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ACADEMY



**“Zamonaviy pediatriyaning dolzarb
muammolari: bolalar kasalliklari
diagnostikasining yangi imkoniyatlari”
mavzusidagi ilmiy-amaliy xalqaro anjuman
materiallari**

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Каромов М.Н., Анваров Ж.А., Бобожонов Ш.Ж., Касимов У.М. / Шартли-патоген микрофлора келтириб чиқарган ўткир диареяларнинг этиологик таркиби	49
Khudayberganova N.Kh., Akhmedova I.M. / Features of therapy helicobacter pylori infection and chronic iron deficiency anemia in children	50
Назарова М.Б., Атажанов Х.П. / Особенности экг изменений у детей при диффузном зобе щитовидной железы	51
Khudayberganova N.Kh., Akhmedova I.M. / Anemia and helicobacter pylori infection in children	52
Kurbanova D.R., Saidkhonova A.M. / Improvement of methods of treatment of allergic rhinitis in children	53
Миррахимова М.Х., Икрамова Ш.Н., Миррахимова С.Ю. / Гломерулонефрит у детей: факторы риска, течение, прогноз	54
Назарова М.Б., Атажанов Х.П. / Ассоциация железа с различными компонентами грудного молока-возможное объяснение высокой биоусвояемости его при лактации.....	55
Muminova M.I, Ruzmatova Kh.K. / The negative effects of vitamin e.....	56
Mukhamadaliyev A., Makhamatov U. / Feeding children of early age, breast milk and its child and importance to maternal health	57
Mukhamadaliyev A., Makhamatov U. / Diagnosis and treatment of respiratory diseases in children and new possibilities for prevention	58
Алиев М.М., Нематжонов Ф.З., Юлдашев Р.З., Туйчиев Г.Ў. / Распространённость билиарной атрезии у детей.....	59
Normurotova M.M. / Maktab yoshigacha bo`lgan bolalarda o`tkir obstruktiv bronxitning zamonaviy davolash usuli	60
Maxamatov U., Sobirova O. / Ona va bola salomatligidagi ahamiyati.....	61
Садиков Н., Нишанова Д., Алиев А.Л. / Цефтриаксон сульбактам и рандом антибиотик терапия у детей раннего возраста с внебольничной пневмонией	62
Sadikov N. / Blood glucose level value in children with community-acquired pneumonia.....	63
Шокирова Ф.Ж., Ризаева Ф.А. / Ретроспективный анализ заболеваемости острым лимфобластным лейкозом по данным дцгоики	64
Шокирова Ф.Ж., Ризаева Ф.А. / Ретроспективный анализ заболеваемости хроническим миелоидным лейкозом по данным дцгоики	65
Talipov R.M., Nurmetov H.T. / Features of the nutritional status of overweight school-age children	66
Maxamatov U.Sh., Tolqinov I.I. / Topical issues of early childhood nutrition	67
Usmonov S.A. / Bolalarni jismoniy rivojlanishini fizikaviy o`lchashlar orqali baholash	68

FEATURES OF THERAPY HELICOBACTER PYLORI INFECTION AND CHRONIC IRON DEFICIENCY ANEMIA IN CHILDREN

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The aim of the study: To study the pathogenetic and clinical manifestations of *H. pylori* infection in children with iron deficiency anemia (IDA), as well as to assess their possible relationship with the variants of the course of the disease, the duration of the anamnesis, gender and age of sick children.

Material and methods: 120 children infected with *H. pylori* were included in the study, which were subsequently divided into two groups. The main group consisted of 70 children infected with *H. pylori* and suffering from IDA. The children of the main group were randomly divided into two homogeneous subgroups depending on the therapy: 1a subgroup received eradication therapy (ET): amoxicillin (2 mg/kg 2 times a day), clarithromycin (7.5 mg/kg 2 times a day), esomeprazole 0.5 mg/kg 2 times a day, duration of 10 days with the transition to preparations of ferrous iron in combination with ascorbic acid at the end of the course of ET; 1b-subgroup received therapy only with preparations of ferrous iron in combination with ascorbic acid.

The control group (50 children) consisted of patients infected with *H. pylori* who received ET. *H. pylori* infection and eradication control were determined using the permeability of the intestinal wall by a non-invasive method (according to the method of Petrov V.I., Novochadov V.V., Smolenova I.V., Degteva N.V., 2003). To implement this method, the patient will be orally administered an equimolar mixture (0.025 m / l) of lactulose and mannitol at the rate of 5 ml / kg of weight. Then, urine was collected for 3 hours with further examination in the biochemical laboratory of the Pediatrics of the Ministry of Health of the Republic of Uzbekistan. Evaluation of the effectiveness of IDA correction was performed by monitoring the indicators of hemoglobin (Hb), color index, total iron binding capacity of serum, ferritin and serum iron. The children were observed in dynamics on the 14th, 28th and 56th days of treatment.

Results: An analysis of anemia performed on the 14th and 28th day of treatment of children of two subgroups showed that an earlier response to therapy was achieved in subgroup 1a. On the 28th day of treatment, the average Hb index among children of subgroup 1a was 117.8 g/l (± 29.3 g/l), among children of subgroup 1b – 104.2 g/l (± 15.6 g/l) ($p < 0.05$). By the 56th day of treatment, all sick children reached the target values, corresponding to the normal indicator of the Hb level. The dynamics of the color index on the 28th and 56th days of the study was also significant in all subgroups and consisted in an increase in this indicator by 0.09 and 0.15, respectively, in subgroup 1a - by 0.06 and 0.014, respectively, in subgroup 1b. At the same time, among the sick children of subgroup 1a, the targets were achieved by the majority of patients by the 28th day of therapy ($p < 0.05$). The effectiveness of ET was 80.0% (28 children) in subgroup 1a and 82.0% (41 children) in the control group.

Conclusion: Conducting ET for children suffering from chronic IDA allows achieving a faster response to treatment with oral iron preparations, which is confirmed by laboratory indicators.

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**“ZAMONAVIY PEDIATRIYANING DOLZARB MUAMMOLARI:
BOLALAR KASALLIKLARI DIAGNOSTIKASINING YANGI
IMKONIYATLARI”**
mavzusidagi ilmiy-amaliy xalqaro anjuman materiallari

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