

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2024 №2

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI
AXBOROTNOMASI



В Е С Т Н И К

ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент



Выпуск набран и сверстан на компьютерном издательском комплексе

редакционно-издательского отдела Ташкентской медицинской академии

Начальник отдела: М. Н. Аслонов

Редактор русского текста: О.А. Козлова

Редактор узбекского текста: М.Г. Файзиева

Редактор английского текста: А.Х. Жураев

Компьютерная корректура: З.Т. Алюшева

Учредитель: Ташкентская медицинская академия

Издание зарегистрировано в Ташкентском Городском управлении печати и информации

Регистрационное свидетельство 02-00128

Журнал внесен в список, утвержденный приказом № 201/3 от 30 декабря 2013года

реестром ВАК в раздел медицинских наук

Рукописи, оформленные в соответствии

с прилагаемыми правилами, просим направлять

по адресу: 100109, Ташкент, ул. Фароби, 2,

Главный учебный корпус ТМА,

4-й этаж, комната 444.

Контактный телефон: 214 90 64

e-mail: rio-tma@mail.ru

rio@tma.uz

Формат 60x84 1/8. Усл. печ. л. 9,75.

Гарнитура «Cambria».

Тираж 150.

Цена договорная.

Отпечатано на ризографе редакционно-издательского отдела ТМА.

100109, Ташкент, ул. Фароби, 2.

Вестник ТМА №2, 2024
РЕДАКЦИОННАЯ КОЛЛЕГИЯ

Главный редактор

проф. А.К. Шадманов

Заместитель главного редактора

проф. О.Р.Тешаев

Ответственный секретарь

проф. Ф.Х.Иноятова

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ

акад. Аляви А.Л.

проф. Билалов Э.Н.

проф. Гадаев А.Г.

проф. Жае Вук Чои (Корея)

акад. Каримов Ш.И.

проф. Татьяна Силина (Украина)

акад. Курбанов Р.Д.

проф. Людмила Зуева (Россия)

проф. Метин Онерчи (Турция)

проф. Ми Юн (Корея)

акад. Назыров Ф.Г.

проф. Нажмутдинова Д.К.

проф. Саломова Ф.И.

проф. Саша Трескач (Германия)

проф. Шайхова Г.И.

Члены редакционного совета

проф. Акилов Ф.О. (Ташкент)

проф. Аллаева М.Д. (Ташкент)

проф. Хамдамов Б.З. (Бухара)

проф. Ирискулов Б.У. (Ташкент)

проф. Каримов М.Ш. (Ташкент)

проф. Маматкулов Б.М. (Ташкент)

проф. Охунов А.О. (Ташкент)

проф. Парпиева Н.Н. (Ташкент)

проф. Рахимбаева Г.С. (Ташкент)

проф. Хамраев А.А. (Ташкент)

проф. Холматова Б.Т. (Ташкент)

проф. Шагазатова Б.Х. (Ташкент)

Herald TMA №2, 2024

EDITORIAL BOARD

Editor in chief

prof. A.K. Shadmanov

Deputy Chief Editor

prof. O.R. Teshayev

Responsible secretary

prof. F.Kh. Inoyatova

EDITORIAL TEAM

academician Alyavi A.L.

prof. Bilalov E.N.

prof. Gadaev A.G.

prof. Jae Wook Choi (Korea)

academician Karimov Sh.I.

prof. Tatyana Silina (Ukraine)

academician Kurbanov R.D. prof. Lyudmila Zueva (Russia)

prof. Metin Onerc (Turkey)

prof. Mee Yeun (Korea)

prof. Najmutdinova D.K.

prof. Salomova F.I.

prof. Sascha Treskatch (Germany)

prof. Shaykhova G.I.

EDITORIAL COUNCIL

DSc. Abdullaeva R.M.

prof. Akilov F.O. (Tashkent)

prof. Allaeva M.D. (Tashkent)

prof. Khamdamov B.Z. (Bukhara)

prof. Iriskulov B.U. (Tashkent)

prof. Karimov M.Sh. (Tashkent)

prof. Mamatkulov B.M. (Tashkent)

prof. Okhunov A.A. (Tashkent)

prof. Parpieva N.N. (Tashkent)

prof. Rakhimbaeva G.S. (Tashkent)

prof. Khamraev A.A. (Tashkent)

prof. Kholmatova B.T. (Tashkent)

prof. Shagizatova B.X. (Tashkent)

*Journal edited and printed in the computer of Tashkent
Medical Academy editorial department*

Editorial board of Tashkent Medical Academy

Head of the department: M.N. Aslonov

Russian language editor: O.A. Kozlova

Uzbek language editor: M.G. Fayzieva

English language editor: A.X. Juraev

Corrector: Z.T. Alyusheva

Organizer: Tashkent Medical Academy

*Publication registered in editorial and information
department of Tashkent city*

Registered certificate 02-00128

*Journal approved and numbered under the order 201/3 from 30 of
December 2013 in Medical Sciences DEPARTMENT OF SUPREME ATTESTATION*

COMMISSION

COMPLETED MANUSCRIPTS PLEASE SEND following address:

*2-Farobiy street, 4 floor room 444. Administration building of TMA.
Tashkent. 100109, Toshkent, ul. Farobi, 2, TMA bosh o'quv binosi, 4-qavat,
444-xona.*

Contact number: 71- 214 90 64

e-mail: rio-tma@mail.ru. rio@tma.uz

Format 60x84 1/8. Usl. printer. l. 9.75.

Listening means «Cambria».

Circulation 150.

Negotiable price

Printed in TMA editorial and publisher department risograph

2 Farobiy street, Tashkent, 100109.

СОДЕРЖАНИЕ		
ОБЗОРЫ	REVIEWS	
Азимова Б.Ж., Саатов Т.С. РОЛЬ АРОМАТАЗЫ В ПРОЦЕССЕ ЭСТРОГЕНОБРАЗОВАНИЯ	Azimova B.J., Saatov T.S. THE ROLE OF AROMATASE IN THE PROCESS OF ESTROGEN FORMATION	8
Алимова Н.П. МОРФОЛОГИЧЕСКИЕ И ИММУНОГИСТОХИМИЧЕСКИЕ ОСОБЕННОСТИ ЛИМФОИДНОЙ ТКАНИ ГИПЕРТРОФИРОВАННОЙ ГЛОТОЧНОЙ МИНДАЛИНЫ	Alimova N.P. MORPHOLOGICAL AND IMMUNOHISTOCHEMICAL FEATURES OF LYMPHOID TISSUE OF HYPERTROPHIED PHARYNGEAL TONSIL	12
Alikhodjaeva G.A., Matkarimov S.R., Karimov B.A. CLINICAL PICTURE, DIAGNOSIS AND TREATMENT OF CAVERNOUS MALFORMATIONS OF THE BRAIN	Alixodjaeva G.A., Matkarimov S.R., Karimov B.A. MIYANING KAVERNOZ MALFORMATSIYALARINING KLINIK KO'RINISHI, DIAGNOSTIKASI VA DAVOLASH BO'YICHA ADABIYOTLARNI KO'RIB CHIQISH	17
Ахмедов Ф.С., Зиядуллаев Ш.Х., Худойбердиев Ш.Ш., Султонов И.И. СОВРЕМЕННЫЕ АСПЕКТЫ ТЕРАПИИ БРОНХИАЛЬНОЙ АСТМЫ	Akhmedov F.C., Ziyadullaev S.H., Khudoyberdiev S.S., Sultonov I.I. MODERN ASPECTS OF BRONCHIAL ASTHMA THERAPY	29
Ахмедов Ф.С., Зиядуллаев Ш.Х., Худойбердиев Ш.Ш., Хасанов Ф.Ш. ГЕНЫ АСТМЫ КАК ПАТОГЕНЕЗ БОЛЕЗНИ: РАЗГАДКА ГЕНЕТИЧЕСКОЙ ГОЛОВОЛОМКИ	Akhmedov F.S., Ziyadullaev Sh.Kh., Khudoyberdiev Sh.Sh., Xasanov F.Sh. ASTHMA GENES AS DISEASE PATHOGENESIS: UNRAVELLING THE GENETIC PUZZLE	35
Бафоева З.О. ИЗУЧЕНИЕ РАСПРОСТРАНЕННОСТИ НЕЙРОКОГНИТИВНЫХ РАССТРОЙСТВ СРЕДИ ПАЦИЕНТОВ, ПЕРЕНЕСШИХ COVID-19	Bafoeva Z.O. STUDYING THE PREVALENCE OF NEUROCOGNITIVE DISORDERS AMONG PATIENTS WHO HAVE HAD COVID-19	39
Jamolov A.Sh., Kasimova M.B., Axmedova N.A. REVMAOID ARTRITNI DAVOLASHDA ISHLATILADIGAN DORI VOSITALARINING JIGAR HOLATIGA TA'SIRI	Jamolov A.Sh., Kasimova M.B., Axmedova N.A. THE EFFECT OF DRUGS USED FOR THE TREATMENT OF RHEUMATOID ARTHRITIS ON THE CONDITION OF THE LIVER	42
Зиядуллаев Ш.Х., Ярмухамедова Н.А., Шодиева Д.А., Кодиров Ж.Ф. ВЛИЯНИЕ ИММУНОГЕНЕТИЧЕСКИХ ФАКТОРОВ НА ПРОГРЕССИРОВАНИЕ ВИЧ-ИНФЕКЦИИ	Ziyadullaev Sh.Kh., Yarmukhamedova N.A., Shodieva D.A., Kodirov J.F. INFLUENCE OF IMMUNOGENETIC FACTORS ON THE PROGRESSION OF HIV INFECTION	45
Ибрагимов Х.И., Зиядуллаев Ш.Х., Султонов И.И., Хасанов Ф.Ш., Тошназарова Н.Ш. СОВРЕМЕННЫЕ ОСНОВЫ ИММУНОПАТОГЕНЕЗА РЕВМАТОИДНОГО АРТРИТА	Ibragimov Kh.I., Ziyadullaev Sh.X. Sultonov I.I., Xasanov F.Sh., Toshnazarova N.Sh. MODERN FOUNDATIONS OF IMMUNOPATHOGENESIS OF RHEUMATOID ARTHRITIS	52
Қаландарова Ф.С., Боймуродов Б.Т. ОРТТИРИЛГАН ИММУНИТЕТ ТАНҚИСЛИГИ СИНДРОМИНИ ЎЗБЕКИСТОН РЕСПУБЛИКАСИДАГИ ЭПИДЕМИОЛОГИК ТЕНДЕНЦИЯСИ ВА ЛАБОРАТОРИЯ ДИАГНОСТИКАСИ	Kalandarova F.S., Boymurodov B.T. EPIDEMIOLOGICAL TREND AND LABORATORY DIAGNOSTICS OF ACQUIRED IMMUNITY SYNDROME IN THE REPUBLIC OF UZBEKISTAN	57
Камилова Р.Т., Шойсупова Х.Б. СОСТОЯНИЕ ПРОБЛЕМЫ ОРГАНИЗАЦИИ И СТРОИТЕЛЬСТВА ДОШКОЛЬНЫХ ОБРАЗОВАТЕЛЬНЫХ УЧРЕЖДЕНИЙ	Kamilova R.T., Shoyusupova Kh.B. HYGIENIC ASSESSMENT OF THE BUILDING OF THE PRESCHOOL EDUCATIONAL ORGANIZATION	61
Махаматқулов Х.Э., Камиллов Ж.А. МАКТАБГАЧА ЁШДАГИ БОЛАЛАРНИНГ ПСИХОФИЗИОЛОГИК РИВОЖЛАНИШИНИ ГИГИЕНИК БАҶОЛАШ	Mahammatkulov Kh.E., Kamilov Zh.A. HYGIENIC ASSESSMENT OF PSYCHO-PHYSIOLOGICAL DEVELOPMENT OF PRESCHOOL CHILDREN	64
Набиев И.М., Садиков Р.А., Нишанов М.Ф., Абдурахмадов А.А. НЕКОТОРЫЕ ТАКТИКО-ТЕХНИЧЕСКИЕ ОСОБЕННОСТИ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ЭХИНОКОККОЗА ПЕЧЕНИ	Nabiev I.M., Sadikov R.A., Nishanov M.F., Abdurakhmadov A.A. SOME TACTICAL AND TECHNICAL FEATURES OF SURGICAL TREATMENT OF LIVER ECHINOCOCCOSIS	67
Нурматова Н.Ф., Ирсадиева Ф.Х., Хошимов А.А. БОЛАЛАРДА СУРУНКАЛИ ҚАВАРЧИҚНИНГ КЕЧИШ ХУСУСИЯТЛАРИ	Nurmatova N.F., Irsaliev F.H., Khoshimov A.A. FEATURES OF THE COURSE OF CHRONIC URTICARIA IN CHILDREN	72
Tolibov D.S., Ismatov A.N. SUBKORTIKAL INFARKT VA LEUKOENSEFALOPATIYA BILAN KESHADIGAN AUTOSOMAL DOMINANT MIYA ARTERIOPATIYASI (CADASIL SINDROMI)	Tolibov D.S., Ismatov A.N. CEREBRAL AUTOSOMAL DOMINANT ARTERIOPATHY WITH SUBCORTICAL INFARCTS AND LEUKOENCEPHALOPATHY (CADASIL SYNDROME)	78
Fozilova N.I., Khushvakova N.J. OTITIS MEDIA	Fozilova N.I., Xushvakova N.J. O'RTA OTIT	84

Эргашов А.Т., Иноятова Ф.Х., Тошимуродов Х.А. ТАБАКОКУРЕНИЕ КАК НЕГАТИВНЫЙ ФАКТОР РАЗВИТИЯ ИНТЕРСТИЦИАЛЬНОГО ЛЕГОЧНОГО ФИБРОЗА	Ergashov A.T., Inoyatova F.Kh., Tozhimurodov H.A. TOBACCO SMOKING AS A NEGATIVE FACTOR IN THE DEVELOPMENT OF INTERSTITIAL PULMONARY FIBROSIS	89
ЭКСПЕРИМЕНТАЛЬНАЯ МЕДИЦИНА	EXPERIMENTAL MEDICINE	
Абдуллаев М.М., Дубровченко А., Лобай М.В., Асилова С.У., Арипходжаев Ф.З. СРАВНИТЕЛЬНАЯ ХАРАКТЕРИСТИКА МУЛЬТИПОТЕНТНЫХ МЕЗЕНХИМАЛЬНЫХ СТРОМАЛЬНЫХ КЛЕТОК КОСТНОГО МОЗГА И ЖИРОВОЙ ТКАНИ	Abdullaev M.M., Dubrovchenko A., Lobay M.V., Asilova S.U., Ariphodzhaev F.Z. COMPARATIVE CHARACTERISTICS OF MULTIPOTENT MESENCHYMAL STROMAL CELLS OF BONE MARROW AND ADIPOSE TISSUE	92
Миртолипова М.А., Азизова Ф.Х. МОРФОГЕНЕЗ МЕЗЕНТЕРИАЛЬНЫХ ЛИМФАТИЧЕСКИХ УЗЛОВ ПОТОМСТВА, ПОЛУЧЕННОГО ОТ САМОК КРЫС С ЭКСПЕРИМЕНТАЛЬНЫМ ГИПОТИРЕОЗОМ	Mirtolipova M.A., Azizova F.Kh. MORPHOGENESIS OF MESENTERIC LYMPH NODES OF OFFSPRING OBTAINED FROM FEMALE RATS WITH EXPERIMENTAL HYPOTHYROIDISM	103
Нишанов М.Ф., Садиков Р.А., Набиев И.М., Абдурахмадов А.А. АНТИПАРАЗИТАРНАЯ ЭФФЕКТИВНОСТЬ ПРИ ВОЗДЕЙСТВИИ НА ЭХИНОКОККОВУЮ НАТИВНУЮ ЖИДКОСТЬ (ПРОТОСКОЛЕКСЫ) (ЭКСПЕРИМЕНТАЛЬНО-МОРФОЛОГИЧЕСКАЯ ОЦЕНКА)	Nishanov M.F., Sadikov R.A., Nabiev I.M., Abdurakhmadov A.A. ANTIPARASITIC EFFECTIVENESS WHEN INFLUENCED ON ECHINOCOCCAL NATIVE FLUID (PROTOSCOLEXES) (EXPERIMENTAL MORPHOLOGICAL ASSESSMENT)	107
Оқбоев З.Б., Исроилов Р.И. ЮЗ-ЖАҒ СОҶА ТЕРИСИ ЭПИДЕРМИС ВА ДЕРМА ТЎЛИҚ ШИКАСТЛАНГАН ЯРАДАГИ МОРФОЛОГИК ЎЗГАРИШЛАРГА ГЕМОБЕН КУКУНИНИ ТАЪСИРИ	Okboev Z.B., Isroilov R.I. THE EFFECT OF HEMOBEN POWDER ON MORPHOLOGICAL CHANGES IN OPEN WOUNDS OF THE MAXILLOFACIAL AREA	113
Tadjiyeva H.S., Oydinov M.X., Abdulxayev T.D. NH ₄ ZSM-5 SEOLITIDA CH ₃ SH MOLEKULALARI ADSORBSIYASINING MIKROKALORIMETRIK TANLILI	Tadzhieva Kh.S., Oidinov M.Kh., Abdulkhaev T.D. MICROCALORIMETRIC ANALYSIS OF ADSORPTION OF CH ₃ SH MOLECULES IN NH ₄ ZSM-5 ZEOLITE	118
Утепова Н.Б., Азизова Ф.Х. СТАНОВЛЕНИЕ МЕЗЕНТЕРИАЛЬНЫХ ЛИМФАТИЧЕСКИХ УЗЛОВ В ДИНАМИКЕ РАННЕГО ПОСТНАТАЛЬНОГО ОНТОГЕНЕЗА ПРИ ХРОНИЧЕСКОМ ВОЗДЕЙСТВИИ ПЕСТИЦИДАМИ ЧЕРЕЗ ОРГАНИЗМ МАТЕРИ	Utepova N.B., Azizova F.Kh. FORMATION OF MESENTERIC LYMPH NODES IN THE DYNAMICS OF EARLY POSTNATAL ONTOGENESIS UNDER CHRONIC EXPOSURE TO PESTICIDES THROUGH THE MOTHER'S BODY	123
КЛИНИЧЕСКАЯ МЕДИЦИНА	CLINICAL MEDICINE	
Алимов И.Р., Хамрокулов Б.Б., Казаков Ш.Ж., Бобоев Б.А. ЭТАП ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ МЕТАСТАТИЧЕСКИХ ОПУХОЛЕЙ ПОЗВОНОЧНИКА С ИСПОЛЬЗОВАНИЕМ РАДИОЧАСТОТНОЙ АБЛЯЦИИ	Alimov I.R., Khamrokulov B.B., Kazakov Sh.Zh., Boboev B.A. STAGE OF SURGICAL TREATMENT OF METASTATIC SPINAL TUMORS USING RADIOFREQUENCY ABLATION	126
Gulamov O.M., Ruzimatov M.Kh., Mukhamedov B.Z., Tashkenbaev F.R., Yigitaliev S.Kh. CHOICE OF THE METHOD FOR OPTIMAL PROSTHETIC PLASTY OF COMPLEX AND GIANT VENTAL HERNIAS WITH INTRA-ADOMINAL PRESSURE INCLUDED	G'ulomov O.M., Ro'zimatov M.X., Muxamedov B.Z., Tashkenboyev F.R., Yigitaliev S.X. QORIN BO'SHLIG'I BOSIMINI HISOBGA OLGAN HOLDA MURAKKAB VA GIGANT VENTRAL CHURRALARNI OPTIMAL PROTEZLASH USULINI TANLASH	130
Жумаев А.Х. СРАВНИТЕЛЬНЫЙ АНАЛИЗ КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ ПОЖИЛОГО ВОЗРАСТА СО СЪЕМНЫМИ ОРТОПЕДИЧЕСКИМИ ПРОТЕЗАМИ В БУХАРСКОЙ ОБЛАСТИ	Jumayev A.H. COMPARATIVE ANALYSIS OF THE QUALITY OF LIFE OF ELDERLY PATIENTS WITH REMOVABLE ORTHOPEDIC PROSTHESES IN BUKHARA REGION	135
Ишанкулов О.А., Курбаниязов З.Б., Зайниев А.Ф., Курбаниязов Б.З. МИНИИНВАЗИВНЫЕ ТЕХНОЛОГИИ В ХИРУРГИЧЕСКОЙ КОРРЕКЦИИ БИЛИАРНОГО ПАНКРЕАТИТА	Ishankulov O.A., Kurbaniyazov Z.B., Zayniyev A.F., Kurbaniyazov B.Z. MINIMALLY INVASIVE TECHNOLOGIES IN SURGICAL CORRECTION OF BILIARY PANCREATITIS	140
Матмуратов К.Ж., Халикова О.М., Парманов С.А., Атаджанов Т.Ш. ВОЗМОЖНОСТИ РЕКОНСТРУКТИВНО-ПЛАСТИЧЕСКИХ ОПЕРАЦИЙ НЕЙРОТРОФИЧЕСКИХ ЯЗВ У СПИНАЛЬНЫХ БОЛЬНЫХ	Matmuratov K.Zh., Khalikova O.M., Parmanov S.A., Atadzhanov T.Sh. POSSIBILITIES OF RECONSTRUCTIVE PLASTIC SURGERY FOR NEUROTROPHIC ULCERS IN SPINAL PATIENTS	144
Мирзахмедов М.М. ОСОБЕННОСТИ ВЫБОРА МЕТОДА ОПЕРАЦИИ ПРИ БОЛЕЗНИ ГИРШПРУНГА У ВЗРОСЛЫХ	Mirzakhmedov M.M. FEATURES OF CHOOSING A SURGICAL METHOD FOR HIRSCHSPRUNG'S DISEASE IN ADULTS	148



Mirrahimova M.Kh., Kurbanova D.R., Saidkhonova A.M. CLINICAL FEATURES OF COMORBID COURSE OF ATOPIC DERMATITIS WITH BRONCHIAL ASTHMA IN CHILDREN	Mirrahimova M.X., Qurbonova D.R., Saidxonova A.M. BOLALARDA BRONXIAL ASTMA BILAN ATOPIK DERMATITNING KOMORBID KURSINING KLINIK XUSUSI-YATLARI	157
Муминова Н.Х. НЕЙРОРЕАБИЛИТАЦИЯ БОЛЬНЫХ, ПЕРЕНЕСШИХ КОРОНАВИРУСНУЮ ИНФЕКЦИЮ, МЕТОДАМИ ТРАДИЦИОННОЙ МЕДИЦИНЫ	Muminova N.Kh. NEUROREHABILITATION WITH THE USE METHODS OF TRADITIONAL ORIENTAL (KOREAN) MEDICINE FOR PATIENTS AFTER CORONAVIRUS INFECTION	161
Мухтаров Ш.Т., Аюбов Б.А., Бахадирханов М.М., Назаров Дж.А., Акилов Ф.А., Мирхамидов Д.Х., Каримов О.М. ОЦЕНКА КАЧЕСТВА ЖИЗНИ БОЛЬНЫХ, ПЕРЕНЕСШИХ ОПЕРАЦИИ, В ЗАВИСИМОСТИ ОТ ВИДА ЛАПАРОСКОПИЧЕСКОГО ДОСТУПА	Muxtarov Sh.T., Ayubov B.A., Baxadixanov M.M., Nazarov Dj.A., Akilov F.A., Mirxamidov D.X., Karimov O.M. ASSESSMENT OF THE QUALITY OF LIFE OF PATIENTS UNDERGOING SURGERY, DEPENDING ON THE TYPE OF LAPAROSCOPIC APPROACH	168
Нажмутдинова Д.К., Худойберганава Ш.Ш. АССОЦИАЦИЯ ПОЛИМОРФИЗМА MET235THR ГЕНА ANGIOTЕНЗИНОГЕНА У БОЛЬНЫХ САХАРНЫМ ДИАБЕТОМ 2-ГО ТИПА С СЕРДЕЧНО-СОСУДИСТЫМИ ЗАБОЛЕВАНИЯМИ, ПЕРЕНЕСШИХ COVID-19	Nazhmutdinova D.K., Khudoyberganova Sh.Sh. ASSOCIATION OF MET235THR POLYMORPHISM OF THE ANGIOTENSINOGEN (AGT) GENE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND CARDIOVASCULAR DISEASES WHO HAVE HAD COVID-19	171
Нишонова Д.Ф., Шагазатова Б.Х., Мирхайдарова Ф.С. БРОНХИАЛ АСТМА ВА ҚАЛҚОНСИМОН БЕЗ АУТОИММУН КАСАЛЛИКЛАРИ БИЛАН КАСАЛЛАНГАН БЕМОРЛАРНИ ТАШҚИ НАФАС ФУНКЦИЯЛАРИНИ БАҲОЛАШ	Nishonova D.F., Shagazatova B.Kh., Mirkhaidarova F.S. ASSESSMENT OF RESPIRATORY FUNCTIONS IN PATIENTS WITH BRONCHIAL ASTHMA AND AUTOIMMUNE THYROID DISEASES	175
Polatova D.S., Alimov I.R., Hamrokulov B.B., Savkin A.V., Murodova D.S., Kazakov Sh.J. UMURTOQALARNING ONKOLOGOK ZARARLANISHIDA JARROHLIK DAVOLASH TAKTIKASI	Polatova D.S., Alimov I.R., Khamrokulov B.B., Savkin A.V., Murodova D.S., Kazakov Sh.J. TACTICS OF SURGICAL TREATMENT FOR ONCOLOGICAL LESIONS OF THE VERTEBRAE	180
Ризаев Ж.А., Курбаниязов З.Б., Саидов З.Б., Абдурахманов Д.Ш. СРАВНИТЕЛЬНЫЙ АНАЛИЗ ЭФФЕКТИВНОСТИ РАЗЛИЧНЫХ СПОСОБОВ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ВАРИКОЦЕЛЕ	Rizaev J.A., Kurbaniyazov Z.B., Saidov Z.B., Abduraxmanov D.Sh. COMPARATIVE ANALYSIS OF THE EFFICIENCY OF DIFFERENT METHODS OF SURGICAL TREATMENT OF VARICOCELE	184
Рустамов Ф.Х., Назиров П.Х. ЧАСТОТА ОСЛОЖНЕНИЙ ПРИ ЭНДОПРОТЕЗИРОВАНИЯ ТАЗОБЕДРЕННОГО СУСТАВА У БОЛЬНЫХ ТУБЕРКУЛЕЗНЫМ КОКСИТОМ	Rustamov F.Kh., Nazirov P.Kh. FREQUENCY OF COMPLICATIONS DURING HIP ARTHROPLASTY IN PATIENTS WITH TUBERCULOUS COXITIS	188
Сагдиев З.Х., Садилов А.А. ВЛИЯНИЕ ПСИХОЭМОЦИОНАЛЬНОГО ВЫГОРАНИЯ ПАРАЛИМПИЙЦЕВ НА ИХ СПОРТИВНЫЕ ДОСТИЖЕНИЯ	Sagdiev Z.Kh., Sadikov A.A. THE INFLUENCE OF PSYCHO-EMOTIONAL BURNOUT OF PARALYMPIC ATHLETES ON THEIR SPORTING ACHIEVEMENTS	192
Султанов А.М., Кадырбеков Р.Т., Алтыбаев У.У. ОЦЕНКА РЕЗУЛЬТАТОВ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ОПУХОЛЕЙ МОСТМОЗЖЕЧКОВОГО УГЛА ГОЛОВНОГО МОЗГА	Sultanov A.M., Kadirbekov R.T., Altibaev U.U. EVALUATION OF THE RESULTS OF SURGICAL TREATMENT OF TUMORS IN THE AREA OF THE CEREBRO-CEREBELLAR ANGLE OF THE BRAIN	195
Файзиев О.Я., Сатвалдиева Э.А., Юсупов А.С. СРАВНИТЕЛЬНОЕ ИЗУЧЕНИЕ РАЗНЫХ ВАРИАНТОВ АНЕСТЕЗИИ ПРИ ТРАНСРЕКТАЛЬНОЙ РЕЗЕКЦИИ ТОНКОЙ КИШКИ ПРИ БОЛЕЗНИ ГИРШПРУНГА У ДЕТЕЙ	Fayziev O.Ya., Satvaldieva E.A., Yusupov A.S. COMPARATIVE STUDY OF DIFFERENT ANESTHESIA OPTIONS FOR TRANSRECTAL RESECTION OF THE SMALL INTESTINE FOR HIRSCHSPRUNG'S DISEASE IN CHILDREN	198
Хайдарова Д.Д., Ташкенбаева Э.Н. ОСОБЕННОСТИ ТЕЧЕНИЯ И СОВРЕМЕННЫЕ МЕТОДЫ ДИАГНОСТИКИ ХРОНИЧЕСКОЙ ОБСТРУКТИВНОЙ БОЛЕЗНИ ЛЕГКИХ И ЕЕ СОЧЕТАНИЕ С COVID-19 ПНЕВМОНИЕЙ	Khaidarova D.D., Tashkenbaeva E.N. FEATURES OF THE COURSE AND MODERN METHODS OF DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND ITS COMBINATION WITH COVID-19 PNEUMONIA	202
Xasanova M.A., Nurov A.R. SUD-TIBBIY MUNOSABATLARIDA SOCHLARNI TEKSHIRISHNI BA'ZI ASPEKTLARI	Khasanova M.A., Nurov A.R. SOME ASPECTS OF HAIR EXAMINATION IN FORENSIC RELATIONSHIPS	207
Хурсанов Ё.Э., Абдурахманов Д.Ш. ОСОБЕННОСТИ НЕНАТЯЖНОЙ ГЕРНИОАЛЛОПЛАСТИКИ В ХИРУРГИЧЕСКОМ ЛЕЧЕНИИ УЩЕМЛЕННЫХ ВЕНТРАЛЬНЫХ ГРЫЖ	Khursanov Yo.E., Abduraxmanov D.Sh. FEATURES OF TENSION-FREE HERNIOALLOPLASTY IN SURGICAL TREATMENT OF STARGED VENTRAL HERNIA	211
Шагазатова Б.Х., Мирхайдарова Ф.С., Нишонова Д.Ф. БРОНХИАЛ АСТМА БИЛАН КАСАЛЛАНГАН БЕМОРЛАРДА ҚАЛҚОНСИМОН БЕЗ ҲОЛАТИНИ БАҲОЛАШ	Shagazatova B.Kh., Mirkhaidarova F.S., Nishonova D.F. ASSESSMENT OF THYROID STATUS IN PATIENTS WITH BRONCHIAL ASTHMA	216

CLINICAL FEATURES OF COMORBID COURSE OF ATOPIC DERMATITIS WITH BRONCHIAL ASTHMA IN CHILDREN

Mirrahimova M.Kh., Kurbanova D.R., Saidkhonova A.M.

КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА КОМОРБИДНОГО ТЕЧЕНИЯ АТОПИЧЕСКОГО ДЕРМАТИТА С БРОНХИАЛЬНОЙ АСТМОЙ У ДЕТЕЙ

Миррахимова М.Х., Курбанова Д.Р., Саидхонова А.М.

BOLALARDA BRONXIAL ASTMA BILAN ATOPIK DERMATITNING KOMORBID KURSINING KLINIK XUSUSIYATLARI

Mirrahimova M.X., Qurbonova D.R., Saidxonova A.M.

Tashkent medical academy

Цель: сравнительный анализ клинико-иммунологических показателей у детей с atopическим дерматитом и с коморбидным течением atopического дерматита бронхиальной астмой. **Материал и методы:** под нашим наблюдением были 50 детей с коморбидным течением atopического дерматита, наблюдаемых нами в 2017-2019 гг., и 30 детей, больных atopическим дерматитом. **Результаты:** atopический дерматит с бронхиальной астмой встречается преимущественно у мальчиков до 5-летнего возраста. У 60,9% детей раннего возраста наблюдалось тяжелое течение atopического дерматита с бронхиальной астмой. При коморбидном течении atopическом дерматита с бронхиальной астмой высокая диагностическая концентрация специфического IgE к пищевым аллергенам была выявлена у 72,5% детей. **Выводы:** 65% больных с тяжелой степенью по индексу SCORAD составляли преимущественно дети в возрасте до 5 лет с бронхиальной астмой; у 72,5% больных бронхиальной астмой обнаружены высокие диагностически значимые пищевые концентрации IgE.

Ключевые слова: дерматит, астма, дети, специфический IgE, эозинофилы, индекс SCORAD, клинические особенности.

Maqsad: atopik dermatit va bronxial astma bilan og'rigan bolalarda klinik va immunologik ko'rsatkichlarni qiyosiy tahlil qilish. **Material va usullar:** nazoratimiz ostida 2017-2019 yillarda kuzatilgan komorbid atopik dermatit bilan kasallangan 50 nafar bola, atopik dermatit bilan kasallangan 30 nafar bola bor edi. **Natijalar:** bronxial astma bilan atopik dermatit asosan 5 yoshgacha bo'lgan o'g'il bolalarda uchraydi. Yosh bolalarning 60,9 % bronxial astma bilan og'ir atopik dermatitga ega edi. Bronxial astma bilan atopik dermatitning komorbid kursida bolalarning 72,5% oziq-ovqat allergenlariga xos IgE ning yuqori diagnostik konsentratsiyasi aniqlangan. **Xulosa:** SCORAD indeksiga ko'ra og'ir og'irlikdagi bemorlarning 65% asosan bronxial astma bilan og'rigan 5 yoshgacha bo'lgan bolalar edi; Bronxial astma bilan og'rigan bemorlarning 72,5% IgE ning yuqori diagnostik ahamiyatga ega oziq-ovqat konsentratsiyasi aniqlangan.

Kalit so'zlar: dermatit, astma, bolalar, o'ziga xos IgE, eozinofillar, SCORAD indeksi, klinik belgilar.

The high prevalence of allergic diseases, the continuous increase in the clinical manifestations of the disease, the deterioration in the quality of life of children, disability, in some cases even lead to the death of sick children [1,8,11]. There are about 300 million patients with allergic diseases in the world, of which about 30% suffer from allergic rhinitis, 20% from bronchial asthma and 5-15% from atopic dermatitis, and 20% of these patients have severe, life-threatening manifestations of the disease [2-5,7,9]. AD is a major risk factor for the development of asthma, with an increased odds ratio in children with AD in several longitudinal studies compared with children without AD. Patients with eczema with specific IgE antibodies to common environmental allergens (extrinsic AD), present by the age of 2 to 4 years, are at a higher risk for progressing in the atopic march to allergic rhinitis and asthma than those with eczema without IgE sensitization (intrinsic AD). Thus, extrinsic AD appears to more precisely define the initial step and risk factor for the subsequent development of other atopic diseases. The main risk factors for progression and persistence of asthma are early onset, IgE sen-

sitization, and severity of AD. Approximate 70% of patients with severe AD develop asthma compared with 20-30% of patients with mild AD and approximately 8% in the general population. Only children with the mildest AD did not develop either asthma or allergic rhinitis. Similarly the severity of AD correlated with the risk of developing rhinitis and with elevated levels of total and specific IgE antibodies. Of note, an important aspect of the natural history of AD is the number and percentage of patients who will outgrow their disease. The mechanisms of the "outgrow" of AD remain largely unknown and this could be influenced by both genetic and environmental factors [13]. Atopic dermatitis is an urgent problem not only in dermatology, allergology, but also in pediatrics due to its high prevalence and frequent relapses. Atopic dermatitis is considered the first manifestation of the atopic march and is one of the important factors in the development of bronchial asthma in children [1,6,9,10,12]. The problem of comparative diagnosis of combined forms of allergic diseases is still relevant and insufficiently studied. A complete study of the causes of their occurrence makes it possible to develop in-

dividual and effective programs for the prevention and treatment of the disease [7].

Purpose of the study

Comparative analysis of clinical and immunological indicators of 50 children with a comorbid course of atopic dermatitis, which we observed in 2017-2019, with the indicators of children with atopic dermatitis (n=30).

Material and methods

The scientific work presents the results of anamnestic, clinical-allergological and immunological studies. We used: immunochemiluminescent method for determining total IgE (IU/ml) in blood (Cobas e 411, Russia), specific IgE (IU/ml) in blood serum by solid-phase IFA (C.A.R. L.A., System, Russia) studies were carried out in the scientific laboratory of TTA. We determined the SCORAD (Severity Scoring of Atopic Dermatitis) index (a measure of the severity of AD). This index is calculated using the formula:

$$\text{SCORAD} = A/5 + 7*B/2 + C$$

There are A is the area of skin lesions (%); b - the sum of objective signs in points (erythema, edema, moisture, excoriation, lichenification, dryness); c - the sum of subjective signs in points (itching, sleep disturbances); mild BA - up to 20 points (1-2 exacerbations per year, long-term remission, responds well to therapy). BA of moderate severity - 20-40 points (relapses 3-4 times a year, remission no more than 4 months, no clear response to therapy); Severe BA - more than 40 points (prolonged course of symptoms, remission no more than 2 months, therapy is ineffective). Each subjective sign is evaluated in the range from 0 to 10 points; then the scores are summed up. The total score for subjective characteristics can vary from 0 to 20.

Statistical processing of the obtained results was carried out using the application programs for mathematical and statistical analysis Microsoft Exell version 7.0.

Results and their analysis

An analysis of the data obtained in children with suspected atopic dermatitis associated with bronchial asthma showed that over the past year, 61.8% of the observed patients complained of allergic rashes, and these rashes were more common in children under the age of three years. Comorbid atopic dermatitis with BA was detected in children under the age of 5 years 2.1 times more often than in children of any other age. The typical location of the rash, i.e. on the skin of the elbows, ankles, neck, around the eyes and ears, was more common at age 5 years. With a concomitant course of atopic dermatitis, 9.2% of children experienced a period of complete clinical remission with complete disappearance of rashes and the absence of nocturnal awakenings caused by itching and shortness of breath, and it was higher in children aged 5-12 years (43.5%). Night sleep disturbances due to itching and shortness of breath occurred less than one day per week in 35.7% of children and more than once per week in 49.2% of children, with these data being higher in children under 5 years of age.

From the obtained data, it can be seen that the prevalence of AD with concomitant bronchial asthma in 60.9% of cases was observed in boys under the age of 5 years ($p < 0.001$). Sensitivity to atopic dermatitis in the first 2 years of life is a sensitivity to dietary proteins [4], while in

our study, symptoms of atopic dermatitis were observed in children under 5 years of age mainly due to dietary proteins. In our review, a study of children with suspected comorbid atopic dermatitis with asthma showed that when asked: "Did your child have a skin rash accompanied by shortness of breath when taking a lot of sweets and brightly colored foods" - 49.4% of mothers answered In our study, etiologically significant allergens in atopic dermatitis with concomitant BA in children under 5 years of age were: cow's milk - 67.2%, eggs - 31.9%, cereals - 30.5%, soybeans - 15.4%, fish - 29.4%, vegetables and fruits - 41.3%. The study of the anamnesis showed that most children had a burdened heredity in relation to allergic diseases, which generally corresponded to the results of studies by many authors [2]. In our patients, in 39.6% of cases, bronchial asthma was found, in 29.5% - allergic rhinitis, in 18.3% - hay fever, in 19.5% - food allergies, in 18.3% - atopic dermatitis and in 12.2% - drug allergy In all groups, mothers aged 20 to 30 years (70.3%) prevailed. Most of the children were born from the second pregnancy (51.8%). The study of pregnancy showed that in the second half of pregnancy the mothers were dominated by preeclampsia (49.5%), anemia (63.5%) and allergies (69.8%). It was noted that in most mothers, allergic and somatic diseases observed during pregnancy led to the fact that their children suffered from AD with AD.

Disturbances in the psycho-emotional state were expressed in the form of sleep disturbances, anxiety and emotional lability, especially in children before going to kindergarten and school, during school exams, and these indicators were evident in the comorbid course of AD with BA.

As a result of the use of antibacterial drugs in the treatment of acute respiratory disease or hypoallergenic diet disorders, 42% of young children developed a skin syndrome with the appearance of erythematous rashes, shortness of breath, cough recurrence. Subsequently, 19.8% of cases of recurrence of skin rashes and shortness of breath in a child were observed as a result of a violation of the hypoallergenic diet.

In our study, the severity of AD according to the SCORAD index was: mild - in 50%, moderate - in 30%, severe - in 20% of children, and 65% of patients with a severe form were mostly children under the age of five years with comorbid AD. The study of peripheral blood parameters of sick children in our observation showed a number of changes. As can be seen from the data obtained, during the period of exacerbation of the disease in all examined children, no significant changes in peripheral blood were detected, with the exception of the number of eosinophils. The number of eosinophils compared with 1.31 ± 0.1 in healthy children was 7.9 ± 0.23 and 6.2 ± 0.1 higher in comorbid course of BA with atopic dermatitis ($p < 0.001$).

According to the literature, the range of eosinophils in peripheral blood in healthy children is 1-5%. Fluctuations in indicators in atopic dermatitis with concomitant AD ranged from 2 to 15%. One of the traditional markers used for diagnosing and comparing inflammatory processes in BA and AD is the determination of the total level of IgE in blood serum. In the comorbid course of atopic dermatitis with AD, this indicator averaged 890.5 IU/ml in the range of 140.1-1890 IU/ml, and in atopic dermatitis - 679.2 IU/ml (Table).

Difference between groups

Indicators	Comorbid course, n=50	AD, n=30	Healthy children, n=20
Eosinophils, %	7,9±0,23*	6,2±0,1*	1,31±0,1*
IgE, IU/ml	890,5±56,4**	679,2±34,2**	53,8±12,4**

Note. $p < 0.05-0.001$ in relation to the indicator of healthy children and children with BA.

In our opinion, high levels of eosinophils and IgE in the concomitant course of AD indicate that the course of the disease in AD is relatively severe. The total amount of IgE had a significant difference ($p=0.001$) in the group of healthy children (53.8 IU/ml) compared with sick children. One of the important factors contributing to the development of atopic dermatitis in the concomitant course of AD is a genetically proven allergic predisposition, which manifests itself in the form of an allergic reaction. It develops as a result of the body's sensitivity to allergens, which leads to an inflammatory reaction specific to allergens, i.e. tissue damage and the appearance of clinical signs of allergic diseases [4,11].

In 50 children who had confirmed the presence of atopic dermatitis with concomitant asthma, special allergological tests were performed. Collecting an aller-

gic history and detecting allergen-specific IgE antibodies in the blood serum of the examined children revealed sensitivity to household, epidermal, dust and food allergens. Diagnostically significant concentrations of serum allergen-specific IgE were found in 92.5% of children (Figure).

Diagnostically significant concentrations of serum allergen-specific IgE to food allergens were found in 72.5% of children. As for household allergens, 14.8% of children had comorbidity, which is a diagnostically significant concentration of serum allergen-specific IgE. A diagnostically significant concentration of serum-specific IgE (19.7%) was found in epidermal allergens. In 15.9% of children, diagnostically significant concentrations of IgE specific to dust allergens were found in the blood serum.

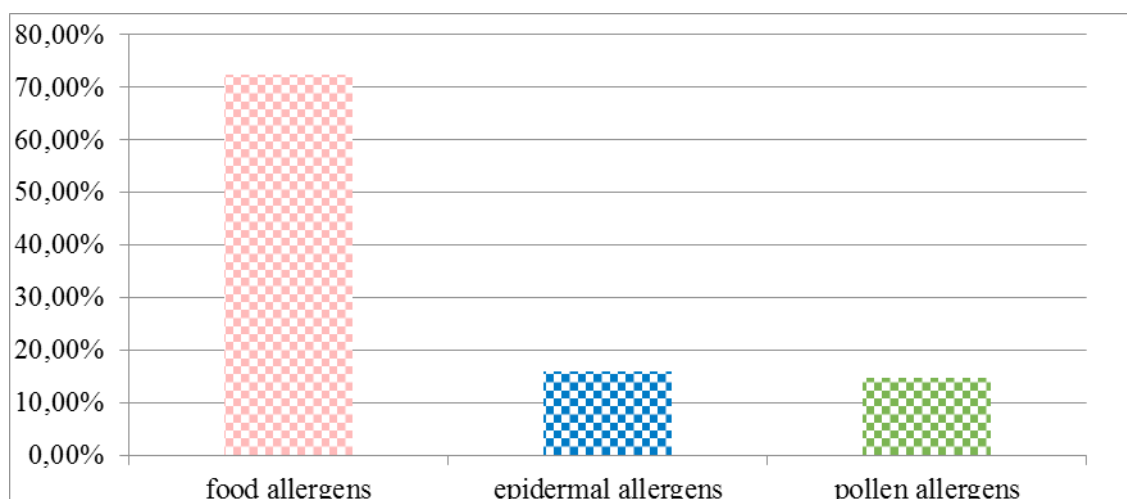


Figure. Distribution by types of allergens.

Conclusion

The clinical features of the comorbid course of atopic dermatitis with BA in children under 5 years of age are: 65% of patients with severe degree according to the SCORAD index were mainly children under the age of 5 years with BA; in 72.5% of patients with BA, high diagnostically significant food-specific concentrations of IgE were found.

References

1. Ахроров Х.Х. и др. Триггерный фактор атопического дерматита у детей дошкольного возраста // Рос. журн. кож. и вен. болезней. – 2017. – Т. 20, №6. – С. 347-351.
2. Волкова Н.А. и др. Структура аллергических заболеваний и роль различных аллергенов при формировании атопической патологии у детей раннего и дошкольного возраста в г. Лесной Свердловской области // Рос. аллерг. журн. – 2015. – №2. – С. 59-63.
3. Гайдучик Г., Шадрин О. Концентрация цистеиниловых лейкотриенов в различных биологических жидкостях

детей, больных бронхиальной астмой, атопическим дерматитом и белково-индуцированным энтероколитом // ЭВРИКА: Health Sci. – 2019. – №4. – С. 3-8.

4. Курбанова Д.Р., Миррахимова М.К., Совершенствование методов диагностики аллергических заболеваний у детей // Биомедицина и практика. – 2020. – Спец. вып. – С. 522-530.

5. Миррахимова М.К. и др. Бронхиальная астма: распространенность и факторы риска у детей, проживающих в промышленных зонах Ташкентской области // Центрально-Азиатский мед. журн. – 2020. – №1. – С. 29-35.

6. Миррахимова М.К. и др. Антилейкотриеновые препараты в лечении атопического дерматита у детей // Междунар. журн. фарм. иссл. – 2021. – Vol 13 (Issue 1). – P. 2117-2121.

7. Миррахимова М.Х. и др. Аллергический ринитинг коморбид кечишида даволаш усулларини такомиллаштириш ва терапия самарадорлигини бахолаш // Акад. иссл. в области пед. наук. – 2023. – №1. – С. 64-70.

8. Муратова Ж.К. Распространенность симптомов атопического дерматита у детей школьного возраста в г. Джа-

лал-Абад // Мед. вестн. Башкортостана. – 2015. – Т. 10, №1. – С. 14-17.

9. Сулайманов Ш.А. и др. Атопический дерматит у детей: факторы риска и эпидемиология // Вестн. Омского гос. ун-та. – 2015. – №3. – С. 24-29.

10. Хабибуллаева М.М., Муротхоновна С.А. Коморбидное течение аллергического ринита с бронхиальной астмой у детей // Материалы международной конференции педагогов. – М., 2023. – Т. 2, №4. – С. 93-95.

11. Prakoeswa C.R.S. et al. Lactobacillus plantarum IS-10506 supplementation reduced SCORAD in children with atopic dermatitis // Benef. Microbes. – 2017. – Vol. 8, №5. – P. 833-840.

12. Seegräber M. et al. Dupilumab for treatment of atopic dermatitis // Exp. Rev. Clin. Pharmacol. – 2018. – Vol. 11, №5. – P. 467-474.

13. Zheng T. et al. The atopic march: progression from atopic dermatitis to allergic rhinitis and asthma // Allergy, Asthma Immunol. Res. – 2011. – Vol. 3, №2. – P. 67-73.

CLINICAL FEATURES OF COMORBID COURSE OF ATOPIC DERMATITIS WITH BRONCHIAL ASTHMA IN CHILDREN

Mirrakhimova M.Kh.,

Kurbanova D.R., Saidkhonova A.M.

Objective: Comparative analysis of clinical and immunological parameters in children with atopic dermatitis and with comorbid atopic dermatitis and bronchial asthma. **Material and methods:** Under our supervision there were 50 children with comorbid atopic dermatitis, observed by us in 2017-2019, and 30 children with atopic dermatitis. **Results:** Atopic dermatitis with bronchial asthma occurs predominantly in boys under 5 years of age. 60.9% of young children had severe atopic dermatitis with bronchial asthma. In the comorbid course of atopic dermatitis with bronchial asthma, a high diagnostic concentration of specific IgE to food allergens was detected in 72.5% of children. **Conclusions:** 65% of patients with severe severity according to the SCORAD index were predominantly children under 5 years of age with bronchial asthma; High diagnostically significant food concentrations of IgE were found in 72.5% of patients with bronchial asthma.

Key words: dermatitis, asthma, children, specific IgE, eosinophils, SCORAD index, clinical features.

