 1.0. There is pronounced edema of the periorbital tissue, more in the inner corner, and there is also a pulsating noise, exophthalmos, ptosis, complete ophthalmoplegia, no reposition of the eyeball, chemosis, corneal edema. On the fundus of the optic nerve disc pale, edematous, the borders are blurred, the

retina is swollen, the vessels are narrowed, in the macular region there is a "cherry bone symptom". The left eye was normal.

A complete blood count showed neutrophilic leukocytosis and an increase in the erythrocyte sedimentation rate up to 23 mm/h. On the coagulogram, the activated partial thromboplastin time is 30.5 (a week ago it was 22.6), fibrinogen 11.24 (norm 2.00-4.00 g / l), PTI 75, thromboplastin time 12.2 sec. (norm 10-14 sec), international normalized ratio 1.28 (norm 0.8-1.2), thrombin time 16.0 sec (norm <30 sec).

In a biochemical blood test, blood sugar 16.26 mmol / l (norm 3.3-6.02), urea 11.8 mmol / l (norm 1.7-8.30), creatinine according to Jaffa 220.4 mmol / l (norm 61.8-123.7). Test positive for Covid 19.

MRI of the brain: MRI signs of an area of pathological intensity in the retrobulbar fatty tissue on the left (inflammatory infiltrate?). Moderate atrophy of the frontotemporal regions on both sides. Indirect signs of intracranial hypertension. Left-sided sinusitis. Parietal hyperplasia of the mucous membranes of the sphenoidal and ethmoidal sinuses.

The patient was admitted to an infectious diseases hospital, consulted by an ENT doctor. High doses of intravenous and parabolbar antibiotics, diuretics, desensitizing drugs were prescribed. Performed right-sided endoscopic infundibulotomy with sanitation of the paranasal sinuses, ethmoidotomy, frontotomy, sphenotomy under intravenous anesthesia. The patient developed multiple organ failure (cardiac, pulmonary, renal), despite the ongoing therapy, the disease ended in death.

The cause of cavernous sinus thrombosis in this clinical example was inflammation of all paranasal sinuses, blood clots and coronavirus infection.

Second clinical case. Patient M.M. Born in 1967. On October 31, 2020, she was admitted to the intensive care unit of the Tashkent Medical Academy (TMA) in a serious condition. From the anamnesis, the patient was treated for covid pneumonia in a specialized hospital for 1 month. After complex treatment, the patient's condition improved. After being discharged from the hospital on the way home, the patient's condition deteriorated sharply. The patient was admitted to the TMA. From the anamnesis, the patient suffers from diabetes mellitus.

The patient's complaints on admission to the lack of vision in the right eye, swelling of the upper eyelid and face on the right side. Objectively: edema of the right upper eyelid, lack of eyeball movement in full, exophthalmos, lack of object vision, edema and cyanosis of the face on the right side. On the fundus, the optic disc is pale, edematous, the borders are indistinct, there is no physiological excavation, the arteries are narrow, the veins are dilated, and peripapillary retinal edema.

The patient underwent MRI of the brain. Conclusion: MRI signs of vascular encephalopathy, with the presence of multiple small ischemic foci, atrophy of the frontotemporal regions on both sides. Signal inhomogeneity of the right cavernous sinus (thrombosis?). Ectasia of the right facial vein. Diffuse edema of the soft tissues of the orbit and facial area on the right. MSCT examination of the brain revealed CT signs of vascular encephalopathy with atrophy of the frontotemporal regions on both sides. Pansinusitis.

The patient was consulted by an ENT doctor, ophthalmologist, neurosurgeon, maxillofacial surgeon, infectious disease specialist. Complex therapy was prescribed, despite the ongoing therapy, the outcome was fatal.

Due to thrombosis of the cavernous sinus, stagnation of the facial and superior orbital veins developed in this clinical case. The cause of cavernous sinus thrombosis was inflammation of all the paranasal sinuses, blood clots, coronavirus infection and concomitant diseases.

Conclusion. Thus, the main diagnostic criteria for cavernous sinus thrombosis are characteristic clinical symptoms (ptosis, exophthalmos, conjunctival chemosis, complete ophthalmoplegia, edema of the optic nerve head), laboratory data (neutrophilic leukocytosis, increased erythrocyte sedimentation rate, increased blood sugar changes), MRI data of the brain (increased signal intensity from the altered sinus).

These clinical examples show that cavernous sinus thrombosis develops as a complication of coronavirus infection. The cause of cavernous sinus thrombosis was inflammation of the paranasal sinuses, dry blood, diabetes mellitus. The cause of death was the development of multiple organ failure due to concomitant diseases and a decrease in patients' immune status.

Reference

1. Bogoch II, Watts A, Thomas-Bachli A, Huber C, Kraemer MUG, Khan K. Potential for the global spread of a novel coronavirus from China. *Journal of Travel Medicine*. 2020;27(2):taaa011. <https://doi.org/10.1093/jtm/taaa011>
2. Arshad Ali S, Baloch M, Ahmed N, Arshad Ali A, Iqbal A. The outbreak of Coronavirus Disease 2019 (COVID-19)-An emerging global health threat. *Journal of Infection and Public Health*. 2020;13(4):644-646. <https://doi.org/10.1016/j.jiph.2020.02.033>
3. Seah I, Agrawal R. Can the Coronavirus Disease 2019 (COVID-19) Affect the Eyes? A Review of Coronaviruses and Ocular Implications in Humans and Animals. *Ocular Immunology and Inflammation*. 2020;28(3):391-395. <https://doi.org/10.1080/09273948.2020.1738501>
4. Loon SC, Teoh SC, Oon LL, Se-Thoe SY, Ling AE, Leo YS, Leong HN. The severe acute respiratory syndrome coronavirus in tears. *The British Journal of Ophthalmology*. 2004;88(7):861-863. <https://doi.org/10.1136/bjo.2003.035931>
5. Qing H, Li Z, Yang Z, Shi M, Huang Z, Song J, Song Z. The possibility of COVID-19 transmission from the eye to the nose. *Acta Ophthalmologica*. 2020; 98(3):e388. <https://doi.org/10.1111/aos.14412>
6. Lu CW, Liu XF, Jia ZF. 2019-nCoV transmission through the ocular surface must not be ignored. *Lancet*. 2020;395(10224):e39. [https://doi.org/10.1016/s0140-6736\(20\)30313-5](https://doi.org/10.1016/s0140-6736(20)30313-5)
7. Sun CB, Wang YY, Liu GH, Liu Z. Role of the Eye in Transmitting Human Coronavirus: What We Know and What We Do Not Know. *Frontiers in Public Health*. 2020;8:155. <https://doi.org/10.3389/fpubh.2020.00155>
8. Dockery DM, Rowe SG, Murphy, MA, Krzystolik MG. The Ocular Manifestations and Transmission of COVID-19: Recommendations for Prevention. *The Journal of Emergency Medicine*. 2020; S0736-4679(20)30398-X. <https://doi.org/10.1016/j.jemermed.2020.04.060>
9. Shetty R, D'Souza S, Lalgudi VG. What ophthalmologists should know about conjunctivitis in the COVID-19 pandemic? *Indian Journal of Ophthalmology*. 2020;68(5):683-687. https://doi.org/10.4103/ijo.ijo_869_20
10. Khavandi S, Tabibzadeh E, Naderan M, Shoar S. Corona virus disease-19 (COVID-19) presenting as conjunctivitis: atypically high-risk during a pandemic. *Contact Lens and Anterior Eye: the Journal of the British Contact Lens Association*. 2020;43(3):211-212. <https://doi.org/10.1016/j.clae.2020.04.010>
11. Li JO, Lam DSC, Chen Y, Ting DSW. Novel Coronavirus disease 2019 (COVID-19): The importance of recognising possible early ocular manifestation and using protective eyewear. *The British Journal of Ophthalmology*. 2020; 104(3):297-298. <https://doi.org/10.1136/bjophthalmol-2020-315994>
12. Xia J, Tong J, Liu M, Shen Y, Guo D. Evaluation of coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection. *Journal of Medical Virology*. 2020;92(6):589-594. <https://doi.org/10.1002/jmv.25725>
13. Wu P, Duan F, Luo C, Liu Q, Qu X, Liang L, Wu K. Characteristics of Ocular Findings of Patients With Coronavirus Disease 2019 (COVID-19) Hubei Province, China [published online ahead of print, 2020 Mar 31]. *JAMA Ophthalmology*. 2020;138(5):575-578. <https://doi.org/10.1001/jamaophthalmol.2020.1291>
14. Karimi S, Arabi A, Shahraki T, Safi S. Detection of severe acute respiratory syndrome Coronavirus-2 in the tears of patients with Coronavirus disease 2019. *Eye (London, England)*. 2020;34 (7):1220-1223. <https://doi.org/10.1038/s41433-020-0965-2>

15. Jean SS, Lee PI, Hsueh PR. Treatment options for COVID-19: The reality and challenges. *Journal of Microbiology, Immunology, and Infection*. 2020;53(3):436-443. <https://doi.org/10.1016/j.jmii.2020.03.034>

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ

UZBEK MEDICAL JOURNAL

№1 (2021)

Editorial staff of the journals of www.tadqiqot.uz

Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz

ООО Тадqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Тел: (+998-94) 404-0000