

CLINICAL SIGNIFICANCE OF DIFFERENT TYPES OF ADAPTATION REACTIONS IN TUBERCULOUS SPONDILITIS

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Introduction. Spinal tuberculosis remains one of the most severe and disabling forms of extrapulmonary tuberculosis. According to various studies, osteoarticular tuberculosis accounts for up to 50–70% of all forms of extrapulmonary tuberculosis [8,9]. The development of tuberculous disease in the spine is accompanied by bone destruction, the formation of deformities, abscesses, and spinal cord compression, which in some cases leads to severe neurological complications [8,10].

Objective: To determine the types of adaptive reactions and their clinical significance in patients with complicated spinal tuberculosis.

Materials and Methods: The study was conducted from 2016 to 2023 at the Bukhara Regional Specialized Scientific and Practical Medical Center for Phthiology and Pulmonology in the Bone Department. The study included 98 patients aged 20 to 76 years with spinal tuberculosis (45 men and 53 women). The control group consisted of 20 apparently healthy individuals, including 18 women and 2 men, aged 21 to 53 years. The assessment of clinical characteristics included an analysis of the distribution of patients by gender and age, as well as the localization of the tuberculous process in the spine. The functional state of the body was assessed by the types of adaptive reactions and the initial vegetative background using the method of L. Kh. Garkavi (1990) based on the leukocyte count.

Results: In the majority of examined patients, tense and stressful types of adaptive responses predominated: tense activation response ($29.6 \pm 4.2\%$), tense training response ($27.6 \pm 3.9\%$), and stress response ($22.4 \pm 3.5\%$). In the control group, on the contrary, physiological forms predominated: training response (35%) and activation response (55%). Such changes reflect a pronounced overstrain of regulatory systems, a decrease in the body's adaptive reserves, and a shift in the autonomic balance toward hypersympathicotonia.

Thus, it can be noted that women are slightly more likely to develop the disease than men, especially in older age groups. This may be due to hormonal and metabolic changes in women during menopause, as well as increased vulnerability of bone tissue and decreased immune defense. Meanwhile, in men, the disease is more common in the active working age group (40–49 years), which may reflect the influence of physical activity and stress factors.

Based on these data, it can be concluded that tuberculous spondylitis is more common in older patients (especially those over 40 years of age), and there is also a slight predominance of women. These factors must be taken into account when assessing the course of the disease and its clinical features.

Conclusion: Patients with complicated spinal tuberculosis exhibit decreased adaptive capacity, autonomic imbalance, and depletion of the body's functional reserves. These changes negatively impact the effectiveness of combination therapy. Assessing the types of adaptive responses allows for an objective determination of the body's functional state and can serve as

an important clinical and prognostic criterion in the management of patients with spinal tuberculosis.

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