



EFFECT OF ANTIAGGREGANT THERAPY ON KIDNEY FUNCTIONAL RESOURCES IN CHRONIC DISEASE

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Chronic kidney disease (CKD) is one of the growing problems among the world's population, is growing rapidly in more developed countries, and is one of the major problems of 21st century medicine. Epidemiological researches show that initial disturbances in the functional state of the kidney can prove to be problems in the cardiovascular system. Because the etiological treatment of CKD is limited, first of all, treatment measures that affect various pathogenetic mechanisms are important. The main component of pathogenetic treatment is antiaggregant therapy. Such treatment improves the coagulation properties of the blood, ball filtration and slows the progression of the disease. Therefore, modern antiaggregant means in treatment, that is, various experiments and tests on the "allthrombocepin" are of great importance. Today, due to lack of a certain amount of validated data about the efficiency of use of the allthrombocepin in the stage CKD 2—3 as the antiaggregant means, it constitutes the actuality of the scientific resources.

Objective: To compare effect of the dipyridamole and allthrombocepin on the functional renal reserve for the antiaggregant therapy in the stage 2– 3 of chronic kidney disease.

Materials and research methods: The research is based on clinical materials, laboratory tests and instrumental studies of 50 patients who are treating in the Nephrology Department of TTA III Clinic. Patients were recommended detoxification, antioxidant and electrolyte reosorbilact for complex treatment according to the scheme, in addition to the usual complex treatment, they consumed the altrombotsepin daily. On the first day before treatment, on the eleventh day after treatment, general clinical (general urine analysis, general blood test, ultrasound, Nicheporenko) and biochemical (urea, creatinine, total protein, ALT, AST, bilirubin), coagulogram, balls filtration rate were checked by the formula. SKD-EPI. Blood biochemical analysis revealed an increase in total protein in general blood from an average of 58 ± 3.7 g / l to 64 ± 2.7 g / , which





may be associated with a decrease in proteinuria, but hypoproteinemia still persists. Glycemia decreased to 6.0 ± 0.4 mmol / l . Fibrinogen levels remain within the normal range. Creatinine and urea levels decreased from 264 ± 11.1 to 254 ± 11.4 mkmmol / l and 13 ± 1.4 to 12 ± 0.9 mmol / l, respectively, It indicates a positive effect of treatment but impaired background of the renal function. This is confirmed by the fact that the filtration rate of the balls is 33.07 ml / min.

Conclusion: Long-term use of allthrombocepin in patients with chronic kidney disease leads to better preservation of renal function. In patients with well-preserved renal function, the drug Altrombosepin maintains and slows the development of CKD.

