



**O'ZBEKISTON RESPUBLIKASI
SOG'LIQNI SAQLASH VAZIRLIGI**

TOSHKENT TIBBIYOT AKADEMIYASI



**«ICHKI KASALLIKLARNI DIAGNOSTIKASI
VA DAVOLASHNING DOLZARB MUAMMOLARI»
XALQARO ILMIY-AMALIY ANJUMANI
TEZISLAR TO'PLAMI**

2022 yil 17 may

**СБОРНИК ТЕЗИСОВ МЕЖДУНАРОДНОЙ
НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ
«АКТУАЛЬНЫЕ ПРОБЛЕМЫ ДИАГНОСТИКИ
И ЛЕЧЕНИЯ ЗАБОЛЕВАНИЙ
ВНУТРЕННИХ ОРГАНОВ»**

17 мая 2022 г.

ICHKI KASALLIKLAR DIAGNOSTIKASI VA DAVOLASHNING DOLZARB MUAMMOLARI:
Xalqaro ilmiy-amaliy anjumani tezislar to'plami (Toshkent, 2022 yil 17 may) / Bosh muharrir
Shadmanov A.K. – Toshkent: TTA, 2022.

Toshkent tibbiyot akademiyasida bo'lib o'tgan «Ichki kasalliklar diagnostikasi va davolashning dolzarb muammolari» xalqaro ilmiy-amaliy anjumanida taqdim etilgan tezislar ushbu to'plamdan o'rin olgan. To'plamning asosiy qismi ichki kasalliklarning dolzarb muammolarini aks ettiradi: ichki a'zolar kasalliklarini erta tashxislash, davolash va oldini olishning samarali usullarini ishlab chiqish va tadbiq etishga bag'ishlangan.

Taqdim etilgan ilmiy natijalar terapiya yo'nalishining barcha mutaxassislari uchun ilmiy va amaliy ahamiyatga ega.

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Подписано в печать 12.05.2022. Формат 60×84¹/₈. Печать офсетная.
Усл. п.л. 19. Тираж 50. Заказ № 265.

Дизайн и печать ООО «Niso Poligraf». Ташкентский вилоят, Урта Чирчикский туман,
ССГ «Ок-Ота», махалля Машъал, улица Марказий, дом 1.

EFFECT OF REBAGIT ON GASTRIC MUCOSA IN PATIENTS WITH NSAID GASTROPATHY

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Objective of the study. To study the effect of rebagit on gastric mucosa in patients with NSAID gastropathies.

Materials and methods. The study involved 72 patients aged 20–65 years. Patients of the first group – 35 patients received antisecretory therapy: pantoprazole 40 mg x 1 time daily during 14 days. Patients of the second group – 37 people, against the background of pantoprazole 40 mg x once a day for 14 days received rebagit 100 mg 3 times a day. The criteria for selection to both groups were the presence of erosive changes of gastric mucosa and fresh ulcers on endoscopic examination.

Results. The conducted research showed that patients in both groups had erosive lesions of the gastric antral mucosa according to endoscopic examination. In both groups multiple erosions and ulcers with sizes from 1 to 3 mm prevailed. Average sizes of ulcerous defects in the second

group were $1,75 \pm 0,75$ mm, in the comparison group $-1,69 \pm 0,57$ mm. After 14 days course of combined therapy (II group of patients) healing of ulcerous defects was found in 33 patients out of 37 (89,1%). In the remaining 4 patients there was marked positive endoscopic dynamics in the form of reduction of ulcer size by 2–3 times. At control esophagogastroduodenoscopy in patients of group I in 14 days from the start of treatment, complete epithelialization of erosions occurred only in 21 patients out of 35 monitored (60,2%). In 10 patients (25,8%) reduction of ulcer size in 2–3 times (on the average up to $1,4 \pm 0,6$ mm) was noted.

Conclusions: Thus, our observations demonstrate a significant reparative effect of combination therapy in the group with rebagit: epithelialization of erosions within 14 days of treatment was observed in 89,1% of patients. Our studies suggest that rebagit is an effective drug for treatment of NSAID gastropathy.

IMPACTS OF SYSTEMIC SCLEROSIS ON THE INTESTINAL TRACT AND LARGE INTESTINE OBSTRUCTION

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The aim of research. The systemic manifestations of systemic sclerosis (SSc, scleroderma) are diverse. Most prominent are abnormalities of the circulation (most notably Raynaud phenomenon) and involvement of multiple organ systems, including the musculoskeletal, renal, pulmonary, cardiac, and gastrointestinal (GI) systems, with fibrotic and vascular complications. Gastrointestinal symptoms can cause significant morbidity. The most damaged gastrointestinal organ is oesophagus, affecting 70–90%, the second is stomach, the third degree damaged GI organ bowels. The bowels are the third most commonly affected organ in SSc. In systemic scleroderma, the same process as in the skin is observed in the internal organs (heart, gastrointestinal tract, kidneys). Microcirculation is disrupted and generalized fibrosis develops. The aim of research is to assess the resulting bowel obstruction and strive preventive measures bowel obstruction due to systemic scleroderma.

Materials and methods. A 58-year-old female with systemic scleroderma presented with abdominal pain, constipation, loss of appetite, swelling of the abdomen, vomiting and can't pass gas. This patient had been suffering from systemic scleroderma since the age of 34 years. Scleroderma with giant diverticula of the colon produced the signs and symptoms of

obstruction have been presented. In radiographia have been emerged diverticula and obstruction in sigmoid colon. Thinning and weakening of the muscle wall can lead to formation of large diverticuli. The patient have been treated in surgically.

Result. We believe the obstruction in our patient was a result of multifactorial manifestations of her systemic disease. Scleroderma patients and their physicians should be aware of the possibility of colonic obstruction, as aggressive medical and surgical management may be needed to avoid significant morbidity and even mortality.

Conclusion. Colonic obstruction may occur in 0,3% patients with systemic scleroderma. In 90% of cases, obstruction in such patients is caused by colonic diverticula. In 10% of cases, due to chronic constipation or diarrhea, the intestinal wall weakness and obstruction develops over years in SSc. This 58-year-old female patient had been suffering from systemic scleroderma for 24 years. In scleroderma, there is a weakening of the gut muscles and impaired motility. This can lead to constipation. Diverticula formation is also caused by the constant intake of nonsteroidal anti-inflammatory drugs due to SSc. A patient over the age of 50 may also be the cause of diverticula. Over time, the inflammation can lead to a bowel obstruction, which may cause constipation, thin

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