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CLINICAL CHARACTERISTICS OF CORONAVIRUS INFECTION IN YOUNG PEOPLE, DEPENDING ON GENDER

Relevance. Despite the fact that the SARS-Cov-2 virus causes acute respiratory syndrome, coronavirus disease can manifest itself in various symptoms, not limited to pulmonary ones (5). Since the outbreak of the new coronavirus pandemic in 2019, there has been increasing evidence of neurological complications associated with COVID-19 (1,3).

It is safe to say that the clinical picture of neurological diseases and syndromes caused by coronavirus infection corresponds to our usual ideas, in contrast to the results of neuroimaging and laboratory methods of follow-up examination [2,4]. Of course, additional studies on large groups of patients are needed to definitively understand the mechanisms of development of complications, the degree of their association with COVID-19, and the development of treatment and subsequent rehabilitation regimens.

The purpose of the study. To identify differences in clinical coronavirus infection in young people depending on gender.

Research materials and methods. The study included 159 young patients aged 18 to 44 years (mean age 31.9±12.1 years) with postcovoid syndrome (PKS). The patients were divided into two groups: Group I consisted of 53 women (41.1%), group II 76 men (58.9%), the gender index was 1.4:1.0 in favor of men. The control group (KG) included healthy individuals comparable to those in the main group in terms of gender and age characteristics (n=20; average age 32.4±7.3 years; gender index 1.0:1.2).

The diagnosis of post-covid syndrome is included in the International Classification of Diseases (ICD-10), heading code U09.9 "Condition after COVID-19, unspecified", which also includes post-covid condition. (Emergency use ICD codes for COVID-19 disease outbreak).

The patients were observed in the neurological and therapeutic departments of the Andijan Regional Hospital. All patients included in the study voluntarily participated in all procedures provided for in the study protocol and received information about the results of the examination.

During the comprehensive clinical examination of patients, generally accepted clinical examination of somatic and neurological statuses, laboratory, ultrasound and neuroimaging methods were used, as well as formatted documentation with detailed descriptions of complaints, anamnestic information, subjective and objective signs of the disease, and data from paraclinical studies.

Statistical processing of the results of clinical and instrumental studies of our patients was carried out using methods of variational statistics in the Microsoft Office Excel-2019 software package.

Discussion of the results. The distribution of patients depending on the severity of the coronavirus infection is shown in Table 1. As for the distribution of the severity of coronavirus infection (CVI) in groups, the table shows that there were more patients with moderate to severe course in the group of men, and the proportion of severe CVI was significantly higher compared to women.

Thus, in group I, 25 (47.2%) patients had a history of mild COVID-19, 22 (41.5%) patients had an average severity, and 6 (11.3%) patients had a severe severity. In group II, patients with

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moderate to severe severity were significantly more common - 40 (52.6%) and severe – 14 (18.4%) compared with group I (Table 1).

The clinical course of the new coronavirus infection COVID-19 has revealed features characteristic of varying degrees of severity of the disease. With a mild course of the disease, the temperature rise was no higher than 380C, and there were no criteria for a moderate and severe course of the disease.

Table 1

Distribution of patients with hypertension depending on the severity of the coronavirus infection.

Groups		**The course of COVID-19**		
		easy	**medium-heavy**	**heavy**
Group I women, n=53	abc	25	22	6
	%	47,2%	41,5%	11,3%
Group II men, n=76	abc	22	40	14
	%	28,9%	52,6%	18,4%
Total, n=129	abc	47	62	20
	%	36,4%	48,1%	15,5%

It is important to note that with mild severity of COVID-19, clinical, laboratory and radiation manifestations of the disease were not accompanied by lung damage according to CT data. With the average severity of the disease, verified in the patient, the body temperature rose above 380C, the respiratory rate increased above 22 respiratory movements per 1 minute, shortness of breath was noted, a decrease in hemoglobin oxygen saturation below 95%, and characteristic signs of viral lung damage were detected according to CT data.

The most common clinical manifestation of the new coronavirus infection was fever, which was observed in 113 (87.6%) patients. Dry cough in the presented sample of COVID-19 patients was observed in 111 (86.0%) patients, and productive cough – in 28 (21.7%). Anosmia as a symptom of COVID-19 was observed in 34 (26.4%) patients, hyposmia - in 52 (40.3%) patients. There were some differences in these indicators in the groups: weakness, shortness of breath were more common in women (group I), fever, dry cough, productive cough, hyposmia were more common in men (group II).

Asthenic syndrome was detected in all the examined patients in the form of pronounced weakness, patients complained of feeling tired without physical or emotional stress. Figure 1 shows the severity of asthenic syndrome in points (0-no asthenia, 5 - severe asthenia).

The structure of clinical manifestations in the acute period of the disease in the examined patients is shown in Table 2. As can be seen from this table, in general, patients were more likely to have mild ARVI (83.7%) and pneumonia without acute respiratory failure (33.3%). Women were more likely to have mild acute respiratory viral infections and pneumonia without acute respiratory failure compared with female patients. Men were more likely to have more severe manifestations of the disease - Sepsis, septic (infectious and toxic) shock, DIC syndrome, thrombosis and thromboembolism.

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In 41 patients with diagnosed pneumonia, the clinical picture was characterized by shortness of breath, varying degrees of severity, dry, debilitating cough, and weakness. The severity of the main clinical symptoms (shortness of breath, cough, sputum, weakness) was assessed on a developed scale from 0 to 3 points. Shortness of breath: does not bother – 0 points, with significant physical exertion - 1 point, with minor physical exertion – 2 points, at rest – 3 points. Cough: does not bother – 0 points, rare – 1 point, episodes during the day -2 points, almost constant – 3 points. Sputum: none – 0 points, mucosa – 1 point, mucopurulent - 2 points, purulent – 3 points. The main clinical manifestations of the disease are presented in Table 3.

In almost all of the 41 patients with lung damage, the main complaint was shortness of breath at rest and during exercise, and coughing. At the same time, 19 21.8% of people had a dry cough that turned into a productive one.

The level of dyspnea in women was higher than in men (3.1±0.3 points versus 2.5±0.3 points, respectively), which indicates that women, due to their physiological parameters, had a lower fever. The same situation was observed in terms of scores like cough.

The SpO2 level in group I was 90.9=2.2%, which was higher than the SpO2 level in group II 86.5=1.0%. Saturation level indicators.

During auscultation at the beginning of the study, harsh breathing was heard in 18.3% of people, weakened breathing in 45.0% of people, and dry wheezing was heard in 38.3% of people. 87.0% of male patients had dry wheezing, 83.9% of women.

Comorbid diseases were also studied in patients. Among the examined patients, 80.0% of patients had concomitant diseases, of which a significant proportion of the examined patients had 3 or more different concomitant pathological conditions.

Comorbid conditions were more common in women, and the spectrum of diseases was wider than in men. The degree of comorbidity (Charlson's comorbidity Index, scores) in women was very significant - the average and severe degree of the comorbidity index together was 28.3%, in men the degree of comorbidity was significantly lower.

The average number of concomitant diseases per hospitalized patient was 3.6±0.9. We have established the dependence of the average number of concomitant diseases among patients with cystic fibrosis on the gender and age of the patients.

Among the comorbid conditions was metabolic syndrome. When examining the body mass index in patients, it was found that in women it averaged 31.2, which is significantly lower than the BMI in men – the average value in men is -26.3 ($p<0.05$)

Conclusions. Comorbid conditions were more common in women, and the spectrum of diseases was wider than in men. The degree of comorbidity (Charlson's comorbidity Index, scores) in women was very significant - the average and severe degree of the comorbidity index together was 28.3%, in men the degree of comorbidity was significantly lower. There were more patients with moderate course in the group of men.

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