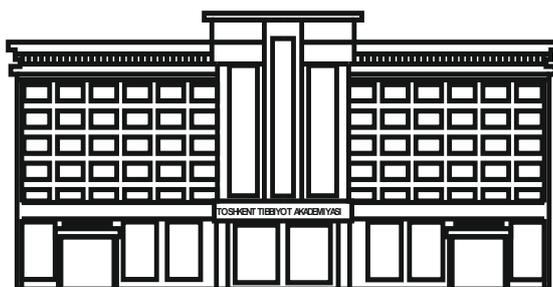


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IMPORTANCE OF PULSE-THERAPY IN PERIPHERAL VASCULAR DAMAGE IN SYSTEMIC SCLERODERMA

Bekenova G.T., Axmedova N.A., Ganiyeva N.A., Asqarov N.L., Tolipov U.U., Alimova N.Z., Hasanova Sh.A.

ЗНАЧЕНИЕ ПУЛЬС-ТЕРАПИИ ПРИ ПОРАЖЕНИИ ПЕРИФЕРИЧЕСКИХ СОСУДОВ ПРИ СИСТЕМНОЙ СКЛЕРОДЕРМИИ

Бекенова Г.Т., Ахмедова Н.А., Ганиева Н.А., Аскарров Н.Л., Толипов У.У., Алимова Н.З., Хасанова Ш.А.

TIZIMLI SKLERODERMIYADA PERIFERIK TOMIRLAR ZARARLANISHIDA PULS-TERAPIYANING ANAMIYATI

Bekenova G.T., Axmedova N.A., Ganiyeva N.A., Asqarov N.L., Tolipov O'U., Alimova N.Z., Xasanova Sh.A.

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Цель: оценка эффективности пульс-терапии при поражении периферических сосудов при системной склеродермии. **Материал и методы:** под наблюдением были 57 больных с диагнозом системная склеродермия (по классификации ACR/EULAR) с началом заболевания от 1-го года до 5 лет, получающих пульс-терапию. **Результаты:** у больных системной склеродермией пульс-терапию применяли в сочетании с базисной терапией. Предупредить осложнения, которые могут наблюдаться у больных, можно в результате подбора адекватных доз и своевременного проведения пульс-терапии. **Выводы:** при применении пульс-терапии улучшение общего состояния и ремиссия у больных наступают в более короткие сроки, чем у больных, получавших только базисную терапию.

Ключевые слова: системная склеродермия, поражение периферических сосудов, пульс-терапия, ремиссия.

Maqsad: tizimli sklerodermada periferik qon tomirlar zararlanishida puls terapiyasining samaradorligini baholash. **Material va usullar:** 1 yoshdan 5 yoshgacha bo'lgan kasallik boshlangan, puls terapiyasini olgan tizimli skleroderma (ACR/EULAR tasnifi bo'yicha) tashxisi qo'yilgan 57 nafar bemor kuzatildi. **Natijalar:** tizimli sklerodermasi bo'lgan bemorlarda puls terapiyasi asosiy terapiya bilan birgalikda qo'llanilgan. Bemorlarda yuzaga kelishi mumkin bo'lgan asoratlarning oldini olish uchun etarli dozalarni tanlash va puls terapiyasini o'z vaqtida olish mumkin. **Xulosa:** puls terapiyasidan foydalanganda, umumiy holatning yaxshilanishi va bemorlarning remissiyasi faqat asosiy terapiya olgan bemorlarga qaraganda qisqa vaqt ichida sodir bo'ladi.

Kalit so'zlar: tizimli skleroderma, periferik tomirlarning shikastlanishi, puls terapiyasi, remissiya.

Systemic scleroderma is a diffuse connective tissue disease characterized by vascular pathology in the form of progressive fibrosis and diffuse microangiopathy, resulting in Raynaud's syndrome, indurated skin changes, damage to the musculoskeletal system and internal organs [7,9]. According to WHO, the incidence rate of scleroderma varies between different geographical regions and ethnic groups [1]. Primary incidence is from 3.7 to 19 cases per 1 million populations. The general incidence rate is 19-75 cases per 100,000 populations [2]. Systemic scleroderma is 3-7 times more common in women than in men. Clinical features of the disease and the consequences of the disease are different. In limited scleroderma, the outcome of the disease is somewhat better. In diffuse scleroderma, the general condition of patients rapidly deteriorates due to damage to internal organs [3]. Damage to the digestive system in systemic scleroderma is observed in almost all patients. The esophagus, stomach, intestines, pancreas and liver are mostly affected. Even in the limited form of the disease, patients complain of disturbances in the digestive system. Peripheral vascular damage is one of the serious problems in systemic scleroderma [4]. Because the pathological processes occurring in the body as a result of vascular damage deepen. Damage to blood vessels in the primary or secondary form in systemic scleroderma leads to derailment of metabolism in the body [8,10]. The results of various non-specific laboratory tests indi-

cate the activity of the scleroderma process. It was observed that patients with vascular lesions have higher scleroderma activity and worse general condition of patients compared to others [6].

Systemic sclerosis (SSC) is an autoimmune disease of unknown etiology that is characterized by abnormal immune activation, neovascularization and vascular remodeling, eventually leading to the tissue fibrosis, affecting the skin and various internal organs [5].

Purpose of the study

Evaluation of the effectiveness of pulse therapy for peripheral vascular lesions in systemic scleroderma.

Material and methods

During the study, 57 patients with a diagnosis of systemic scleroderma (according to the ACR/EULAR classification) with the onset of the disease from 1 to 5 years (other rheumatologically patients were not identified) were treated in the cardio rheumatology and rheumatology departments of the Tashkent Medical Academy in an inpatient setting, and rheumatic diseases were treated in the Specialized Arthrological Diagnostic Clinic who applied to the hospital and were treated in an outpatient setting were included. The selected patients did not have any signs of vascular damage or stenosis in clinical or laboratory tests. In the anamnesis of the disease, he did not take various medicines for a long time due to other diseases. 3 (5.2%) of the children included in the study were male and 54 (94.7%) were female. All (100%) pa-

tients enrolled in the study were recommended UTT. 30 (52.6%) patients were prescribed basic therapy and pulse therapy, 27 (47.3%) were prescribed only basic therapy. Including sclerodactyly (92%), gastrointestinal involvement (GIT; 92%), interstitial lung disease (ILD; 50%), signs of digital ischemia (43%), telangiectasia (43%), osteolysis (27%), soft tissue calcification (20%). The median skin score was 4 [2; eight]. The following TGFs were assessed: increase in BMI >25 kg/m², hypercholesterolemia [total cholesterol (Ch)>5.1 mmol/l], AH [level of systolic arterial pressure (BP) >140 mm Hg. and diastolic blood pressure >90 mm Hg. smoking, diabetes mellitus (DM). All patients received standard vascular therapy, according to indications - glucocorticoids, immunosuppressant statins.

Results

During the study, 57 patients aged 18 to 35 years with a diagnosis of systemic scleroderma (according to the ACR/EULAR classification) (other rheumatological diseases were not identified) were treated in the cardio rheumatology and rheumatology departments of the Tashkent Medical Academy in an inpatient setting and referred to the IADK department of rheumatic diseases. patients who applied and were treated in an outpatient setting were included. The selected patients have not been diagnosed with chronic diseases in clinical or laboratory tests, and have not been taking various drugs due to other diseases for a long time in their anamnesis. 3 (5.2%) of the children included in the study were male and 54 (94.73%) were female. All (100%) of the patients included in the study were prescribed basic therapy and were fully and continuously accepted by the patients. We selected patients receiving pulse therapy in the department and examined them. Patients were re-examined every 3 months and 6 months. Patients were under constant observation.

Primary patients were selected for the study, that is, patients who were 1-5 years old at the onset of the disease and did not take basic drugs before. The results of their initial analysis were compared with the results obtained at the time of inpatient or outpatient consultation during the re-examination.

In addition to vascular damage, other internal diseases were also observed in patients. It was also observed that liver enzymes increased in our patients due to the fact that we conducted pulse therapy together with basic drugs. As a result, clinical symptoms of damage to the digestive tract and liver-biliary tract were clearly observed in patients receiving pulse therapy, such as decreased appetite, general malaise, weight loss, stuttering, nausea, flatulence, jaundice of the skin and mucous membranes, itching of the skin in 2 patients, darkening of the color of urine, discoloration of stool, pain under the epigastric and right rib cage, and a feeling of heaviness in the liver area in one patient due to the strong toxic effect of the drug occurred due to General weakness, dizziness, nausea and similar dyspeptic changes were observed in some patients who did not receive pulse therapy. We took this as a side effect of the basic medications that the patients were taking.

Since we used basic therapy together with pulse therapy and repeated pulse therapy at 3 and 6 months, we

also checked liver function. When determining cytolysis in hepatocytes, before receiving pulse therapy, only 1 patient had a higher than normal level of ALT in the blood, and after treatment, it was found that this indicator was higher in 9 patients and it was equal to 47.3yo19.6 IU/l on average. When we repeated the pulse therapy after 6 months, it was found that the level of ALT in the blood of all patients was normal, and after the treatment, this indicator was high (38.2, 46.5, 68.3 IU/l) and was equal to 24.8yo18.2 IU/l on average. 9 (69.2%) of all 13 patients who received Plaquenil (all women) had an elevated ALT level in blood analysis after treatment. The indicator was equal to 47.3yo19.6 IU/L on average. This showed that taking the Plaquenil drug has a toxic effect on the liver.

Before the pulse therapy, the amount of Gamma-GT in the blood of all patients was normal, and after the treatment, it was found that this indicator was high in 7 patients and was equal to 53.2yo26.8 IU/l on average.

In 3 (16.7%) of the patients who received Cuprenil, the level of ALT in the blood after treatment was higher than normal, on average 28.7yo16.8 IU/L. In men, this indicator is normal. Due to the small number of patients included in the study, it was considered that the assessment of gender differences in the disease by laboratory parameters is not reliable. After 3 months, it was found that before re-pulse therapy, the Gamma-GT level in the blood of all patients was normal, and after the treatment, this indicator was high in 3 patients and was equal to 38.6yo18.2 IU/l on average. After 3 months, re-pulse therapy was canceled in patients, and patients underwent angiography and dopplerography examination. 13 people (we managed to re-examine 2 men and 11 women). As a result, the vascular and internal organs of the patients improved relatively, compared to the Doppler examination, the stenosis was relatively widened. For 3 months, basic treatments were carried out. Gamma-GT content in the blood of all patients before repulse therapy was found to be high in 3 patients, and in 7 patients after the treatment, this indicator was found to be high and equal to 53.2yo26.8 IU/l on average. After 6 months, before re-pulse therapy, the amount of Gamma-GT in the blood of all patients was normal, and after the treatment, it was found that this indicator was high in 3 patients and was equal to 38.6yo18.2 IU/l on average.

After the pulse therapy, the interview was canceled in the patients. And according to the voice of the patients, the patients said that their condition is relatively better and they feel better. We told the patients to continue the basic therapy and to be under constant supervision. After 6 months, patients were canceled again pulse therapy. Before conducting pulse therapy, it was recommended that patients undergo general and biochemical blood tests.

A simple, inexpensive instrumental method - USD was used to evaluate changes in the structure of the vessel walls or the state of the tissue in general in case of vascular injury. It was found that vascular changes can be caused by medication or systemic scleroderma disease itself. It was found that damage to internal organs increases with the duration of the disease. It was found out that the used medicine has a direct effect on internal organs, especially on hepatocytes. Therefore, during the

research, the structure of the liver was studied during instrumental and laboratory tests.

In patients who underwent basic treatment and pulse therapy, the degree of stenosis of vascular damage was studied by UTT examination before and after treatment. The results showed that patients who underwent pulse therapy again in 3 months and 6 months increased the stenosis and improved blood circulation.

During the study, laboratory and instrumental examinations of the patients were carried out. According to the results, the stenosis observed in the patients increased as a result of the use of basic drugs and pulse therapy as a result of the extension of the stenosis (14% in 3 months, 26% in 6 months), the general condition of the patients improved (85%), the appetite, blood pressure and coagulogram analysis decreased to normal, we were able to achieve a relatively decrease in hardening of the skin, a relative decrease in swallowing in the patient, a decrease in frostbite in the arms and legs, and these results were proven during the study

Conclusion

1. As a result of the selection of adequate doses of pulse therapy in combination with the use of basic drugs for patients with systemic scleroderma, clinical, laboratory and instrumental changes characteristic of vascular damage occur in patients, that is, stenosis in the patient expands, and this leads to an improvement in the general condition of patients.

2. In patients with systemic scleroderma, pulse therapy was used in combination with basic therapy. It is possible to prevent complications that can be observed in patients as a result of choosing adequate doses and conducting pulse therapy in time for patients with SSC.

3. It was found that the value of pulse therapy in the systemic scleroderma disease is high, remission of patients is accelerated compared to patients who received only basic therapy, and the general condition is relatively better.

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IMPORTANCE OF PULSE-THERAPY IN PERIPHERAL VASCULAR DAMAGE IN SYSTEMIC SCLERODERMA

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Objective: To evaluate the effectiveness of pulse therapy for peripheral vascular lesions in systemic scleroderma. **Material and methods:** 57 patients diagnosed with systemic scleroderma (according to the ACR/EULAR classification) with the onset of the disease from 1 year to 5 years, receiving pulse therapy, were observed. **Results:** In patients with systemic scleroderma, pulse therapy was used in combination with basic therapy. Complications that may occur in patients can be prevented by selecting adequate doses and timely pulse therapy. **Conclusions:** When using pulse therapy, improvement in the general condition and remission in patients occurs in a shorter time than in patients who received only basic therapy.

Key words: systemic scleroderma, peripheral vascular damage, pulse therapy, remission.

