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MEDICINE

**БИОЛОГИЯ *ва*
ТИБИЁТ
МУАММОЛАРИ**

2022 (спецвыпуск)

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

**PROBLEMS OF
BIOLOGY AND MEDICINE**

**БИОЛОГИЯ ВА ТИББИЁТ
МУАММОЛАРИ**

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И МЕДИЦИНЫ**

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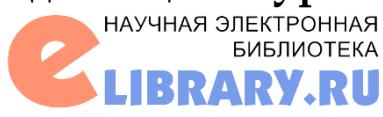
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**«ДОСТИЖЕНИЯ ФУНДАМЕНТАЛЬНОЙ,
ПРИКЛАДНОЙ МЕДИЦИНЫ И
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**76-ой Международной научно-практической
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под ред. профессора Ж.А. РИЗАЕВА

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«Современная медицина и фармацевтика: новые подходы и актуальные исследования» материалы 76-ой Международной научно-практической конференции студентов медицинских вузов и молодых учёных (г. Самарканд, 20-21 мая 2022 г.) / отв. ред. профессор **Ж.А. Ризаев**– Самарканд: СамГосМУ, 2022.

В сборнике материалов конференции опубликованы работы студентов, молодых ученых и преподавателей из медицинских учебных заведений Узбекистана, Российской Федерации, Таджикистана, Украины, Казахстана и др. В нем представлены как результаты экспериментальных исследований, так и публикации по клиническим исследованиям различных направлений: терапия, хирургия, педиатрия, акушерство и гинекология, эндокринология, неврология и др. В материалах конференции рассмотрены актуальные вопросы современной медицины. Сборник предназначен для широкого круга читателей.

MORPHOLOGICAL CHANGES IN THE TEETH OF ADOLESCENT CHILDREN WITH HYPOTIREOSIS.

Nortaeva N.A., Akhmedova S.M., Nortaev A.B.

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The purpose of the study: To study the nature of morphological changes in the hard tissues of the teeth, to determine the morphological features of caries of permanent teeth in patients with hypothyroidism. Research materials and methods: Hypothyroidism is characterized by damage to periodontal tissue, hard tooth tissue, and a decrease in the amount of saliva. The object of the study were 65 adolescents aged 11-17 years. We divided them into two groups. Groups of children with caries on teeth with hypothyroidism and groups of children without hypothyroidism. We divide them into two more groups, boys and girls. A healthy adolescent who did not have hypothyroidism formed a control group. We divide children with hypothyroidism with tooth decay into two more groups. 29 children aged 11-13 years and 36 children aged 14-17 years. We studied all the collected data on the basis of the data obtained from the outpatient card (form № 063) kept by the polyclinic nurse. Results of the study: Analysis of the data obtained showed that the prevalence and development of caries in teeth with hypothyroidism is more common in girls than in boys. In addition, the results showed that cardiological, respiratory, neurological, gastroenterological, hematological, dental changes also occurred in certain percentages. Of the children aged 11-13 years with hypothyroidism and dental caries, 23 (35%) had dental disease, gastroenterological, cardiological changes, and 2 (3%) in the control group. In 30 (46%) of children aged 14-17 years, dental diseases and cardiological changes were observed, and in 4 (6%) in the control group. Out of 65 adolescents, 49 (75%) also had negative changes in the dental system. Children with hypothyroidism have more caries on their teeth than healthy adults. This is especially true in adolescents. Our observations were consistent with the data obtained from the outpatient card kept by the polyclinic nurse (Figure № 063). As a result of the observation, it became clear that the state of hypothyroidism has entered the lives of many children in our country. If left untreated, it can have serious consequences. Children aged 11 to 17 with hypothyroidism were 5-9 times more likely to have caries in their teeth than those in the control group. Conclusion: 1. The data obtained can be used to increase the medical effectiveness of endocrinologist work. 2. Regular provision of iodine to adolescents prevents the negative effects of hypothyroidism. 3. The obtained data serve to increase the medical efficiency of the dentist's work.

PREVALENCE OF BRONCHITIS AND PNEUMONIA AMONG SCHOOL-AGE CHILDREN

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The purpose of the research: To study the prevalence and associated risk factors of bronchitis in school-age children. Materials and methods of the research: The study involved 151 children from rural residents aged 6 to 17 years. The average age and standard deviation of the studied population were 10.7 ± 3.1 years. Girls (53.0%) participated more than boys (47.0%). The prevalence of bronchitis was 17.9% (63/351). Of these, 34.9% were hospitalized with respiratory problems. The following demographic data was collected for individual factors: gender of the child; age of the child; breastfeeding; birth weight; respiratory allergies, including allergies to household dust, grain dust, pollen, trees, herbs, mold or fungus, dogs, cats or bird feathers (yes/no); and whether the mother smoked during pregnancy. Statistical analysis was performed using SPSS version 24 (IBM SPSS Statistics for Windows). Results of the research. Obese children were at a higher risk of ever being diagnosed with bronchitis compared to children without being overweight or obese. Children living in homes with signs of mold or mildew were also more likely to report bronchitis. Any respiratory allergy was a serious concomitant disease of bronchitis. There was no statistically significant difference in the prevalence of bronchitis by age, but there was a higher percentage (49.2%) of younger children (6 to 10 years old) with registered bronchitis compared to older age groups (33.3% and 17.5%). A higher proportion of children (92.1%) with bronchitis were exposed to smoking by their parents compared to children without bronchitis (85.4%). Significant predictors of increased risk of bronchitis were obesity (OR = 3.90; 95% CI = 1.81–8.39), respiratory allergy (2.29; 1.14–4.61), smoking by parents (2.97; 1.03–8.54) and signs of mold or mildew in the house (2.02; 1.09–3.74). The Hosmer and Lemeshow tests ($\chi^2 = 11.77$, degrees of freedom=8, p= 0.162) show that the number of children who have ever had bronchitis does not differ significantly from the number predicted by the model, which indicates a good fit of the model. Conclusions. There are several changeable risk factors that should be considered when studying preventive activity for bronchitis, including obesity, smoking, home mold or dampness. The high prevalence of damage caused by dampness and signs of mold or mildew in indigenous homes, combined with an apparent link to bronchitis, indicates a serious public health problem for indigenous communities.

CLINICAL-INSTRUMENTAL FEATURES OF CARDIOMYOPATHIES IN CHILDREN OF ADOLESCENT AGE

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