

FEATURES OF THE COURSE AND SPREAD OF TENIARINCHOSIS DISEASE.

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**Abstract:** Teniarinchosis can manifest with various clinical signs, ranging from mild symptoms to severe manifestations that pose a risk to life, after the full development of the helminth. Often, the only sign of invasion is the detection of cattle segments in the stool or their independent exit through the anus, which is accompanied by unpleasant sensations and the development of neurotic disorders in the patient. Knowledge of the epidemiology of teniarinchosis, age-related clinical characteristics, treatment, and prevention methods is crucial for maintaining public health. Compliance with hygiene standards and proper meat processing can prevent this disease.

**Keywords:** Invasion, parasitic diseases, teniarinchosis, prevention, intestines, meat.

**Relevance of the Topic:** Teniarinchosis is a biogelminthosis characterized by symptoms of damage to the digestive tract and toxic-allergic reactions. It can manifest as nausea, abdominal pain, irregular stools, increased appetite, and weight loss, as well as independent expulsion of parasite segments through the anus, along with asteno-vegetative and neurotic syndromes, and rashes. The diagnosis of teniarinchosis is based on epidemiological history, coproscopy, perianal scraping, and radiography of the small intestine.

teniarinchosis is a chronic protozoan disease caused by the intoxication and dyspeptic disorders induced by tapeworms. It is widely distributed across all continents but is particularly prevalent in regions with developed livestock farming, such as Central and South Africa, South America, Australia, the Eastern Mediterranean, Southeast, and Central Asia, as well as Mongolia and China. teniarinchosis often has an epidemic spread in rural areas. People who consume fresh or inadequately heat-processed beef are often infected with the helminth. Women tend to get infected more often than men, primarily due to the preparation of raw or semi-raw meat. Among men, butchers, meat processing plant workers, and chefs are more frequently affected. The peak of teniarinchosis infections typically occurs during mass slaughtering of livestock (usually in autumn and winter). Children are less likely to be infected than adults.

Teniarinchosis when a person is infected by the cattle tapeworm—*Taeniarhynchus saginatus*—which can grow to lengths of 4-6 meters, and sometimes even 10-12 meters. The helminth's body (strobilus) consists of a head (scolex) with four well-developed suckers and 1,000 to 2,000 segments (proglottids). Each segment can contain up to 150,000 round eggs with pre-formed larvae (oncospheres). The life cycle of the beef tapeworm involves two hosts: the intermediate host (cattle) and the definitive host (humans). The adult beef tapeworm parasitizes the intestines of humans for a long period (up to 20 years), serving as a source of environmental contamination with eggs containing oncospheres. Workers who care for livestock (milkmaids, calves, livestock workers, shepherds) face the highest risk. The last segments of the helminth are expelled actively through the anus or passively through feces. This leads to widespread contamination of pastures, cattle, and feed fields. The eggs of the helminth are sensitive to solutions of chlorine and carbolic acid (they die within a few hours), but under external conditions, they can survive for up to one month. When contaminated feed is consumed, the helminth eggs enter the digestive tract of cattle and settle in the muscle tissues, where

they develop into infectious larvae—cysticerci containing the mature protoscolex. The viability of the cysticerci in the muscles lasts for 1-3 years. Human infection with teniarinxoz occurs through the consumption of inadequately heat-processed or salted beef. Under the influence of gastric juice and bile, the protoscolex emerges from the cysticercus and attaches firmly to the intestinal wall via its suckers, leading to the development of the parasite. After 2.5-3 months of strobilization, the adult helminth develops. Typically, only a single individual of the beef tapeworm parasitizes in the intestines of a human.

In adults, teniarinchosis often presents with mild symptoms or may be asymptomatic. However, the following symptoms may be observed in some cases: asteno-vegetative symptoms, such as memory impairment, irritability, and mood swings; dyspeptic symptoms like abdominal pain, vomiting, and irregular stools; and neurological symptoms, including occasional convulsive muscle twitching and bruxism (teeth grinding). Many patients may exhibit mild symptoms, leading to a delay in diagnosis.

In children, the clinical presentation of teniarinchosis can be more pronounced and severe compared to adults. Symptoms that are more frequently observed include asteno-vegetative symptoms like memory impairment, irritability, and mood swings; dyspeptic symptoms such as abdominal pain, vomiting, and irregular stools; and neurological symptoms like occasional convulsive muscle twitching and bruxism. Additionally, growth and developmental delays may occur, indicating a more severe clinical presentation in children.

**Conclusion:** Preventing teniarinchosis involves a combination of medical and veterinary measures. To identify infected individuals, surveys are conducted annually among livestock workers, their family members, slaughterhouse staff, meat processing plant workers, and chefs. If necessary, deworming and disinfection of the identified helminths are carried out, and those recovered from teniarinchosis are monitored for 6 months under dispensary observation. Sanitary and epidemiological monitoring aims to protect the environment from contamination by parasitic eggs. Studying the health of the population entails removing raw beef from the diet and thoroughly inspecting meat before cooking, as well as ensuring adequate heat treatment of meat products. Cysticerci in animals are identified through veterinary-sanitary examinations, and sanitation and veterinary promotion campaigns are conducted among the population.

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