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Тошкент

## СОДЕРЖАНИЕ

СОДЕРЖАНИЕ		
ОБЗОРЫ	REVIEWS	
Абдуазизова Н.Х., Алиева К.К., Шарапов З.А., Жаксымуратова Х.Т. МЕХАНИЗМЫ РАЗВИТИЯ И ЛЕЧЕНИЯ СТЕРОИДНОГО ОСТЕОПОРОЗА ПРИ СИСТЕМНОЙ КРАСНОЙ ВОЛЧАНКЕ	Abduazizova N.H., Aliyeva K.K., Sharapov Z.A., Zhaksymuratova H.T. MECHANISMS OF DEVELOPMENT AND TREATMENT OF STEROID OSTEOPOROSIS IN SYSTEMIC LUPUS ERYTHEMATOSUS	8
Абдурахманова Н.М., Ахмедов Х.С., Рихсиева Л.М. СОВРЕМЕННЫЕ АСПЕКТЫ АКСИАЛЬНОГО СПОНДИЛОАРТРИТА	Abdurakhmanova N.M., Akhmedov Kh.S., Rikhsieva L.M. MODERN ASPECTS OF AXIAL SPONDYLOARTHRITIS	11
Anvarxodjaeva Sh.G., Eshmurzaeva A.A., Karimov M.Sh., Xudayberganova N.X. PROGNOSTIC IMPLICATIONS OF AUTOIMMUNE THYROIDITIS IN THE CLINICAL COURSE OF RHEUMATOID ARTHRITIS	Anvarxodjaeva Sh.G., Eshmurzaeva A.A., Karimov M.Sh., Xudayberganova N.X. REVMATOID ARTRIT KLINIK KO'RINISHIDA AUTOIMMUN TIREOIDITNING PROGNOSTIK AHAMIYATI	16
Najmutdinova D.K., Miraxmedova X.T., Xudaybergenova D.X. COVID-19 BILAN KASALLANGAN QANDLI DIABET 2-TOIFA BILAN OG'RIGAN BEMORLARDA DIABETIK NEFROPATIYANING IMMUNOPATOGENETIK JIHATLARI	Najmutdinova D.K., Mirakhmedova Kh.T., Khudaybergenova D.Kh. IMMUNOPATHOGENETIC ASPECTS OF DIABETIC NEPHROPATHY IN PATIENTS WITH TYPE 2 DIABETES WHO UNDERWENT COVID-19	23
Хабиллов Б.Н., Вахобова М.Б. СПОСОБЫ ДИАГНОСТИКИ И ПРОФИЛАКТИКИ НАРУШЕНИЯ ОККЛЮЗИОННОГО ВЗАИМООТНОШЕНИЯ ЧЕЛЮСТЕЙ У ПАЦИЕНТОВ ПОСЛЕ ОРТОДОНТИЧЕСКОГО ЛЕЧЕНИЯ	Khabilov B.N., Vakhobova M.B. DIAGNOSIS AND PREVENTION METHODS OF VARIANCES OF THE OCCLUSAL CONTACTS OF THE JAWS IN PATIENTS AFTER ORTHODONTIC TREATMENT	27
Худайберганова Н.Х., Аликулов И.Т., Талипов Р.М., Нарзиев Н.М. ОСОБЕННОСТИ ЭТИОПАТОГЕНЕТИЧЕСКОГО ТЕЧЕНИЯ РЕАКТИВНОГО АРТРИТА НА СОВРЕМЕННОМ ЭТАПЕ	Khudayberganova N.Kh., Alikulov I.T., Talipov R.M., Narziev N.M. MODERN INFORMATION FEATURES OF THE ETHIOPATHOGENETIC COURSE OF REACTIVE ARTHRITIS	30
Шукурова Ф.Н., Каримов М.Ш. ВОЗМОЖНОСТИ МОЛЕКУЛЯРНОЙ ДИАГНОСТИКИ В ОЦЕНКЕ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ХРОНИЧЕСКОГО ДИФФУЗНОГО ЗАБОЛЕВАНИЯ ПЕЧЕНИ ПРИ РЕВМАТОИДНОМ АРТРИТЕ	Shukurova F.N., Karimov M.Sh. THE POSSIBILITIES OF MOLECULAR DIAGNOSTICS IN EVALUATION THE CLINICAL COURSE OF CHRONIC DIFFUSE LIVER DISEASE IN RHEUMATOID ARTHRITIS	34
КЛИНИЧЕСКАЯ МЕДИЦИНА	CLINICAL MEDICINE	
Абдуазизова Н.Х., Набиева Д.А., Хидаятова М.Х., Сагатова Д.Р., Алиева К.К., Жаксымуратова Х.Т. ЭФФЕКТИВНОСТЬ ПРЕПАРАТА НУТРИГЕП ДЛЯ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ПЕЧЕНОЧНОЙ ЭНЦЕФАЛОПАТИИ У БОЛЬНЫХ ЦИРРОЗОМ ПЕЧЕНИ	Abduazizova N.Kh., Nabieva D.A., Hidayatova M.Kh., Sagatova D.R., Aliyeva K.K., Zhaksymuratova Kh.T. EFFECTIVENESS OF NUTRIGEP FOR PREVENTION AND TREATMENT OF HEPATIC ENCEPHALOPATHY IN PATIENTS WITH LIVER CIRRHOSIS	39
Абдуллаев У.С., Дадабаева Н.А., Хамраев Х.Х., Джолдасова А.А. ОЦЕНКА РЕЗУЛЬТАТОВ ЛАБОРАТОРНО-ИММУНОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ У БОЛЬНЫХ ПСОРИАТИЧЕСКИМ АРТРИТОМ С КАРДИОВАСКУЛЯРНОЙ ПАТОЛОГИЕЙ	Abdullaev U.S., Dadabaeva N.A., Khamraev X.X., Djoldasova A.A. EVALUATION OF LABORATORY-IMMUNOLOGIC METHODS OF CARDIOVASCULAR PATHOLOGY IN PSORIATIC ARTHRITIS PATIENTS	43
Aybergenova X.Sh., Mirzaliyeva A.A., Saidrasulova G.B., Isakova E.I. TIZIMLI QIZIL BO'RICHADA RENAL KAMQONLIKNI VANOLASHDA KLINIK-LABORATOR, IMMUNOLOGIK KO'RSATKICHLARINING DIAGNOSTIK VA PROGNOSTIK AHAMIYATI	Aybergenova Kh.Sh., Mirzaliyeva A.A., Saidrasulova G.B., Isakova E.I. DIAGNOSTIC AND PROGNOSTIC VALUE OF CLINICAL, LABORATORY, IMMUNOLOGICAL INDICATORS IN THE ASSESSMENT OF RENAL ANEMIA IN SYSTEMIC LYUPUS ERYTHEMATOSUS	47
Алиахунова М.Ю. ОСТЕОАРТРИТЛИ БЕМОРЛАРДА ФОСФОР-КАЛЬЦИЙ АЛМАШИНУВИ ВА СУЯК ТЎҚИМАСИ МЕТАБОЛИЗМИ БИОХИМИК МАРКЕРЛАРИНИНГ КЎРСАТКИЧЛАРИ	Aliakhunova M.Yu. INDICATORS OF BIOCHEMICAL MARKERS OF PHOSPHORUS-CALCIUM METABOLISM AND BONE TISSUE METABOLISM IN PATIENTS WITH OSTEOARTHRITIS	51
Алиахунова М.Ю. ОСТЕОАРТРИТ БИЛАН ОФРИГАН БЕМОРЛАРДА ЖИГАРНИНГ ФУНКЦИОНАЛ ҲОЛАТИНИНГ ХУСУСИЯТЛАРИ	Aliakhunova M.Y. FEATURES OF THE FUNCTIONAL STATE OF THE LIVER IN PATIENTS WITH OSTEOARTHRITIS	55
Axmedov Kh.S., Khalmetova F.I., Abdurakhimova L.A. SPECIFIC DESTRUCTION OF THE JOINT STRUCTURE IN REACTIVE ARTHRITIS	Axmedov X.S., Xalmetova F.I., Abduraximova L.A. REKTIV ARTRITDA BO'G'IM STRUKTUR DESTRUKTSIYASINING O'ZIGA XOSLIGI	60

## PROGNOSTIC IMPLICATIONS OF AUTOIMMUNE THYROIDITIS IN THE CLINICAL COURSE OF RHEUMATOID ARTHRITIS

Anvarxodjaeva Sh.G., Eshmurzaeva A.A., Karimov M.Sh., Xudayberganova N.X.

## ПРОГНОСТИЧЕСКОЕ ЗНАЧЕНИЕ АУТОИММУННОГО ТИРЕОИДИТА В КЛИНИЧЕСКОМ ТЕЧЕНИИ РЕВМАТОИДНОГО АРТРИТА

Анварходжаева Ш.Г., Эшмурзаева А.А., Каримов М.Ш., Худайберганова Н.Х.

## REVMATOID ARTRIT KLINIK KO'RINISHIDA AUTOIMMUN TIREOIDITNING PROGNOSTIK ANAMIYATI

Anvarxodjaeva Sh.G., Eshmurzayeva A.A., Karimov M.Sh., Xudayberganova N.X.

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*Освещены различные аспекты сочетания ревматоидного артрита с аутоиммунными заболеваниями щитовидной железы (тиреоидитом Хашимото и болезнью Грейвса). Обсуждаются распространенность, генетическая предрасположенность, сходство патогенеза и клинической симптоматики, а также способность органоспецифических аутоантител (антитела к тиреопероксидазе, антитела к тиреоглобулину) и гипотиреоза влиять на течение ревматоидного артрита и риск сердечно-сосудистых осложнений.*

**Ключевые слова:** ревматоидный артрит, аутоиммунные заболевания щитовидной железы, тиреоидит Хашимото, болезнь Грейвса, антитела к тиреоидной пероксидазе, антитела к тиреоглобулину, гипотиреоз, сердечно-сосудистые заболевания.

*Adabiyotlarni ko'rib chiqishda revmatoid artritning autoimmun qalqonsimon bez kasalliklari (Hashimoto tireoiditi va Greyvs kasalligi) bilan kombinatsiyasining turli jihatlari ko'rib chiqiladi. Tarqalishi, irsiy moyilligi, patogenezi va klinik belgilarining o'xshashligi, shuningdek, organlarga xos autoantikorlarning (tireoperoksidaza antikorlari, tiroglobulin antikorlari) va gipotiroidizmning RA kursiga ta'sir qilish qobiliyati va yurak-qon tomir asoratlari xavfi ko'rib chiqiladi.*

**Kalit so'zlar:** revmatoid artrit, autoimmün tiroid kasalliklari, Hashimoto tiroiditi, Greyvs kasalligi, qalqonsimon peroksidazaga antikorlar, tiroglobulinga antikorlar, gipotiroidizm, yurak-qon tomir kasalliklari.

The co-occurrence of rheumatoid arthritis (RA) and autoimmune thyroiditis (AIT) is a fascinating clinical entity attracting substantial research interest. RA, characterized by chronic joint inflammation and autoantibody production, affects roughly 1% of the population. AIT, encompassing Hashimoto's thyroiditis and Graves' disease, also involves autoimmunity targeting the thyroid gland, with a much higher prevalence of 5-10%. The association between these two seemingly distinct autoimmune diseases raises intriguing questions about shared mechanisms, clinical implications, and potential therapeutic overlap [5].

Rheumatoid arthritis, a chronic autoimmune disease characterized by inflammatory synovitis and joint destruction, affects roughly 1% of the population. While often considered an isolated condition, RA frequently co-occurs with other autoimmune diseases, particularly autoimmune thyroiditis. AIT, encompassing Hashimoto's thyroiditis and Graves' disease, affects around 5-10% of the general population, and its association with RA has sparked significant research interest [3].

This introduction delves into the intricate relationship between RA and AIT, focusing on the potential prognostic implications of AIT in the clinical course of RA. We will explore: The prevalence and clinical characteristics of RA-AIT: How often does AIT occur in RA patients; Does it influence the presentation, severity, or extra-articular manifestations of RA; Possible mechanisms behind the RA-AIT link: What shared genetic, environmental, or immunological factors might contribute to the

co-occurrence of these diseases; Clinical implications of AIT for RA prognosis: Does AIT influence disease progression, response to treatment, or risk of complications in RA patients; Current research challenges and future directions: What limitations exist in our understanding of the RA-AIT relationship, and what research avenues hold promise for advancing our knowledge [6].

Throughout this exploration, we will critically analyze existing literature, highlighting key findings and potential controversies. Ultimately, we aim to provide a comprehensive understanding of how AIT shapes the clinical course of RA and identify critical gaps in knowledge that future research should address [4].

Additionally, consider further enriching the introduction by:

- Briefly mentioning the potential economic and social burden associated with RA-AIT compared to RA alone.
- Highlighting the importance of early diagnosis and monitoring of both RA and AIT in patients with this comorbidity.
- Underscoring the ongoing efforts to develop personalized treatment strategies that consider the presence of AIT in RA patients.
- By crafting a thorough and engaging introduction, you can set the stage for a compelling investigation into the prognostic implications of AIT in RA and its potential impact on clinical practice and research.
- Prevalence: Studies report a significantly higher prevalence of AIT in RA patients compared to the gen-

---

eral population, ranging from 10% to 30%. This suggests a strong association exceeding mere chance [2].

**Clinical Differences:** Compared to RA alone, RA-AIT patients might exhibit:

**Less severe joint damage:** Some studies suggest slower radiographic progression of joint destruction in RA-AIT, possibly due to lower pro-inflammatory cytokines; higher prevalence of extra-articular manifestations: Sjögren's syndrome, interstitial lung disease, and vasculitis seem more common in RA-AIT, indicating broader autoimmune dysregulation; increased risk of secondary amyloidosis: This rare complication of chronic inflammation appears more frequent in RA-AIT, potentially due to combined inflammatory burden.

The exact cause of the RA-AIT link remains elusive, but several possible explanations have been explored: **Genetic susceptibility:** Genome-wide association studies have identified several shared genetic loci between RA and AIT, suggesting common genetic vulnerability for both diseases. **Molecular mimicry:** Similarities between certain thyroid and joint antigens could lead to immune cross-reactivity, with antibodies targeting both tissues. **Environmental triggers:** Viral infections, smoking, and psychological stress have been implicated in the onset of both RA and AIT, suggesting they might act as common environmental triggers [1].

**Intestine microbiome dysbiosis:** Alterations in the gut microbiome composition have been linked to both RA and AIT, hinting at a potential role in immune system activation.

**Early diagnosis is crucial:** Routine screening for thyroid function in RA patients and vice versa is recommended due to the potential for subclinical involvement. Disease-specific treatment remains the mainstay: Conventional therapies like methotrexate for RA and levothyroxine for AIT are employed. **Emerging therapeutic options:** Some studies suggest immunomodulatory therapies like abatacept or rituximab might benefit both RA and AIT components, but further research is needed.

**Limitations and Future Directions:** Current research on RA-AIT is mostly observational, limiting causal inferences and definitive conclusions. Larger, prospective

studies with standardized methodologies are needed to confirm the reported clinical features and clarify the underlying mechanisms. Investigating shared therapeutic targets in RA and AIT could pave the way for personalized treatment strategies tailored to individual patients. Unraveling the gut microbiome's role in both diseases might yield novel therapeutic insights for managing both RA and AIT.

### Conclusion

The co-occurrence of RA and AIT presents a complex clinical picture with intriguing associations beyond chance. Understanding the shared mechanisms, clinical implications, and potential therapeutic avenues for this disease intersection holds significant promise for improving patient outcomes and developing personalized management strategies. Continued research in this field is crucial to unlock the secrets of this fascinating medical puzzle.

**The list of references can be found in the editorial office**

### PROGNOSTIC IMPLICATIONS OF AUTOIMMUNE THYROIDITIS IN THE CLINICAL COURSE OF RHEUMATOID ARTHRITIS

Anvarxodjaeva Sh.G., Eshmurzaeva A.A., Karimov M.Sh., Xudayberganova N.X.

*The literature review examines various aspects of the combination of rheumatoid arthritis (RA) with autoimmune thyroid diseases (Hashimoto's thyroiditis and Graves' disease). The prevalence, genetic predisposition, similarity of pathogenesis and clinical symptoms, as well as the ability of organ-specific autoantibodies (antibodies to thyroid peroxidase, antibodies to thyroglobulin) and hypothyroidism to influence the course of RA and the risk of cardiovascular complications are discussed.*

**Key words:** rheumatoid arthritis; autoimmune diseases of the thyroid gland; Hashimoto's thyroiditis; Graves' disease; antibodies to thyroid peroxidase; antibodies to thyroglobulin; hypothyroidism; cardio-vascular diseases.

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