



**O'ZBEKISTON RESPUBLIKASI
SOG'LIQNI SAQLASH VAZIRLIGI**

TOSHKENT TIBBIYOT AKADEMIYASI



**«ICHKI KASALLIKLARNI DIAGNOSTIKASI
VA DAVOLASHNING DOLZARB MUAMMOLARI»
XALQARO ILMIIY-AMALIY ANJUMANI
TEZISLAR TO'PLAMI**

2022 yil 17 may

**СБОРНИК ТЕЗИСОВ МЕЖДУНАРОДНОЙ
НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ
«АКТУАЛЬНЫЕ ПРОБЛЕМЫ ДИАГНОСТИКИ
И ЛЕЧЕНИЯ ЗАБОЛЕВАНИЙ
ВНУТРЕННИХ ОРГАНОВ»**

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17 МАЯ 2022 ГОДА, ТАШКЕНТ**

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Toshkent tibbiyot akademiyasida bo'lib o'tgan «Ichki kasalliklar diagnostikasi va davolashning dolzarb muammolari» xalqaro ilmiy-amaliy anjumanida taqdim etilgan tezislari ushbu to'plamdan o'rin olgan. To'plamning asosiy qismi ichki kasalliklarning dolzarb muammolarini aks ettiradi: ichki a'zolar kasalliklarini erta tashxislash, davolash va oldini olishning samarali usullarini ishlab chiqish va tadbiq etishga bag'ishlangan.

Taqdim etilgan ilmiy natijalar terapiya yo'nalishining barcha mutaxassislari uchun ilmiy va amaliy ahamiyatga ega.

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The assessment of the psychological status of patients was carried out using the «Mini-Cartoon» questionnaires and a multi-level personality questionnaire «Adaptability».

According to the Mini-Cartoon questionnaire, RA patients have increased indicators on the scales of hypochondria, depression and hysteria.

According to the «Adaptability» questionnaire, the index of neuropsychic stability was reduced in RA patients, that is, a decrease in the adequacy of self-es-

teem and real perception of reality, a tendency to neuropsychiatric breakdowns.

The interrelations between psychological status and adherence to treatment are revealed. Patients who are committed to treatment have a better psychological status and a greater personal adaptation potential.

The assessment of the initial adherence to the treatment of RA patients, taking into account their psychological characteristics, will allow us to develop an optimal plan for monitoring the patient and monitoring the therapy.

VARIOUS DESTRUCTIVE PROCESS IN JOINTS OF PATIENTS WITH REACTIVE ARTHRITIS

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The objective of the study was definition of certain clinical presentation of the disease in patients with ReA dependently on the level of cartilage oligomeric matrix protein (COMP).

Material and research methods: overall 50 patients with ReA with urogenital etiology were enrolled in the study. The age of the patients was 19–50 (35.6 ± 10.3) years old, while the duration of the disease was 3.1 ± 1.4 . for the study the patients were divided to two groups according to the therapeutic strategy. The control group (n=25) included patients, who received basic therapy. The basic group (n=25) included the patients, who used therapy for early destruction of damaged joints together with basic therapy.

Results: Fifty-eight percent of the patients enrolled in the study were women. According to history data the average age of the patients at the appearance of initial ReA symptoms was 30.1 ± 5.3 years old. Mean period from the appearance of symptoms till ReA diagnosis was 2.5 months. Dysfunctions in joints could be linked with specific alterations due to inflammatory process in it. Patients had shown manifesta-

tions of acute inflammatory stage, and the duration of morning stiffness linked to the stage of functional failure in joints. Ninety percents of the patients complained about oligoarthritis. Particularly, synovitis was observed in all groups of the patients; it was mostly isolated and sometimes it was associated with peri-arthritis in the form of bursitis or tendinitis. Dysfunctions in joints also could be linked with typical structural alterations caused by immune inflammatory processes in them. In its turn, Lequin algorithm was assessed in cases of secondary osteoarthritis of knee joint and it was equal to 8.8 ± 1.6 . According to the results of follow-up of dynamic serum COMP dependent on the therapy method, clinical improvement in the progression of the disease and its stability was achieved due to decrease in its amount. In the basic group COMP reliably decreased ($r < 0.05$) in three months, while in the control group it decreased in 6 months and it was not statistically significant ($r > 0.05$).

Conclusion. Thus, treatment of early joint degeneration in patients with ReA plays an important part in the improvement of functional capabilities of the joint and inhibition of destructive process in joints.

DEVELOPMENT OF CHRONIC GASTRODUODENAL PATHOLOGY IN HELICOBACTERIOSIS

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The purpose of the developmental features of the formation of extra-gastric manifestations of helicobacteriosis in chronic gastroduodenitis in children.

Studies of the incidence and nature of extra-gastric manifestations of helicobacteriosis in chronic gastroduodenitis in children, at the first stage, included 792 children aged 7 to 17 years with chronic gastroduodenitis who are hospitalized in the department of gastroenterology and are registered in the dispensary at the gastroenterologist's offices of

the RSNPMC consultative and diagnostic clinic Pediatrics of the Ministry of Health of the Republic of Uzbekistan. From total number of children, 72.2% (n=572 children) were found with chronic gastroduodenal pathology (CGDP), 27.8% (n=220 children) with somatic pathology included in the control group. The number of examined boys is 53.3% (n=422), girls 46.7% (n=370) of the total number of children. Of the children with chronic gastroduodenal pathology, girls include 50.7% (n=282), boys 50.3% (n=282).

According to the results of the table, the difference between CGDP and the control group of children was revealed, which is 14.4% by weight (group 1 of children –22.7%; group 2 of children –37.1%). In terms of growth, this difference between the groups is 2.1% and 3.0% (a difference of 1.5 times). The body mass index (BMI) in the two groups was 7.6% and 12.1%, respectively, which shows a difference of more than 1.5 times. Of the children with CGDP disease (n=290), 65% are children aged 7 to 12 years; and 35% (n=282) from 12 to 17 years old. Among 572 children with CGDP, 62.6% (n=268) underwent endoscopic examination of chronic gastritis, gastric and duodenal ulcers, gastroesophageal reflux (GER). The number of sick children with chronic gastritis is 65.3%, with gastric and duodenal ulcer disease is 70.8% and 3.3%, respectively, and with gastroesophageal reflux (GER) 3.1%. In a larger number of sick children with chronic gastroduodenal pathology, the following clinical manifestations are observed: dyspeptic disorders in 100% (n=572), pain in 57.1% (n=119), and signs of anemia in 79.1% (n=453) of the studied children. In the course of the survey of sick children, the following causes of the disease were identified: violations of the order of nutrition (not timely eating, a large number of quickly prepared foods, eating in a hurry, and eating disorders) amounting to 62.6%; CGDP due to the presence of Helicobacteriosis 57.7%; due to the presence of a chronic focus of infection 62.0% and hereditary predisposition 42.2%.

The results of the study of Helicobacter pylori infection in children with chronic gastroduodenitis showed that 58% (n=334) of the selected 572 children have Helicobacter pylori infection, 88% have gastric and duodenal ulcers, 94% have antropylorobulbitis in chronic gastroduodenitis with helicobacteriosis, 15% have non-atrophic gastritis, 9% erosive gastritis in chronic gastritis with helicobacteriosis. It can be seen from the results that the incidence of infection in children with an extra-gastric manifestation of Helicobacter pylori is high. On a number of laboratory studies, a peripheral blood test was performed in order to recognize anemia in the children under study. Studies have shown a decrease in hemoglobin in children with stomach and duodenal ulcers up to 90%. In all the studied children, 100% (n=792), iron deficiency anemia of the 1st and 2nd degree was found. A decrease in the content of ferritin in the blood was revealed in children with chronic gastroduodenal pathology.

Thus, the conducted studies established the frequency of occurrence of extra-gastric manifestations of helicobacteriosis among patients with chronic gastroduodenitis. A high-risk group for the formation of extra-gastric manifestations of helicobacteriosis was identified. Clinical and biochemical features of the course of extra-gastric manifestations of helicobacteriosis have been established. Biochemical markers of the formation of extra-gastric manifestations of helicobacteriosis were determined. An algorithm for predicting, forming and diagnosing extra-gastric manifestations of helicobacteriosis has been developed.

ANTIHYPERTENSIVE EFFECTIVENESS OF A TWO-COMPONENT FIXED COMBINATION OF ANGIOTENSIN II RECEPTOR BLOCKER WITH CALCIUM CHANNEL BLOCKER AND ITS EFFECT ON THE PARAMETERS OF 24-HOUR BLOOD PRESSURE MONITORING IN PATIENTS WITH ARTERIAL HYPERTENSION WITH OBESITY

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Purpose of the study. to study the antihypertensive efficacy of a two-component fixed combination (FC) of an angiotensin II receptor blocker (ARB II) with a calcium channel blocker (CCB) and its effect on the parameters of 24-hour blood pressure monitoring (ABPM) in patients with arterial hypertension (AH) with abdominal obesity (AO).

Materials and methods. 50 patients with 2nd degree AH (Stage II) in combination with AO of I–II degree aged from 35 to 60 years were examined. All patients were prescribed FC ARB II olmesartan with CCB amlodipine once in the morning in daily doses: 20 mg/5 mg –40/10 mg. ABPM was performed according to the standard method before and after 8 weeks of treatment.

Results. Under the influence of 8 weeks of FC therapy with such antihypertensive drugs as ARB II and CCB, 41 (82%) patients achieved the target levels of «office» BP. At the same time, all patients who

reached the target levels of «office» BP required the use of the maximum daily dose of this FC – olmesartan–40 / amlodipine –10 mg. In 9 (18%) of the examined patients, to achieve the target levels of «office» BP, it was necessary to prescribe a third antihypertensive drug (the thiazide-like diuretic indapamide (6 (12%) patients) or the highly selective beta-blocker bisoprolol (3 (6%) patients). patients who achieved the target levels of «office» BP showed significant positive dynamics of a number of ABPM parameters: a significant (p<0.01) decrease in average 24 hours, average daily, average night systolic BP levels (SBP (24), SBP (D), SBP (N)) and diastolic blood pressure (DBP (24), DBP (D), DBP (N)); a significant decrease in the number of patients with increased BP variability (from 46% to 7%, p<0.01) and the number of patients with excessive morning rise in both SBP (from 44% to 7%, p<0.05) and DBP (from 29% to 5%, p<0.05). In the dynamics of the therapy in this subgroup of pa-

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