

O'ZBEKISTON RESPUBLIKASI SOG'LIQNI SAQLASH VAZIRLIGI

TOSHKENT TIBBIYOT AKADEMIYASI





«ICHKI KASALLIKLARNI DIAGNOSTIKASI VA DAVOLASHNING DOLZARB MUAMMOLARI» XALQARO ILMIY-AMALIY ANJUMANI TEZISLAR TOʻPLAMI

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

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17 МАЯ 2022 ГОДА, ТАШКЕНТ

FUNCTIONAL STATE OF THE KIDNEYS IN ELDERLY PATIENTS AFTER MYOCARDIAL INFARCTION

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Objective. To identify the relationship between the functional state of the kidneys in elderly patients with myocardial infarction.

Materials and Methods. A simple observational cross-sectional study included 100 patients with a myocardial infarction more than 6 months ago, of which 86 (86%) were men and 14 (14%) were women. The mean age of the patients was 67 years. Patients were examined at the City Clinical Hospital No. 7, Department of Emergency Cardiology. All patients underwent clinical examination, which included questioning, physical and additional research methods. Anthropometric study included the measurement of body weight and height, followed by the calculation of the body mass index (BMI). Laboratory research methods were carried out according to generally accepted methods in the laboratory of the City Clinical Hospital № 7. Instrumental diagnostic methods included ECG and Doppler echocardiography (ECHO). In order to assess kidney function, the calculation method for determining GFR (eGFR) was used according to the CKD-EPI formula in ml/min/1.73 m2. The analysis of the obtained data was carried out using the spreadsheet editor MS Excel 7.0 and the statistical program STATISTICA 6.0

Results. When assessing the functional state of the kidneys in patients with a history of MI, it was found that 12 (12%) patients with eGFR over 90 ml/min/1.73 m2 had proteinuria, which corresponds to the 1st stage of CKD. 59 (59%) patients have eGFR less

than 90 ml/min 1.73 m2, while in 19 of them (19%) a decrease in eGFR in the range from 60 to 89 ml/min/1.73 m2 was associated with proteinuria, which corresponds to 2 – stage CKD, in 5 (5%) patients eGFR was in the range from 30 to 59 ml / min / 1.73 m², which corresponds to the 3rd stage of CKD

Decrease in eGFR below 30 ml/min/1.73 m², corresponding to stages 4–5 of CKD, was not detected in the examined group of patients. When eGFR was determined in patients with various CVD risk factors and signs of target organ damage, it was found that in patients after MI, in the presence of hypertension, dyslipidemia, LV hypertrophy, and proteinuria, eGFR was statistically significantly lower than in their absence. In the presence of obesity/overweight, smoking, and DM, the differences did not reach statistical significance, but had a similar trend.

Conclusion. In our study, in elderly patients with a history of myocardial infarction, the occurrence of cardiovascular risk factors depending on the functional state of the kidneys was established. It was found that more than a third of patients who underwent myocardial infarction have signs of renal dysfunction in the form of CKD stage 1–3, while the presence of CVD risk factors aggravates the severity of renal dysfunction. Assessment of the functional state of the kidneys in patients with a history of MI is important for risk stratification, as well as the choice of preventive and therapeutic measures.

ASSESSMENT OF COMPARATIVE ANALYSIS OF THE COURSE OF NON-ALCOHOLIC FATTY LIVER DISEASE IN MIDDLE-AGED AND ELDERLY PATIENTS WHO SUFFER COVID-19 THROUGH ULTRASOUND ELASTOMETRY (VIA FIBROSCAN)

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The purpose of the study. Comparative analysis of the course of non-alcoholic fatty liver disease in middle-aged and elderly patients undergoing COVID-19, study of ultrasound elastometry (via fibroscan) and assessment of liver function

Control materials and methods. The study included 94 people who did not undergo COVID-19, of which 42 (44.7%) were middle-aged 20–59 (average 36.2±3.2) years old, and 52 (55.3%) were 60–76 (65.2%) older.±4.2) patients. Of the 84 patients diagnosed with COVID-19, 34 (40.4%) were middle-aged (38.2±4.4) and 50 (59.5%) were elderly (68.4±2.2). To rule out alcoholic fatty liver disease, a medical history (periodic abstinence from alcoholic beverages) was collected and isolated through a special CAGE survey.

Diagnosed on the basis of COVID-19 PCR test. All patients involved in the study underwent ultrasound elastometry «Fibroscan» (Echosens, Paris). During the study, the practice was compared with 18 healthy individuals (ages 20–65). The data obtained were statistically processed using the Student's t – criterion, and the difference in results with R<0.05 was recognized as reliable.

Results and analysis. From our studies, accurate data on diffuse and focal pathologies in the liver were obtained. Transient waves in elastography made it possible to evaluate the elastic properties of tissue in contrast to normal. The result obtained was expressed in kilopascals and allowed to estimate the stage of the disease from F0 to F4. Meta-

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