

**CLINICAL CASE OF SEVERE CORONAVIRUS INFECTION IN A PATIENT ON THE BACKGROUND OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE.**

**Dilfuza Ruzievna Zakirova**  
**Gulnoza Karimovna Kayumova**  
**Shahnoza Rustamovna Akramova**  
**Shahlo Orifovna Barotova**

*1Republican Scientific Center for Emergency Medical Aid of the Bukhara branch.*

*2Bukhara State Medical Institute named by Abu Ali Ibn Sina*

Purpose of the study. Description of a clinical case of coronavirus infection caused by COVID-19 (confirmed) of extreme severity in a patient with chronic obstructive pulmonary disease (COPD).

Materials and methods. Case history of a 53-year-old patient with chronic obstructive pulmonary disease with exacerbations, who developed a severe form of coronavirus infection COVID-19.

Results and discussion. Patient M., 53 years old, with severe concomitant pathology (Chronic obstructive pulmonary disease in the acute stage. Bronchitic form) was admitted to the Department of Emergency Cardiology and Therapy No. 2 on June 22.06. 2021 with complaints of severe weakness, dyspnea at rest, headache, dry cough, an increase in body temperature to 38-39 C with chills, pain and heaviness in the chest, more on the right. Objectively: The condition is severe, due to intoxication syndrome, respiratory failure II-III degree, concomitant pathologies. The skin and visible mucous membranes are dark, hot to the touch. Turgor of tissues is reduced. Nasal breathing is free, with inflation of the wings of the nose. In the lungs, breathing is weakened in all fields of auscultation, the participation of the intercostal spaces and the diaphragm in breathing is noted. BH 29 per minute. Muffled heart sounds, rhythmic. HELL 100/60 mm Hg Heart rate 112 beats per minute. SpO2 (breathing is maintained humidified. O2) - 91%, without oxygen 70%. The abdomen is soft, painless. The liver is painless on palpation. The spleen is not palpable. The tapping symptom is weakly positive on both sides. Peripheral edema in the lower third of the leg from the moment of admission. Radiography of the OGK from 23.06.2021

Conclusion: The pulmonary fields are emphysematous, the roots of the lung are expanded, deformed. Caseous pneumonia is noted on the right. Bilateral (viral COVID-19) pneumonia? The result of the analysis for Covid-19

from PCR smears from the nasal cavity and oropharynx: from 23.06.2021 - doubtful. From 28.06.2021

Conclusion: COPD, caseous pneumonia. X-ray negative dynamics. exclude viral (COVID-19) pneumonia. The result of the analysis for Covid-19 from 22.06.2021 - found.

Output. In a patient with severe concomitant pathology in the form of Chronic Obstructive Pulmonary Disease (COPD), a new coronavirus infection (COVID-19) was characterized by extensive lung damage, including disseminated lesion, severe hypoxia with a decrease in oxygen saturation up to 70%), severe multiple organ failure.

### DATA OF AUTHORS:

Zakirova Dilfuza Ruzievna - therapist of Emergency Cardiology and Therapy № 2 Department of Bukhara branch of Republican Scientific Center for Emergency Medical Care

Kayumova Gulnoza Karimovna - therapist of Emergency Cardiology and Therapy № 2 Department of Bukhara branch of Republican Scientific Center for Emergency Medical Care.

Akramova Shahnoza Rustamovna - therapist of Emergency Cardiology and Therapy № 2 Department of Bukhara branch of Republican Scientific Center for Emergency Medical Care.