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«МЕЖДИСЦИПЛИНАРНЫЕ ПРОБЛЕМЫ  
СОВРЕМЕННОЙ РЕВМАТОЛОГИИ» ПОСВЯЩЕННОЙ  
90-ЛЕТИЮ СО ДНЯ РОЖДЕНИЯ  
ПРОФЕССОРА ТУХТАСИН САЛИЕВИЧА САЛИЕВА

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# СБОРНИК МАТЕРИАЛОВ МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ

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*Конференция материаллари ревматологиянинг долзарб муаммолари, ревматологик касалликларни замонавий ташхислаш усуллари, даволашда замонавий инновацион ёндашувлар, коморбидлик ва мультиморбидлик муаммолари, ревматологик касалликларнинг реабилитацияси ва профилактика масалаларига бағишланган.*

**Кенг учрайдиган ва асосий ревматологик касалликларда илмий тадқиқот ишлари натижалари илмий асослаб берилган.**

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**Conclusion.** Radiological stage of OA, progression and duration are characterized by certain specific structural alterations in joints. Rise of serum cartilage oligomeric matrix protein (COMP) within pre-roentgenologic stage of OA indicates early destruction of cartilage.

## COMPLICATIONS OBSERVED IN MALE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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**Annotation.** Systemic lupus erythematosus (SLE) is a systemic connective tissue disease of an autoimmune nature, which leads to immunoinflammatory damage to internal organs, and sometimes death. According to the epidemiological study (USA, 1999–2016, n = 45 million people), in patients with SLE (n = 95 thousand, 0,21%), heart damage was recorded much more often than in the control group: rhythm disturbances and conduction - in 22% and 6%, coronary artery disease - in 13% and 4%, significant valve damage - in 11% and 2%, myocardial infarction (MI) - in 6% and 2%, pulmonary hypertension - in 2,2% and 0,2%, HF — in 1,0% and 0,2% of patients, respectively. In addition, the male gender is a risk factor for the development of cardiovascular diseases. In men, the risk of developing coronary heart disease (CHD) is about 3 times higher than in women of the same age with the same level of cholesterol.

**Purpose:** to study the features of the course of SLE in male patients and complications from the cardiovascular system (CVS).

**Methods:** for the study were studied the medical histories of 35 men with SLE who were treated inpatient at the Cardiorheumatology Department of the Tashkent Medical Academy Clinic from 2017 to the current year. The results of their therapeutic examination and diagnostic measures were analyzed. To compare the data about male patients' complications, a group of female patients was collected. **Results:** the classic risk factor for the development of cardiovascular diseases (arterial hypertension) was more often observed in older age groups of patients, but it also occurred in almost 50% of cases in young patients. Hypoxic changes in the myocardium were present in more than half of the men. It was also noted that cardiovascular lesions: valvular defects, aseptic necrosis of the femoral head, Raynaud's syndrome, stroke and heart attack, which were not observed or were rare in the female comparison group, were often observed in men.

**Conclusion:** male gender is one of the risk factors for developing cardiovascular diseases, which is even more aggravated when the patients have complications are caused by systemic disease. According to our study, it was possible to determine that men are more difficult to tolerate the disease and they can expect more serious damage to the cardiovascular system.

## ROLE OF TGF-B1 IN THE DEVELOPMENT OF DIABETIC NEPHROPATHY IN LONG COVID PATIENTS

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**Introduction** Coronavirus disease 2019 is known to be a coronavirus disease (COVID-19) is a disease caused by a new coronavirus that is now called coronavirus with severe acute respiratory syndrome (SARS-CoV-2; previously called 2019-nCoV), which was first identified during a respiratory disease outbreak in Wuhan City, Wuhan, China, Hubei province, China.

**Methods** 120 adult patients were examined: 80 patients with type 2 DM, complicated by chronic kidney disease (main group) who underwent COVID-19, and 30 patients with type 2 DM complicated by CKD who did not undergo COVID-19 (control group). COVID-19 (control group). Patients in the main group (COVID-19 in combination with DM2) and control groups (DM2) and control groups (DM2) did not differ expectedly by sex (males-7(33.3%) in each group; p=1.00), age (64.3±8.50 and 62.3±5.96 years; p=0.333), HbA1c levels (9.8±2.09 and 9.6±1.82%; p=0.670), and BMI body mass (30.7±5.15 and 29.2±5.83 kg/m<sup>2</sup>; p=0.131). Both groups had the



same number of patients with a history of DM more than 5 years (16 patients each, or 76.2%;  $p=1.00$ ). The experiment was conducted in the Tashkent Medical Academy clinic, Uzbekistan.

**Results** The main and control groups did not differ in the frequency of DM complications such as nephropathy (10 (47.6%) and 11 (52.4%);  $p=0.762$ ), retinopathy (7 (33.3%) and 11 (52.4%);  $p=0.213$ ) and polyneuropathy (16 (76.2%) and 11 (52.4%);  $p=0.110$ ). Analysis of TGF- $\beta$ 1 indices in patients with Covid-19 and diabetic nephropathy showed that tissue growth factor in this group was 1.9 times higher than normal ( $54.7 \pm 6.1$  ng/mL), compared to the control group it was 0.65 times higher ( $p < 0.05$ ). In the course of scientific research the sensitivity and specificity levels of TGF- $\beta$ 1 as diagnostic markers for early detection of CKD were determined. The results showed that TGF- $\beta$ 1 indices: sensitivity -89%, specificity -71%, AUC=0.819.

**Conclusion** of the study: In conclusion, we would like to point out that there is a need for collaborative interdisciplinary research is needed in order to obtain adequate evidence base to prove the usefulness of existing approaches and to develop new diagnostic and treatment methods. Of great importance in early the use of highly diagnostic laboratory methods in clinical practice is of great importance in early diagnosis and prevention. TGF- $\beta$ 1 as diagnostic markers for early detection of CKD were determined.

## ANALYSIS OF THE COMPLEXITY OF DIAGNOSIS IN A CLINICAL CASE OF HELLP SYNDROME

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**Abstract:** HELLP syndrome is one of the most important diseases that medical practitioners, especially gynecologists, should be knowledgeable about and able to differentiate from other obstetric illnesses, as well as rheumatologic conditions.

**Key words:** HELLP syndrome, pregnancy, third trimester, preeclampsia, risk factors, key indicators.

HELLP syndrome is a pregnancy complication that falls under the category of preeclampsia. It typically manifests during the third trimester of pregnancy, but it can also develop within the first week after childbirth (postpartum preeclampsia). The acronym HELLP stands for Hemolysis, Elevated Liver enzymes, and Low Platelet count, which are key indicators of the syndrome. The prevalence of HELLP syndrome ranges from 0.5% to 0.9%, with about 70% of cases occurring in the third trimester and 30% within 48 hours of delivery. The mortality rate for women with HELLP syndrome is reported to be between 0 and 24%, while the perinatal death rate can go up to 37%. The etiology of HELLP syndrome remains unknown, and its pathogenesis, including hepatological manifestations, is not entirely understood.

Symptoms of HELLP syndrome may become apparent during pregnancy or shortly after childbirth, such as abdominal pain, blurred vision, malaise or fatigue, edema, nausea, vomiting, and in rare cases, uncontrolled nosebleeds, seizures, or uncontrollable body shakes.

**Conclusion** HELLP syndrome is a rare but serious pregnancy complication that can lead to maternal mortality and perinatal death. Early recognition of symptoms, close monitoring, and timely medical intervention are crucial for managing HELLP syndrome and reducing associated risks.

## TREATMENT RESISTANCE SYSTEMIC LUPUS ERYTHEMATOSUS TREATED WITH BELIMUMAB (CASE REPORT)

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A 26-year-old married woman presented with complaints of dyspnoea, facial rash, hair loss, buccal ulcer in the mouth, arthralgia, swelling in the small joints of hands and non-pitting oedema on feet along with general weakness in the past 2 months, periodically palpitation and chest

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