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EFFECTIVENESS OF NEW IRON POLYACRYLATE PREPARATION IN TREATMENT OF ANEMIA ASSOCIATED WITH IRON DEFICIENCY

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Summary. After the introduction of iron polyacrelate in the main 2 groups there was an increase in Hb 14.5 ± 1 g / l, erythrocytes 4.5±0.3 x10^{12}/l, reticulocytes 9.6%. Similar changes were found in the control group. The iron polyacrelate was found to be as effective as the hemolyph drug. The drug did not change liver activity, i.e. ALT, AST, total bilirubin practically did not change.

Kirish: Temir tanqislik anemiyasi mikrotsitar, gipoxrom anemiya bo'lib, temirga boy maxsulotlar kam qabul qilish, temir so'rilishining buzilishi, unga bo'lgan ehtiyojning oshishi (homiladorlik, emizish davri, intensiv o'sish davri) yoki qon yo'qotish tufayli organizmda temir tanqisligi paydo bo'lishi bilan xarakterlanadi (Dvoretskiy L.I., Ivleva O.V., 2017). Temir tanqisligi butun dunyo aholisining 30% ida uchrab, jahon sog'liqni saqlash tashkilotining asosiy muammosiligicha qolmoqda (Lovsova L., Kuzin V., Osipova E., 2013).

Tadqiqot materiallari va usullari: Taqdiqot obyekti sifatida Toshkent tibbiyot Akademiyasi ko'p tarmoqli klinikasi gematologiya bo'limida anemiya tashxisi bilan davolangan 40 nafar bemor tanlab olindi. Bemorlar ikki guruhga ajratib olindi: 1-guruh o'rta og'irlikdagi temir tanqislik anemiyasi bilan kasallangan 13 ta bemor , 2-guruhni og'ir darajadagi temir tanqislik anemiyasi bilan kasallangan 12 ta bemor, nazorat guruhi 15 nafar o'rta og'ir odarajadagi temir tanqislik anemiyasi bilan kasallangan bemorlar. Asosiy guruhdagi bemorlarga temir poliakrelat preparati 100 mg mushak orasiga, nazorat guruhidagi bemorlarga gemolif preparati 100 mg mushak orasiga yuborildi.

Usullari: Barcha guruhlarda quyidagi klinik labarator tekshiruvlar o'tkazildi: gemoglobin (Hb), eritrotsit, retikulotsit, rang ko'rsatgich, EchT, Alt, ACT, umumiy bilirubin.

Natija: 1 - guruhda davolashdan oldin qondagi ko'rsatkichlar quyidagicha bo'lgan: Hb 83±5,2 g/l, eritrotsitlar 3,0±0,5 x10^{12}/l, rang ko'rsatkichi 0,83±0,1, retikulotsitlar 5,4±0,8 ‰, EchT 6,2±1,5 mm/soat, ALT 25,3±3,5 U/l, AST 22,5±3,5 U/l, umumiy bilirubin 14,5±2,5 mmol/l. Temir poliakrelat preparati yuborilgandan 10 kundan so'ng qondagi ko'rsatkichlar quyidagicha o'zgardi: Hb 97±5 g/l, eritrotsitlar 3,4±0,5 x10^{12}/l, retikulotsitlar 14,5±2 ‰, rang ko'rsatkichi 0,85±0,1, EchT 7,1±1,5 mm/soat, ALT 23,7±3,5 U/l, AST 24,5±3,5 U/l, umumiy bilirubin 16,5±2,3 mmol/l.

2 – guruhda davo olmasdan oldin Hb 65±5,5 g/l, eritrotsitlar 2,7±0,5 x10^{12}/l, rang ko'rsatkichi 0,72±0,1 retikulotsitlar 4,4±0,8 ‰, EchT 5,2±1,5 mm/soat, ALT 24,6±3,4 U/l, AST 26,7±3,3 U/l, bilirubin 13,5±5,5 mmol/l bo'lgan. Temir poliakrelat preparati yuborilgandan 10 kundan so'ng qondagi ko'rsatkichlar quyidagicha o'zgardi: Hb 80±5,2 g/l, eritrotsitlar 3,2±0,5 x10^{12}/l, rang ko'rsatkichi 0,76±0,1, retikulotsitlar 14,5±2 ‰, EchT 6,7±1,5 mm/soat, ALT 26,3±3,5 U/l, AST 25,5±3,5 U/l, bilirubin 15,5±4,5 mmol/l.

Nazorat guruhida davolashdan oldin Hb 81±5,2 g/l, eritrotsitlar 3,0±0,5 x10^{12}/l, rang ko'rsatkichi 0,81±0,1, retikulotsitlar 6,4±0,7 ‰, EchT 7,2±1,5 mm/soat, ALT 29,3±4,5 U/l, AST 31,5±3,5 U/l, umumiy bilirubin 16,5±2,7 mmol/l bolgan. Gemolif preparati yuborilgandan 10 kundan so'ng qonda-

gi ko'rsatkichlar quyidagicha o'zgardi: Hb 96±5 g/l, eritrotsitlar 3,3±0,5 x10^{12}/l, rang ko'rsatkichi 0,87±0,1, retikulotsitlar 15,1±2 ‰, EchT 7,5±1,5 mm/soat, ALT 29,7±3,5 U/l, AST 30,5±4,5 U/l, umumiy bilirubin 16,5±2,3 mmol/l.

Hulosa: Asosiy 2 guruhda temir poliakrelat preparati yuborilgandan so'ng Hb 14.5±1 g/l, eritrotsit 4.5±0.3 x10^{12}/l, retikulotsit 9,6‰ ga oshishi kuzatildi. Nazorat guruhida analogik o'zgarishlar aniqlandi. Temir polakrelat preparati Gemolif singari tasiri samarali ekanligi aniqlandi. Preparat jigar faolitatini o'zgartirmadi,ya'ni ALT, AST, umumiy bilirubin ko'rsatkichlari deyarli uzgarishsiz qoldi.

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CLINICAL CHARACTERISTICS OF IMMUNE MICROTHROMBOVASCULITIS

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Introduction: Immune microthrombovasculitis (IMTV) is a systemic disease that affects the small vessels of the skin, joints, gastrointestinal tract and kidneys. IMTV is based on multiple focal vascular thrombosis in foci of hyperergic inflammation with the development of secondary hemorrhages in the vessels of the skin and internal organs. The disease occurs with a frequency of 23-25 per 100 thousand population, children get sick more often than adults (Kudryashova M.A., 2015; Chen T., Guo J-H., 2015).

Material and research methods: Depending on the localization of the lesion, the patients were divided into the following forms of IMTT: 22.6 ± 2.3% of patients had a skin form (group 1), 50.2 ± 3.1% of patients had a skin-articular form (Group 2), 12.8 ± 1.1% had a mixed skin-articular and abdominal form (group 3), 14.4 ± 1.3% had a skin-articular and renal form (group 4).

Results: It was found that in 56.6 ± 4.3% of patients, the development of IMTI was observed against the background of upper respiratory tract infections (tonsillitis, ARVI, etc.), in 22.3 ± 3.3% of patients, IMTI occurred after taking medications , and in 21.1 ± 1.8% of patients, it was not possible to establish the cause of the development of IMTT. At the same time, 48.8 ± 3.5% of patients had a history of allergic diseases.

In group 1 patients with cutaneous BMI, 34 ± 4.5% of patients had symmetrical petechial hemorrhagic rashes up to the knee, 28 ± 2.0% of patients also had petechiae on the hips and buttocks, and 16 ± 1.3% of patients on the legs , buttocks and abdomen, 12 ± 1.5% had petechiae on the legs, buttocks, abdomen and arms. In 10 ± 0.9% of patients, rashes were observed throughout the body.

The most characteristic symptom of the cutaneous form of BMI was hemorrhagic rash that did not disappear after pressure, did not rise above the skin level, in the form of petechiae 2–5 mm, often accompanied by itching and prone to fusion. The hemorrhagic rash had a sequence: at first the rash was on the feet and legs, later it spread higher. The duration of the disease in patients with the cutaneous form was the shortest and amounted to 15 ± 2.3 days.

Together with skin lesions in patients of group 2, joint damage was also observed: articular syndrome was expressed by pain and periarticular swelling, redness, disorder of motor functions, mainly in large joints. Basically, 62 ± 8.9% of patients had ankle joint lesions, 23 ± 2.6% of patients had ankle and knee joint lesions, and other joints were also affected in 15 ± 1.2% of cases. The duration of the disease in patients with skin-articular form averaged 8.7 ± 1.8 months.

In group 3 patients with a mixed skin-articular and abdominal form of the disease, in addition to damage to the skin and joints, damage to the gastrointestinal tract was also observed, resulting from hemorrhage in the intestinal wall and mesentery. In patients with lesions of the skin and joints, the following symptoms were observed: vomiting, cramping abdominal pain of the type of intestinal colic, more often around the navel, tension and soreness of the abdomen on palpation, and sometimes intestinal bleeding, often simulating acute surgical diseases of the abdominal cavity.

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CLINICAL LABORATORY DIAGNOSTICS FORMS OF CHRONIC GLOMERULONEPHRITIS

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Summary. Diagnosis of chronic glomerulonephritis is characterized by proteinuria, albuminuria in urine analysis, erythrocytopenia in a blood test, increased leukocytosis and ECHT are of great diagnostic value for the timely detection of the disease.

Kirish. Glomerulonefrit buyrakning immun yalig'lanish kasalligi bo'lib, koptokchalar bilan birga buyrak kanalchalari ham zararlanadi(Murkamilov I.T., 2017). JSST ma'lumotlariga ko'ra, glomerulonefrit bilan 1 yilda 470 ming bemor kasallanadi, shundan 400 mingga yaqini bolalardir (Ralph AP, Carapetis JR.,2013).So'nggi yillarda glomerulonefritning biopsiya natijasida aniqlangan o'zgarishlarga asosan tuzilgan tasnifidan foydalaniladi. Birlamchi tashxis umumiy belgilarga asoslanib qo'yiladi, ya'ni bel sohasida og'riq, holsizlik, bosh og'rig'i va aylanishi, dizuriya (tez va og'riqli, qizil rangli peshob ajralishi), yurak tez-tez urib ketishi, ko'ngil aynishi, ba'zan qayt qilish, qorinda og'riq (A.G.Gadayev, R.Dadabayeva, X.Raximova, 2020).

Material va tadqiqot usullari. Toshkent tibbiyot akademiyasi bolalar kardionefrologiya bo'limida surunkaliglomerulonefrit tashxisi bilan davolangan 7-11 yoshli 50ta bemor tekshirildi. Bemorlar quyidagi guruhlarga bo'lingan: 1-guruh 15 (30%) ta surunkali glomerulonefrit nefrotik shakli bilan kasallangan bemorlar,2-guruh27 (54%) ta surunkali glomerulonefritgematurik shaklibilan kasallangan bemorlar va 3-guruh 8 (16%) ta surunkali glomerulonefrit aralash shakli bilan kasallangan bemorlarga.Nazorat guruhi yoshi va jinsi mos 15 nafar sog'lom bolalar olindi.Usullari:umumiy qon tahlili, umumiy peshob tahlili, albuminuriya va silindruriyani tekshirish.

Natija.1 guruh bemorlar tekshirilganda umumiy peshob tahlilida proteinuriya 4,5±1,1 g/l, albuminuriya 2,3±0,6 g/l, umumiy qon tahlilida eritrositopeniya 3,2±0,4x10^{12}/l, leykositoz 12,8±1,3x10^{9}/l va 35,5±3,8 mm/soatgacha ECHT oshishi kuzatildi.

2 guruh 12 (24%) ta bemorlarida makrogematuriya kuzatilgan va umumiy peshob tahlilida proteinuriya 6,6±1,7 g/l, albuminuriya 4,2±0,9 g/l, umumiy qon tahlilida eritrositopeniya 2,2±0,4x10^{12}/l, leykositoz 16,4±2,8x10^{9}/l va 41,3±4,8 mm/soatgacha ECHT oshishi aniqlandi. 15 (30%) bemorda mikrogematuriya kuzatilib, proteinuriya 1,2±0,1 g/l, albuminuriya 0,7±0,09 g/l, eritrositopeniya 2,9±0,8x10^{12}/l, leykositoz 9,8±1,6x10^{9}/l va ECHT 38±4,7 gacha oshishi kuzatildi.

Aralash shaklida kasallangan 3 guruh umumiy peshob tahlilida proteinuriya 8,9±2,2 g/l, albuminuriya 5,3±1,1 g/l, umumiy qon tahlilida eritrositopeniya 1,8±0,5x10^{12}/l, leykositoz 18,7±3,7x10^{9}/l va 52,3±6,5 mm/soatgacha ECHT oshishi aniqlandi.

Xulosa. Surunkali glomerulonefrit tashxisi peshob taxlilida proteinuriya, albuminuriya kuzatilishi, qon tahlilida eritrositopeniya, leykositoz va ECHTning oshishi kasallikni o'z vaqtida aniqlash uchun katta diagnostik ahamiyatga ega.

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