

ISSN 2181-7812

TOSHKENT TIBBIYOT AKADEMIYASI
AXBOROTNOMASI



ВЕСТНИК
ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

№12
2023

TOSHKENT

СОДЕРЖАНИЕ

ОБЗОРЫ

Ахмедов Т.Б., Юсупов А.Ф., Каримова М.Х., Солиев Т.Ю., Собиров О.О., Содиков А.М. ПАТОЛОГИЯ СО СТОРОНЫ ОРГАНА ЗРЕНИЯ У ПАЦИЕНТОВ С ХРОНИЧЕСКИМИ ЗАБОЛЕВАНИЯМИ ПЕЧЕНИ	8
Zakirkhodzhaev R.A., Makhmudov R.Sh. VIOLATION OF OPHTHALMOTONUS IN ENDOCRINE OPHTHALMOPATHY	13
Кадырова Ш., Каримова М.Х. СЕТЧАТКА – «ОРГАН-МИШЕНЬ» ПРИ АРТЕРИАЛЬНОЙ ГИПЕРТОНИИ?	15
Камилов Х.М., Зайнутдинов Н.Н. ИСТОРИЯ РАЗВИТИЯ ФАКИЧНОЙ ХИРУРГИИ В РЕСПУБЛИКЕ УЗБЕКИСТАН	18
Karimova M.H., Abdullaeva S.I., Hodjahanova D.K., Gafarova D.D. BA`ZI GENETIK KASALLIKLARDA KERATOKONUSNI RIVOJLANISHI	21
Khodjayeva Z.A., Karimova M.X. GENETIC FACTORS ON THE COURSE OF THE DISEASE IN A NEOVASCULAR FORM OF AGE RELATED MACULODYSTROPHY	23
Маматхужаев М.С., Каримова М.Х. КОМПЬЮТЕРНЫЙ ЗРИТЕЛЬНЫЙ СИНДРОМ	26
Махкамова Д.К. ВЗГЛЯДЫ НА ЭТИОПАТОГЕНЕЗ АТЕРОСКЛЕРОЗА СОСУДОВ ОРГАНА ЗРЕНИЯ	28
Ubaydullaev S.O., Karimova M.Kh. REVIEW OF FACTORS INFLUENCING THE IOL CALCULATION IN CATARACT SURGERY IN POST VITRECTOMY EYES	30
Умарова Н.О., Юсупов А.Ф., Джамалова Ш.А. ИСТОРИЯ СТАНОВЛЕНИЯ ЛАЗЕРНОЙ ТРАБЕКУЛОПЛАСТИКИ ПРИ ОТКРЫТОУГОЛЬНОЙ ГЛАУКОМЕ	32
Хайдаров Ш.Ш., Махкамова Д.К., Абдиназаров Д.А. ПОРАЖЕНИЕ ЗРИТЕЛЬНОГО НЕРВА ПРИ ПОСТКОВИДНОМ СИНДРОМЕ	34
Юсупов А.Ф., Ходжаев Д.Х. АНОФТАЛЬМИЧЕСКИЙ СИНДРОМ. СОВРЕМЕННЫЕ ВЗГЛЯДЫ	37
КЛИНИЧЕСКАЯ МЕДИЦИНА	
Абдуллаева С.И., Каримова М.Х., Вахабова Н.Т., Закирходжаева М.А., Ходжаханова Д.К. РОЛЬ ПОЛИМОРФИЗМА RS1800629 ГЕНА TNF- α В ПРОГРЕССИРОВАНИИ ДИАБЕТИЧЕСКОЙ РЕТИНОПАТИИ У БОЛЬНЫХ САХАРНЫМ ДИАБЕТОМ 2-ГО ТИПА	40
Абдусаматова Р.А., Юсупов А.Ф., Каримова М.Х., Тимуров М.Н. ОЦЕНКА КАЧЕСТВА ЖИЗНИ ПОСЛЕ ИМПЛАНТАЦИИ ИНТРАОКУЛЯРНОЙ ЛИНЗЫ С ЖЕЛТЫМ ФИЛЬТРОМ У ПАЦИЕНТОВ С ВОЗРАСТНОЙ МАКУЛЯРНОЙ ДЕГЕНЕРАЦИЕЙ	42
Амирян А.Г., Саакян С.В. ОСОБЕННОСТИ КЛИНИЧЕСКОГО ТЕЧЕНИЯ, ДИАГНОСТИКИ И ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ БОЛЬНЫХ С ДЕРМОИДНОЙ КИСТОЙ ОРБИТЫ	46
Асташева И.Б., Сидоренко Е.Е., Севастьянова М.К., Кузнецова Ю.Д., Тумасян А.Р., Жильцова Е.Ю. СОВРЕМЕННЫЙ ДИФФЕРЕНЦИРОВАННЫЙ ПОДХОД К ЛЕЧЕНИЮ РЕТИНОПАТИИ НЕДОНОШЕННЫХ	49
Аширматова Х.С., Гельманова Т.И., Мякушкина Р.Р. КЛИНИКО-ФУНКЦИОНАЛЬНЫЕ РЕЗУЛЬТАТЫ И РАСЧЕТ ИОЛ ПРИ ФАКОЭМУЛЬСИФИКАЦИИ КАТАРАКТЫ ПОСЛЕ ТЕРМОКЕРАТОКОАГУЛЯЦИИ	52
Билалов Э.Н., Орипов О.И., Билалов Б.Э., Ахмедов А.Д. ИСПОЛЬЗОВАНИЕ ИСКУССТВЕННОГО ИНТЕЛЛЕКТА В СКРИНИНГЕ ПАТОЛОГИИ ГЛАЗНОГО ДНА	55
Бобоев С.А., Кадилова А.М., Косимов Р.Э. ДИНАМИКА ЗРИТЕЛЬНЫХ ФУНКЦИЙ ГЛАЗ У БОЛЬНЫХ С РАСХОДЯЩИМСЯ КОСОГЛАЗИЕМ ПОСЛЕ КОМПЛЕКСНОГО ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ	58

VIOLATION OF OPHTHALMOTONUS IN ENDOCRINE OPHTHALMOPATHYZakirkhodzhaev R.A.¹, Makhmudov R.Sh.²**НАРУШЕНИЕ ОФТАЛЬМОТОНУСА ПРИ ЭНДОКРИННОЙ ОФТАЛЬМОПАТИИ**Закирходжаев Р.А.¹, Махмудов Р.Ш.²**ENDOKRIN OFTALMOPATIYADA OFTALMOTONUSNING BUZILISHI**Zokirxo'jaev R.A.¹, Makhmudov R.Sh.²¹Tashkent Medical Academy, ²Karshi branch of the Republican specialized scientific and practical center of endocrinology

Представлен несистематизированный обзор литературы по проблеме нарушений офтальмотонуса при эндокринной офтальмопатии. Освещены распространенность, патогенетические механизмы и клинические особенности нарушений офтальмотонуса при эндокринной офтальмопатии. В целом анализ литературы показывает, что повышение внутриглазного давления является одним из симптомов эндокринной офтальмопатии. Данная патология нарушает кровоснабжение глазного дна, что может привести к повышению внутриглазного давления и нарушению гидродинамики. Необходимо более глубокое изучение этого явления и его связи с развитием зрительной дисфункции.

Ключевые слова: эндокринная офтальмопатия, внутриглазное давление, нарушение офтальмотонуса.

Endokrin oftalmopatiyada oftalmotonus kasalliklari muammosi bo'yicha adabiyotlarning tizimsiz ko'rib chiqilishi keltirilgan. Endokrin oftalmopatiyada oftalmotonus kasalliklarining tarqalishi, patogenetik mexanizmlari va klinik xususiyatlari yoritilgan. Umuman olganda, adabiyotlar tahlili shuni ko'rsatadiki, ko'z ichi bosimining oshishi endokrin oftalmopatiya belgilaridan biridir. Ushbu patologiya fundusning qon ta'minotini buzadi, bu ko'z ichi bosimining oshishiga va gidrodinamikaning buzilishiga olib kelishi mumkin. Ushbu hodisani va uning vizual disfunktsiyaning rivojlanishi bilan aloqasini chuqurroq o'rganish kerak.

Kalit so'zlar: endokrin oftalmopatiya; ko'z ichi bosimi; oftalmotonusning buzilishi.

Endocrine ophthalmopathy is a disease that is accompanied by various symptoms associated with damage to the organs of vision. One of these symptoms is an increase in intraocular pressure [2,6,11]. In this article, we will look at how endocrine ophthalmopathy affects the level of intraocular pressure, pressure indicators for this disease, as well as treatment methods to eliminate this symptom.

The relationship between increased intraocular pressure and endocrine ophthalmopathy has been confirmed in a number of studies [1-3,8]. One of the reasons for the increase in pressure is a violation of blood circulation in the eyes, caused by a change in the surface of the eyeball in this disease. This can lead to a deterioration in the blood supply to the fundus and an increase in pressure inside the eye.

Purpose of the study

To study the prevalence, pathogenetic mechanisms and clinical features of ophthalmotonus disorders in endocrine ophthalmopathy based on the analysis of literature data.

Results

As a rule, the level of intraocular pressure in patients with endocrine ophthalmopathy increases. Typically, intraocular pressure ranges from 10 to 21 mm hg. art., but in patients with this disease it can reach values from 22 to 28 mm hg. art. [4,12]

Measurement of intraocular pressure is an important and necessary procedure for patients with endocrine ophthalmopathy. When this indicator goes beyond 30 mm hg. art., the patient should immediately consult a doctor [5,10].

A study published in the Journal of Clinical Endocrinology and Metabolism found that patients with endocrine ophthalmopathy have an increase in the size of the promuscular space, which may contribute to increased intraocular pressure [7,8]. The researchers noted that this mechanism may be related to the infiltration of the orbital soft tissues with immune cells and edema. In addition, this study showed that the majority of patients with increased pressure in the eyes had symptoms of endocrine ophthalmopathy against the background of an active inflammatory process.

In another study published in Graefe's Archive for Clinical and Experimental Ophthalmology, it was found that certain hormonal disorders may be associated with increased intraocular pressure in patients with endocrine ophthalmopathy. Researchers have found that levels of thyroid hormones such as thyroid stimulating hormone (TSH) and thyroxine (T4) may be associated with changes in pressure within the eye. Higher TSH levels and lower T4 levels were associated with increased intraocular pressure [2,6,13].

In one study conducted in Japan and published in the Japanese Journal of Ophthalmology, it was shown that the activation of the inflammatory process and the increase in hyaluronic acid in the orbital tissues can cause increased intraocular pressure in patients with endocrine ophthalmopathy. Researchers have highlighted the role of inflammatory cytokines such as interleukin-6 (IL-6) and tumor necrosis factor alpha (TNF- α) in stimulating the expression of hyaluronic acid in orbital fibrous cells. This can lead to increased pressure inside the eye by increasing tissue volume and compressing the optic nerve [2,4,8].

Usually, the treatment of elevated intraocular pressure in patients with endocrine ophthalmopathy is aimed at eliminating the cause of the disease. The use of special ointments, drops and tablets is recommended. Surgical treatment may also be used if drug therapy does not give the desired effect [2,5,11,12].

One of the medications widely used to treat elevated intraocular pressure is beta-blockers. They prevent the deterioration of the blood supply to the eyeball and reduce intraocular pressure. As an alternative method of treatment, drugs aimed at relieving swelling and inflammation can be used [2,5,6].

It has been established that one of the most important principles for the treatment of endocrine ophthalmopathy is the time at which therapy is started. A decrease in intraocular pressure, carried out as soon as possible, prevents the development of deep and persistent damage to the membrane of the eye and other eye diseases. However, before starting treatment, it is necessary to consult a doctor and get recommendations on the use of medications [1,3,6,7,9,10].

Conclusion

Thus, an increase in intraocular pressure is one of the symptoms of endocrine ophthalmopathy. This disease disrupts the blood supply to the fundus, which can lead to symptoms such as increased intraocular pressure. For its treatment, doctors recommend the use of drug therapy, drugs aimed at relieving swelling and inflammation, as well as surgery in cases where drug therapy is not effective. However, before starting treatment, it is necessary to consult a doctor in order to choose the optimal method of treatment and dosage of medications.

References

1. Дравица Л.В., Садовская О.П., Шестакова Н.А. Особенности гидродинамики глаз у пациентов с различными формами эндокринной офтальмопатии // Офтальмология. Восточная Европа. – 2018. – Т. 8, №2. – С. 198-205.
2. Лихванцева В.Г., Коростелева Е.В., Руденко Е.А. и др. Динамика офтальмотонуса у пациентов с эндокринной офтальмопатией на фоне лечения болезни Грейвса // Глаукома. – 2013. – №4. – С. 52-61.
3. Лихванцева В.Г., Харлап С.И., Коростелева Е.В. и др. Гемодинамические нарушения в магистральных сосудах глаза и орбиты при эндокринной офтальмопатии как фактор риска развития оптической нейропатии // Глаукома: Нац. журн. – 2014. – №3 (13).
4. Kamboj A., Lause M., Kumar P. Ophthalmic manifestations of endocrine disorders-endocrinology and the eye // Trans. Pediatr. – 2017. – Vol. 6, №4. – P. 286-299.

5. Barbesino G., Salvi M., Freitag S.K. Future Projections in Thyroid Eye Disease. // The Journal of clinical endocrinology and metabolism. – 2022. – Vol. 107 (Suppl. 1). – P. S47-S56.

6. Betzler A., Kaijun B. et al. Intraocular Pressure and Glaucoma in Thyroid Eye Disease // Ophthal. Plast. Reconstr. Surg. – 2022. – Vol. 38, №3. – P. 219-225.

7. Gautam Adhikari P., Shrestha G.B. Evaluation of Intraocular Pressure in Thyroid-associated Orbitopathy // J. Nepal. Health Res. Counc. – 2022. – Vol. 19, №4. – P. 824-829.

8. Gumińska M., Klysik A., Siejka A., Jurowski P. Latanoprost is effective in reducing high intraocular pressure associated with Graves' ophthalmopathy // Klin. Oczna. – 2014. – Vol. 116, №2. – P. 89-93.

9. Likhvantseva V.G., Korosteleva E.V., Rudenko E.A., Vygodin V.A. The study of autoimmune orbital inflammation role in the development of ocular hypertension // Глаукома: Нац. журн. – 2014. – Vol. 1, №13. – P. 6-12.

10. Mallika P., Tan A., Aziz S. et al. Thyroid associated ophthalmopathy – a review // Malaysian family physician: the official journal of the Academy of Family Physicians of Malaysia. – 2009. – Vol. 4, №1. – P. 8-14.

11. Mishra Sh. et al. Clinical Management and Therapeutic Strategies for the Thyroid-Associated Ophthalmopathy: Current and Future Perspectives // Curr. eye Res. – 2020. – Vol. 45, №11. – P. 1325-1341.

12. Norris J.H., Ross J.J., Kazim M. et al. The effect of orbital decompression surgery on refraction and intraocular pressure in patients with thyroid orbitopathy // Eye (L.). – 2012. – Vol. 26, №4. – P. 535-543.

13. Ohtsuka K. Intraocular pressure and proptosis in 95 patients with Graves ophthalmopathy // Amer. J. Ophthalmol. – 1997. – Vol. 124, №4. – P. 570-572.

VIOLATION OF OPHTHALMOTONUS IN ENDOCRINE OPHTHALMOPATHY

Zakirkhodzhaev R.A., Makhmudov R.Sh.

This article presents an unsystematized review of the literature on the problem of ophthalmotonus disorders in endocrine ophthalmopathy. The prevalence, pathogenetic mechanisms and clinical features of ophthalmotonus disorders in endocrine ophthalmopathy were studied based on the analysis of literature data. In general, the analysis of literary sources shows that an increase in intraocular pressure is one of the symptoms of endocrine ophthalmopathy. This pathology disrupts the blood supply to the fundus, which can lead to an increase in intraocular pressure and disruption of hydrodynamics, which requires a deeper study of this phenomenon and its relationship with the development of visual dysfunction.

Key words: endocrine ophthalmopathy, intraocular pressure, violation of ophthalmotonus.