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АКТУАЛЬНЫЕ ВОПРОСЫ СОВРЕМЕННОЙ МЕДИЦИНЫ

МЕЖДУНАРОДНАЯ КОНФЕРЕНЦИЯ МОЛОДЫХ УЧЕНЫХ

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YOSH OLIMLAR XALQARO ANJUMANI

ACTUAL PROBLEMS OF MODERN MEDICINE

INTERNATIONAL CONFERENCE OF YOUNG SCIENTISTS



ACTUAL PROBLEMS
OF MODERN MEDICINE

14 апрель 2023 года,
г.Ташкент

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When evaluating fetal cardiometry parameters, not only the absolute values of the dimensions of the heart cavities were taken into account, but also the ratio of the right and left chambers (LV/RV indices), the value of which was 1.05 and 0.91, respectively, at a gestational age of 20 weeks. According to the results of our studies, in 10 cases of an isolated defect, the average diameter of the VSD was within 4.2 ± 1.7 mm. Septal defects did not cause pronounced shifts in the indices (LV/RV - 0.9; RV/LV - 1.1) and their diagnosis can be based on the detection of pathological flows.

Thus, transabdominal echography at 16-20 weeks of gestation makes it possible to diagnose isolated VSDs in women at high risk for CHD of the fetus. Of particular importance is the collection of family and obstetric history. Assessment of the state of the fetus during an extended echographic study and the identification of abnormalities in the development of the fetus dictate the need for an extended echocardiographic study.

Conclusion: Ventricular septal defects are the most common congenital heart defects. The use of more advanced ultrasound equipment, an increase in the number of ultrasounds per woman for each pregnancy, increases the prenatal rate of detection of even minor cardiac anomalies.

ADVANTAGES AND DISADVANTAGES OF LAPAROSCOPIC APPENDECTOMY IN PREGNANT WOMEN

Zokhirov A.R.

Tashkent medical academy

Introduction. Acute appendicitis - urgent surgery during pregnancy demanding is a very important disease. Its frequency of occurrence - world statistics observed in 1:700 to 1:3000 pregnant women. Approximately this disease in about 50% of cases, this occurs in the second trimester of pregnancy, and in the remaining 50% occurs in the I and III trimesters of pregnancy [1]. When examining the patient in the supine position, from the right side to the left increased pain in the abdomen when changing position on the side (Taranenko's symptom) and increased pain when turning from the left side to the right (Alder symptom) should be taken into account.

The purpose of the study is acute appendicitis in pregnant women of course, timely diagnosis and laparoscopy performed in them is to give a conclusion by the method of appendectomy.

Materials and methods. For the last 1 year, i.e. January 1, 2022 to January 1, 2023 Clinic No. 1 in the town of Ibn Sina, Shaykhontokhur district of Tashkent 25 pregnant women applied to the hospital for treatment. In 7 of them (28%) was diagnosed with acute appendicitis. Check out other diseases below with frequency:

Results. Among them, 1 (14%) had perforated appendicitis, 6 (86%) had acute appendicitis. We calculated the state of gangrenous appendicitis. Diagnosis of acute appendicitis pregnant women in the second trimester of pregnancy aged 22 to 32 years in the age range. In 6 patients (86%) sometimes in the right lateral region with throbbing, well-localized pain, diffuse abdominal pain in 1 (14%) patient pain; fever in 6 (86%) patients; nausea in 5 (71%) patients; dysuria in 5 (71%) patients; decreased appetite was observed in 2 (28%) patients. Waist muscle tension is positive in 3 (43%) patients. UTT (ultrasound) was performed in all patients. 4 (57%) patients with a clear diagnosis of acute gangrenous appendicitis and 1 (14%) the patient was delivered with perforated appendicitis. 2 others (28%) the appendix is not visible behind the uterus in a pregnant woman. CT (computed tomography) showed a destructive appendix in these 2 patients. Anyway has a mild form of leukocytosis and anemia. Bladder catheterization made. ASA-I status was impaired in 6 (86%) patients with appendicitis, ASA-II status was given to a patient with appendicitis (14%). Anesthesiologists Hypocapnia and maternal acidosis was prevented. Fetal control and compression equipment used in patients with perforated appendicitis. All patients underwent nasogastric aspiration and intravenous administration of H₂ receptor antagonists.

2 doses of prophylactic antibiotics, acute in appendicitis, a patient with ruptured appendicitis received 6 doses. Trocar insertion dots were placed on the enlarged uterus. Pneumoperitoneum Veres needles were used for intra-abdominal pressure 10 mm. was carried out. The first 5 mm trocar was placed between the umbilicus and the wedge-shaped tumor. This is the insertion point for the optical trocar. 5 mm in all cases whether endoscopic eyepieces were used. The point of insertion of the second 10 mm trocar is on the line placed at the level of point 1 along the medial-clavicular line dextra. This is the right hand is the operating point. Point 3 (from 5 mm) along the mid-clavicular line point 1 on the left 3 sm below the level. This is the left hand working point. Insert the sharp end of the appendix carefully into the layers using the left hand puller separates. Using the harmonic scalpel at the right operating point the mesoappendix is mobilized. Drainage tube after surgery then stored for 48 hours. All patients have no problems after the operation. The urinary catheter was removed and the next day a daily diet was allowed. The response came on the 3rd day after the operation, while in a patient with perforation answered the same day. Two patients (28%) underwent a caesarean section needs. Patients were observed for 14 months after surgery, they had complaints not observed.

Conclusion. In addition, the site of the wound in open appendectomy size of spread of infection and subsequent origin of hernias creates conditions, and in this case, the birth of the fetus through the birth canal causes difficulties. Several experienced surgeons laparoscopic according to the results of practice performed in specialized centers operation is safe.

SURGICAL PRINCIPLES FOR THE TREATMENT OF LARYNGOTRACHEAL STENOSES

Zokhirov A.R.

Tashkent medical academy

Introduction. In the last 10 years, the number of patients with tracheal complications after intubation has increased significantly. As a result of chronic inflammation, manifested by the loss of the architecture of the normal structures of the tracheal wall with fibrous tissue, the function and narrowing of the airways is observed. Expanding the volume of surgical interventions in patients with pathologies of the heart, brain, and abdominal organs increases the number of intubations, and then the occurrence of postintubation stenosis increases. Most patients with stenosis are admitted to surgical hospitals of thoracic clinics in critical condition due to respiratory failure, they require urgent care. Often this is an emergency endoscopic tracheal recanalization procedure to restore adequate lung ventilation.

Purpose of work. To improve the results of therapeutic measures after resuscitation, to determine the advantage of cryosurgery methods in the process of mechanical ventilation and restoration of the tracheal cavity during dispensary observation of patients with stenosis of the trachea after tracheostomy due to early detection.

Material and inspection methods. Examinations were carried out in the patients of the Thoracoabdominal and Reanimation-Anaesthesiology departments of the Tashkent medical academy in the method of surgery and observation. From March 2016 to March 2017, there were 102 patients, their age, gender, comorbidities, operation method, what kind of stents were used during the operation, and most importantly, the general condition of the patients after the operation. it was studied to what extent it changed in a positive direction, as well as to what extent it returned to full working capacity.

Results. 17 out of 102 studied patients underwent urgent endotracheal intubation (16.7% (17/102). 82.3% (14/17) developed scar stenosis in 14 of them. Of the patients with scar stenosis, 42.8% (6/14) were female, and the remaining 57.2% (8/14) were male, with a ratio of 1.5:2. The average age of women is 50-55 years, and the average age of men is 50-60 years. A new operating method is to remove the stenotic segment and