

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ  
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2024

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI  
АХБОРОТНОМАСИ



**В Е С Т Н И К**

ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент



**ВЕСТНИК ТМА  
СПЕЦИАЛЬНЫЙ ВЫПУСК  
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)

*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.*

## THE RESULTS OF LAPAROSCOPIC INTERVENTIONS IN GIANT HIATAL HERNIAS

Karimova S.O'. Berkinov U.B.

Tashkent Medical Academy, Tashkent Uzbekistan

*Gathering deep knowledge about giant hiatal hernia and its treatment. Laparoscopic method and its advantages.*

**Key words:** giant paraesophageal hernia, mesh repair, Collis gastroplasty, surgical approach to giant hiatal hernia, laparoscopy, incarcerated hiatal hernia, fundoplication.

Though a standard description is lacking, a gigantic hiatal hernia (HH) is defined as a hernia that encompasses at least 30% of the stomach in the chest; the most prevalent kind of a huge HH is a type III hernia with a paraesophageal and sliding component. The exact cause of giant HH is unknown, but there are two possible explanations: (1) chronic positive pressure on the diaphragmatic hiatus combined with a propensity to herniate causes gastric displacement into the chest, which in turn causes gastroesophageal reflux disease (GERD), which is caused by esophageal scarring and shortening, traction on the gastroesophageal junction, and gastric herniation, and chronic positive pressure on the diaphragmatic hiatus combined with a propensity to herniation leads to gastric displacement into the chest, resulting in GERD. Awareness the pathophysiology of large HH and how to effectively handle this issue require an awareness of the short esophagus and GERD. Adherence is needed for the huge HH repair to be successful. fundamental hernia repair concepts (such as resection of the hernia sac, tension-free repair), identification and fixing of a brief esophagus, as well as a properly executed antireflux treatment. Recurrence rates in professional repair of open large HH hands vary from 2% to 12%; lengthy series have proved that the outcomes of an open large HH repair could be replicated with careful laparoscopic surgical approach.

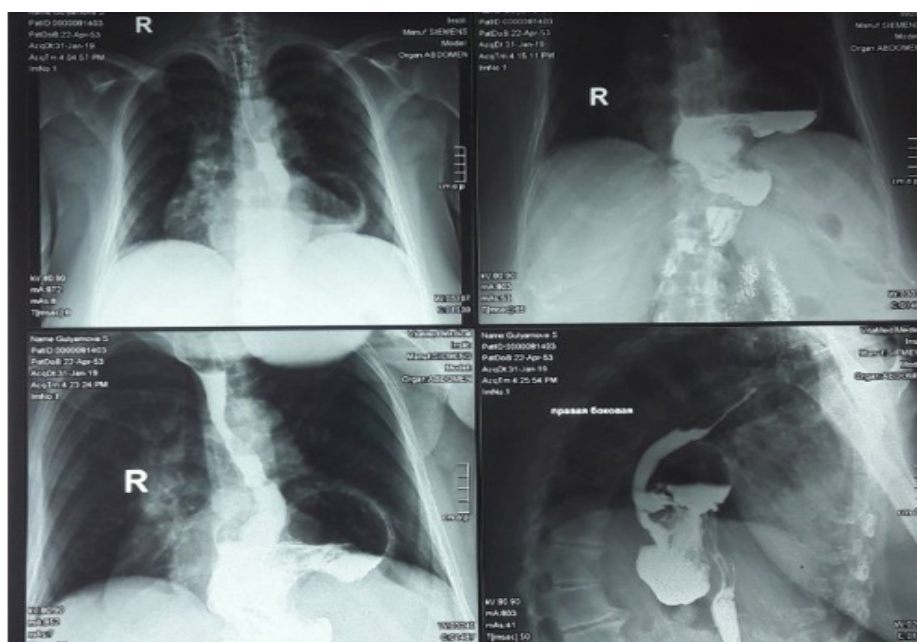
In most cases, hiatal hernia observations are represented by sliding hernias, the surgical correction of which has its own specific indications. Paraesophageal hernias make up no more than 0.4—1.4% of clinical observations,

but to eliminate it, as a rule, in all cases only surgical intervention is necessary.

Nowadays, many hospitals worldwide—including our hospital—use laparoscopy as the most challenging but favored method of treating these patients. I'd like to use one of our patients' symptoms as an example.

*Patient: B., 66, came to our clinic on February 5, 2019, complaining of nausea, vomiting after eating, and epigastric pain. The anamnesis reveals that the patient has experienced heartburn and dull, throbbing pains in the epigastrium on occasion for ten to fifteen years. The patient reported acute discomfort in the right hypochondrium and frequent vomiting a year prior. GPOD and chronic calculous cholecystitis were found during the examination. Many clinics avoided doing surgery on the patient because of the considerable anesthesia risk. The patient has experienced acute epigastric pain twice in the last three months, with vomiting following any meal. At his home, a patient with a drooping abdomen had an abdominoplasty thirty years ago. Hospitalization took place on February 5, 2019. with the diagnosis: GPOD. ZHKB. Chronic calculous cholecystitis. Obesity 2 st.*

During gastric X-ray: barium suspension is freely passable through the esophagus, in the lower third the esophagus is convoluted, slightly shifted to the right and posteriorly. The cardiac part of the stomach is located at the level of the diaphragm, while its proximal part (bottom and part of the stomach) is displaced into the thoracic cavity, located in the posterior mediastinum, has the shape of a semicircle.



**Fig. 1. Contrast radiography of the stomach. The body and the bottom of the stomach are located in the chest cavity.**

The distal part of the stomach is located in the abdominal cavity, located high vertically. The portion of the

stomach body at the level of the diaphragm's esophageal entrance appears to be considerably restricted, but its

---

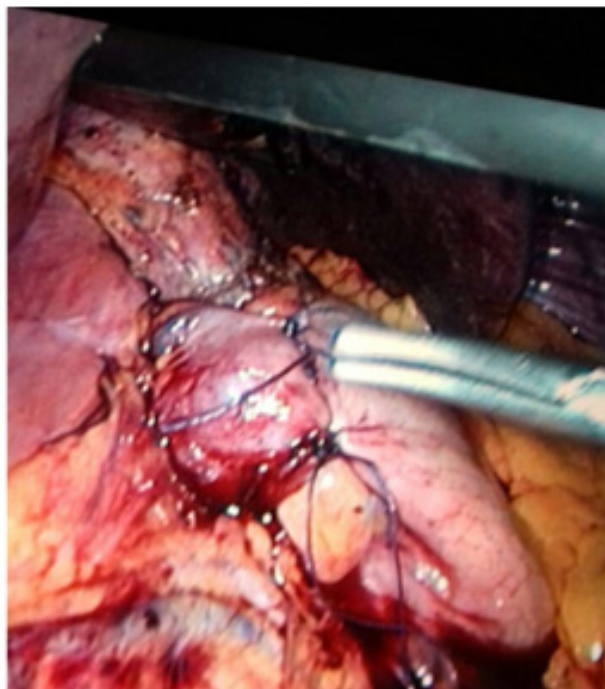
walls are still flexible, and the mucous membrane's relief is visible. The stomach did not contain any abnormal forms.

The stomach's walls are flexible. There's active peristalsis. The first evacuation happens on schedule. The duodenum is twisted downward and backward, but it is not visibly malformed. Because the stomach is positioned high, the duodenum's loop is visible.

On 02/20/19, under endotracheal anesthesia, the patient underwent laparoscopic surgery in the volume of cruroplasty, fundoplication according to Nissen cholecystectomy.

The postoperative period proceeded without complications, and the next day the patient began to take liquid food. On the third day, the patient was discharged in a satisfactory condition for outpatient treatment.

**Conclusion.** The clinical observation mentioned above relates to uncommon forms of paraesophageal hernias; because of the high risk of infringement, surgeons are encouraged to treat these hernias with scheduled surgery. The utilization of endovisual technology in the treatment of enormous paraesophageal hernias involving the diaphragm's esophageal orifice is aptly demonstrated by this clinical example. Other times, the execution is additionally.



| СОДЕРЖАНИЕ  |    |
|---|----|
| I СЕКЦИЯ  |    |
| <i>Muminova Z.A., Sayitxonova M.Z. UCHINCHI TRIMESTRDA HOMILADOR AYOLLARDA KORONAVIRUS INFEKSIYASIDAN KEYINGI ASORATLAR XAVFI</i>   | 4  |
| <i>Nurullayeva Oydin TUG'RUQ TRAVMALARI — NOGIRONLIKKA SABAB BO'LUVCHI OMILDIR</i>  | 6  |
| <i>Yuldoshmurodov D.Sh BOSH VA BO'YIN SOHASI O'SMA KASALLIKLARIDA ROBOT AVTOMATLASHTIRILGAN TRANSORAL JAROHLIK (TORS) USULIDAN FOYDALANGAN HOLDA HALQUM VA HALQUMUSTI KARSINOMALARINI OLIB TASHLASH AMALIYOTIDA FOYDALANISH, USULNING AFZALLIKLARI VA KAMCHILIKLARI</i> | 8  |
| <i>Raximova Z.A., Muminova Z. A. ADENOMIOZDA GENETIK MOYILLIK OMILI</i>   | 10 |
| <i>Tillayeva M.A., Babadjanova G.S. YUVENIL DAVRDAGI QIZLARDA BACHADONDAN ANOMAL QON KETISHNI TASHXISLASH VA DAVOLASHDA ZAMONAVIY YONDASHUV</i>   | 14 |
| <i>Курбанова С.И., Бабаджанова Г.С. БАЧАДОН МИОМАСИ БЎЛГАН АЁЛЛАРДА МЕДИКАМЕНТОЗ ВА ЭНДОВАСКУЛЯР ДАВОЛАШ САМАРАДОРЛИГИНИ ЎРГАНИШ.</i>   | 16 |
| <i>Ўралов Х.И., Закиров Н.У., Амиркулов Б.Дж., Эркабаев Ш.М. БЎЛМАЧАЛАР ФИБРИЛЛЯЦИЯСИ РИВОЖЛАНИШ МЕХНИЗМЛАРИ, КАТЕТЕР АБЛАЦИЯСИ ВА АНТИАРИТМИК ВОСИТАЛАРНИНГ САМАРАДОРЛИГИ</i>  | 21 |
| <i>Ashurova U.A., Najmutdinova D.K., Boboev K.T. ROLE OF INTERGENE INTERACTIONS OF NOS3 (C786T), NOS1 (G-84A), IL6 (C-174G), IL1B (T31C), FGB (455G-A) POLYMORPHIC LOCI GENES AND RISK OF POSTPARTUM HEMORRHAGE</i>   | 28 |
| <i>Ирназарова Д.Х. СОВРЕМЕННЫЕ ВЗГЛЯДЫ К БИОЛОГИИ ВИТАМИНА D ПРИ МИОМЕ МАТКИ</i>  | 31 |
| <i>Закирова Л.Т., Алимходжаева Л.Т., Мирзаева М.А. РОЛЬ ВНЕКЛЕТОЧНОЙ ДНК И ГИПЕРМЕТИЛИРОВАНИЯ ДНК В ПЛАЗМЕ КРОВИ В ДИАГНОСТИКЕ РАКА МОЛОЧНОЙ ЖЕЛЕЗЫ</i>   | 38 |
| <i>Muftaydinova Sh.Ki.,<sup>2</sup> Muminova Z.A.,<sup>3</sup> Buralkina N.A.,<sup>1</sup> Abdullajonova M.U. PATHOGENESIS OF ENDOMETRIOSIS: MOLECULAR- BIOLOGICAL MECHANISMS OF DEVELOPMENT</i>  | 42 |
| <i>Makhkamova M.M., Nurillaeva N.M. THE ROLE OF ASYMMETRIC DIMETHYLARGININE AS A PREDICTOR OF CARDIOVASCULAR DISEASES</i>   | 50 |
| <i>Алимходжаева Л.Т., Бозорова Л.М., Зиеведенова С.С. МОРФОЛОГИЧЕСКИЕ ХАРАКТЕРИСТИКИ ПРЕДРАКОВЫХ ПОРАЖЕНИЙ ДОБАВОЧНОЙ ДОЛИ МОЛОЧНОЙ ЖЕЛЕЗЫ</i>  | 52 |
| <i>Ашурова У.А., Нажмутдинова Д.К., Бобоев К.Т. АНАЛИЗ РОЛИ МЕЖГЕННЫХ ВЗАИМОДЕЙСТВИЙ ПОЛИМОРФНЫХ ЛОКУСОВ ГЕНОВ NOS3 (C786T), NOS1 (G-84A), IL6 (C-174G), IL1B (T31C), FGB (455G-A) В ФОРМИРОВАНИИ ПОСЛЕРОДОВЫХ КРОВОТЕЧЕНИЙ</i>   | 58 |
| <i>Bobonazarova M.N., Sharofiddinova Z.Sh., Matkarimova D.S. THE ROLE OF INTRACELLULAR SIGNALS IN THE BONE MARROW IN THE PATHOGENESIS OF CHRONIC MYELOID LEUKEMIA</i>   | 61 |
| <i>Abdumalikova F.B., Nurillaeva N.M. DIAGNOSTIC AND PROGNOSTIC VALUE OF POTENTIALLY SPECIFIC EPIGENETIK BIOMARKERS IN CORONARY HEART DISEASE</i>   | 63 |
| <i>Ergashev U.Yu., Zokhirov A.R., Shoimov N.N. STUDYING THE IMMUNOMODULATION STATUS OF THE CYTOKINE SYSTEM DURING PUROPENTIC-NECROTIC PROCESSES ON THE LOWER EXTREMITIES WITH DIABETES MELLITUS</i>   | 67 |
| <i>Kabulov S.B., Haseeb M.A., Abduraximova L.A. PREVENTATIVE TREATMENT OF CEREBRAL ANEURISMS AS A PRECURSORS OF THE CEREBRAL STROKE</i>   | 73 |
| <i>Tillyashaikhov M.N. CORRELATION OF PROSTATE CANCER WITH DISEASES OF THE CARDIOVASCULAR SYSTEM AND TYPE 2 DIABETES</i>  | 77 |
| <i>Dustmukhamedova R.Z., Kazakov Sh.J. ADEQUATE APPROACH TO THE DIAGNOSIS AND SURGICAL TREATMENT OF PATIENTS WITH OSTEOPOROTIC FRACTURES OF THE VERTEBRAL BODIES</i>  | 83 |
| <i>Atakhadjaeva F.A., Dilrabo T. Kayumova, Muhayyo M. Maqsudova, Ranokhon M. Nabieva COMPARATIVE ANALYSIS OF RFSH AND HMG FOR CONTROLLED OVARIAN STIMULATION IN IVF: A RETROSPECTIVE COHORT STUDY</i>   | 88 |
| <i>Karimova S.O'. Berkinov U.B. THE RESULTS OF LAPAROSCOPIC INTERVENTIONS IN GIANT HIATAL HERNIAS</i>   | 92 |
| <i>Ergashev U.Y., Zokhirov A.R. COMPARISON OF INTERLEUKIN DYNAMICS IN DIABETIC PURULENT-NECROTIC LESIONS BASED ON HISTOMORPHOLOGICAL CHANGES IN VITAL ORGANS</i>  | 94 |