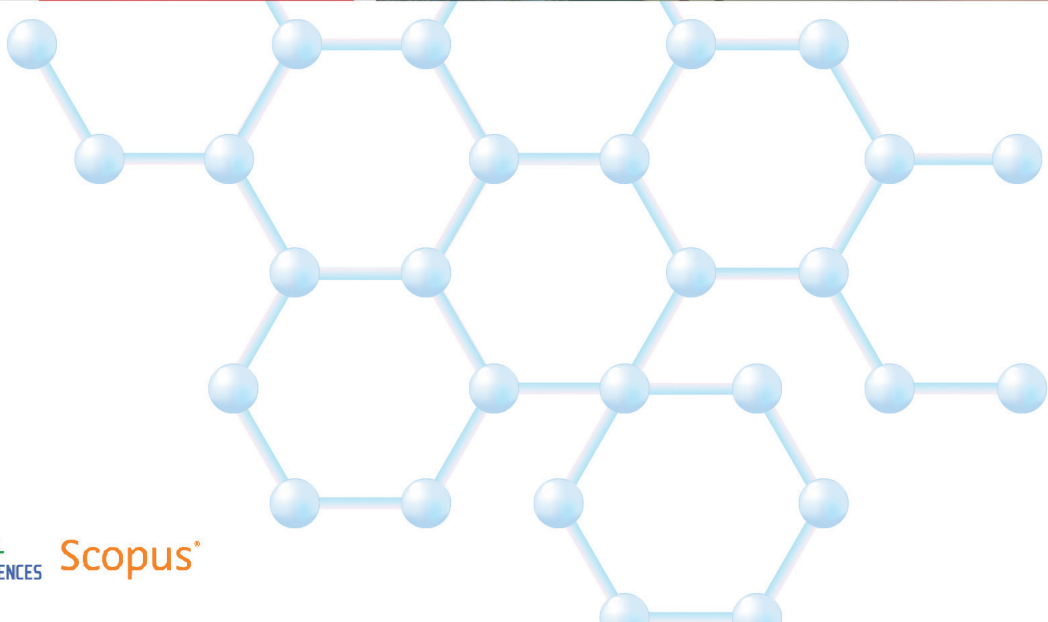


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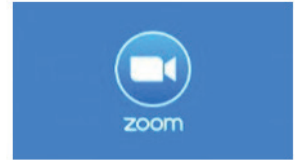
MEDICINE AND HEALTH SCIENCES VENICE 2021

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CLINICAL LABORATORY DIAGNOSTICS FORMS OF CHRONIC GLOMERULONEPHRITIS

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Summary. Diagnosis of chronic glomerulonephritis is characterized by proteinuria, albuminuria in urine analysis, erythrocytopenia in a blood test, increased leukocytosis and ECHT are of great diagnostic value for the timely detection of the disease.

Kirish. Glomerulonefrit buyrakning immun yalig'lanish kasalligi bo'lib, ko'ptokchalar bilan birga buyrak kanalchalari ham zararlanadi (Murkamilov I.T., 2017). JSST ma'lumotlariga ko'ra, glomerulonefrit bilan 1 yilda 470 ming bemor kasallanadi, shundan 400 mingga yaqini bolalardir (Ralph AP, Carapetis JR., 2013). So'nggi yillarda glomerulonefritning biopsiya natijasida aniqlangan o'zgarishlarga asosan tuzilgan tasnifidan foydalaniladi. Birlamchi tashxis umumiy belgilarga asoslanib qo'yiladi, ya'ni bel sohasida og'riq, holsizlik, bosh og'rig'i va aylanishi, dizuriya (tez va og'riqli, qizil rangli peshob ajralishi), yurak tez-tez urib ketishi, ko'ngil aynishi, ba'zan qayt qilish, qorinda og'riq (A.G.Gadayev, R.Dadabayeva, X.Raximova, 2020).

Material va tadqiqot usullari. Toshkent tibbiyot akademiyasi bolalar kardioneftrologiya bo'limida surunkali glomerulonefrit tashxisi bilan davolangan 7-11 yoshli 50ta bemor tekshirildi. Bemorlar quyidagi guruhlarga bo'lingan: 1-guruh 15 (30%) ta surunkali glomerulonefrit nefrotik shakli bilan kasallangan bemorlar, 2-guruh 27 (54%) ta surunkali glomerulonefrit gematurik shakli bilan kasallangan bemorlar va 3-guruh 8 (16%) ta surunkali glomerulonefrit aralash shakli bilan kasallangan bemorlarga. Nazorat guruhi yoshi va jinsi mos 15 nafar sog'lom bolalar olindi. Usullari: umumiy qon tahlili, umumiy peshob tahlili, albuminuriya va silindruriyani tekshirish.

Natija. 1 guruh bemorlar tekshirilganda umumiy peshob tahlilida proteinuriya $4,5 \pm 1,1$ g/l, albuminuriya $2,3 \pm 0,6$ g/l, umumiy qon tahlilida eritrositopeniya $3,2 \pm 0,4 \times 10^{12}/l$, leykositoz $12,8 \pm 1,3 \times 10^9/l$ va $35,5 \pm 3,8$ mm/soatgacha ECHT oshishi kuzatildi.

2 guruh 12 (24%) ta bemorlarida makrogematuriya kuzatilgan va umumiy peshob tahlilida proteinuriya $6,6 \pm 1,7$ g/l, albuminuriya $4,2 \pm 0,9$ g/l, umumiy qon tahlilida eritrositopeniya $2,2 \pm 0,4 \times 10^{12}/l$, leykositoz $16,4 \pm 2,8 \times 10^9/l$ va $41,3 \pm 4,8$ mm/soatgacha ECHT oshishi aniqlandi. 15 (30%) bemorda mikrogematuriya kuzatilib, proteinuriya $1,2 \pm 0,1$ g/l, albuminuriya $0,7 \pm 0,09$ g/l, eritrositopeniya $2,9 \pm 0,8 \times 10^{12}/l$, leykositoz $9,8 \pm 1,6 \times 10^9/l$ va ECHT $38 \pm 4,7$ gacha oshishi kuzatildi.

Aralash shaklida kasallangan 3 guruh umumiy peshob tahlilida proteinuriya $8,9 \pm 2,2$ g/l, albuminuriya $5,3 \pm 1,1$ g/l, umumiy qon tahlilida eritrositopeniya $1,8 \pm 0,5 \times 10^{12}/l$, leykositoz $18,7 \pm 3,7 \times 10^9/l$ va $52,3 \pm 6,5$ mm/soatgacha ECHT oshishi aniqlandi.

Xulosa. Surunkali glomerulonefrit tashxisi peshob taxlilida proteinuriya, albuminuriya kuzatilishi, qon tahlilida eritrositopeniya, leykositoz va ECHTning oshishi kasallikni o'z vaqtida aniqlash uchun katta diagnostik ahamiyatga ega.

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