



**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**

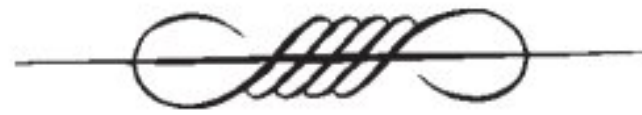
**СБОРНИК ТЕЗИСОВ МЕЖДУНАРОДНОЙ  
НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ  
«АКТУАЛЬНЫЕ ПРОБЛЕМЫ ДИАГНОСТИКИ  
И ЛЕЧЕНИЯ ЗАБОЛЕВАНИЙ  
ВНУТРЕННИХ ОРГАНОВ»**

**17 мая 2022 г.**



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17 МАЯ 2022 ГОДА, ТАШКЕНТ**



stools, diarrhea, bloating and belly pain. In summary, systemic scleroderma is a very rare disorder that can frequently affect the gut. When early in its course, some people with scleroderma can be misdiagnosed

as having a functional GI disorder, such as IBS, functional constipation, or functional bloating, among other conditions.

## Therapeutic Effects of Glutathione on Diabetic Neuropathy in Type 2 Diabetes Mellitus Patients

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**Purpose.** To evaluate the effects of glutathione on regression of diabetic neuropathy in patients with diabetes mellitus type 2 (T2DM).

**Materials and Methods.** A total of 83 T2DM patients (58 women and 25 men), who were given glutathione (Neomarin, China) for 10 days and a control group of 15 patients (10 women and 5 men) were evaluated in this study. All patients had the history of T2DM more than 10 years and the history of diabetic neuropathy more than 5 years. Participants in the experimental group had the average age of  $48.2 \pm 2.1$  years, FPG (fasting plasma glucose)  $9.7 \pm 2.97$  mmol/l and HbA1c between 7.8–10.31%. The participants of the control group had the average age of  $54.1 \pm 1.8$  years and HbA1c between  $7.7 \pm 0.5\%$ . Hypoglycemic therapy was ordered to all patients in the experimental group (43%-insulin therapy and 57%-oral hypoglycemic drugs) while the control group received basic therapy (hypoglycemic therapy and hemodynamic stabilization.) Glutathione 1200 mg (Neomarin, China) was given for diabetic neuropathy to the patients in the experimental group for 10 days. Neurological examination was performed using TSS (Total Symptom Score), NSS (Neurological Symptoms Score), NDS (Neuropathy Disability Score) and VAS (visual analog scale).

**Results.** The study lasted for 10 days. Pain intensity was measured by using VAS. In the experimental group the VAS result was  $6.42 \pm 1.8$  sm. Neurologic complaints significantly decreased 1/3 of the patients in the experimental group during first week of glutathione treatment. While pain was preserved in this time, it was mild and  $5.2 \pm 0.4$  sm by VAS. The frequency of neuropathy symptoms (pain, numbness, paresthesia and burning sensation) was much lower in the experimental group than the control group. A number of scores in TSS lowered by 28% and 15.7% in the experimental group and in the control group respectively. Neurological symptoms by NDS scale reduced by 28.6%, from 26.5 score to 19.5 score ( $p \leq 0.05$ ) in the group of patients receiving glutathione while the same symptoms by NDS scale lowered from 24.2 score to 20.1 score in the control group.

**Conclusion.** 1. Using glutathione helped to reduce the frequency of neuropathy symptoms (according to TSS scale) by 28%.

2. Glutathione has the ability to reverse diabetic neuropathy in terms of loss of sensation, reducing neurological symptoms by NDS scale by 28.6%.

3. Changes by NSS in the experimental group was 28%.

## The Role of Interleukin-6 Gene Polymorphism in Assessing the Development and Clinical Course of the Disease in Patients with HCV-Associated Arthritis

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**Purpose of the study.** To study the nature of the relationship between IL-6 genotypes and the development and progression of the clinical course of associated arthritis (HCVaA) with viral hepatitis C.

**Material and methods.** All examined patients were divided into 2 groups: group 1 – the main group – 52 patients with a positive response to HCV and observed associated arthritis, group 2 – the comparison group included 23 patients with chronic hepatitis C without associated arthritis. A study was conducted on 52 patients (mean age  $38.54 \pm 6.00$  years) with a diagnosis of chronic viral hepatitis C. The material for studying the frequency of occurrence of single nucle-

otide substitution C-174G of the IL6 gene was samples of genomic DNA obtained from peripheral blood leukocytes of patients (52 patients with HCVaA of the main group and 82 of the control group) using a kit for RNA/DNA extraction from clinical material. «Amply Prime-RIBO-prep». To detect polymorphism of the IL6 gene, a polymerase chain reaction (PCR) was performed with a reagent kit for determining the C-174G polymorphism of the IL6 gene. Studies of the C-174G polymorphism of the IL6 gene were carried out in the laboratory of the Department of Molecular Medicine and Cell Technologies of the Research Institute of Hematology and Blood Transfusion.



**Results.** The results of our case studies offer interesting suggestions regarding the role of cytokines in the pathogenesis of arthritis-associated HCV. The C174G genotype of the IL-6 gene in patients diagnosed with HCVaA is dominated by the genotypes of the G allele, homozygous G/G, and heterozygous C/G. In patients with HCVaA, a decrease in the C/C genotypic variant of the IL-6 gene in the C174G genotype and an increase in the C/G genotypic variant were observed compared with apparently healthy people (48.1% vs. 21.7%, respectively). Worsening of disease development and progression in patients with

HCVaA is mainly due to an increase in the heterozygous C/G variant.

**Conclusion.** Thus, the risk of developing associated arthritis with HCV in carriers of this genotypic variant increases by 2.2 times. As can be seen from the data obtained, the development and course of HCVaA was associated with IL-6 genes mainly, with a sharp increase in the frequency of heterozygous C/G variants and a decrease in the homozygous G/G variant. To predict the development and progression of HCVaA, it is necessary to determine the C174G polymorphism of the IL-6 gene.

## INCREASING CONTROL OF ARTERIAL HYPERTENSION BY USING HOME BLOOD PRESSURE MONITORING IN HYPERTENSIVE PATIENTS WITH OBESITY

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**Purpose of the study.** To study the possibility of improving the quality of control of the course of arterial hypertension (AH) by using the home blood pressure (BP) monitoring in hypertensive patients with abdominal obesity (AO).

**Materials and methods.** 203 patients with AH 2–3 degrees with AO 1–2 of I–II degree aged from 36 to 62 years were examined. All patients were determined anthropometric indicators, office BP; ambulatory BP monitoring was performed. Fasting blood glucose and oral glucose tolerance test, blood lipid and uric acid levels were also determined. All patients were prescribed combined antihypertensive therapy: the angiotensin II receptor blocker olmesartan at a daily dose of 20–40 mg and the calcium channel blocker lercanidipine at a daily dose of 10–20 mg. Patients also received atorvastatin at a daily dose of 20–40 mg. Medical treatment was conducted on the background of low-calorie and low-purine diet and controlled physical activity. The diet of patients was based on the trophological status of the patients, was seasonal and balanced in terms of energy value and physical costs.

150 patients (group I) measured BP at home using a semi-automatic validated BP monitor (the measurement was carried out in the morning and in the evening, after 5 minutes of rest; the number of measurements was at least 6 days a week, with subsequent transmission of data to the attending physician once a week with using E-mail or Viber (for the purpose of correction of treatment). The body weight of the patients was carried out once a month with the subsequent transfer of data to the attending physician (for the purpose of correction of the diet).

53 patients (Group II) were treated according to the therapy regimen and dietary recommendations prescribed by the attending physician without the use of home control of blood pressure and body weight.

The effectiveness of drug therapy and lifestyle modification was assessed after 6 months.

**Results.** In patients of group I, a significant decrease in BP was registered (the levels of systolic BP decreased from  $(174.1 \pm 7.7)$  mm Hg to  $(136.5 \pm 5.6)$ ,  $p < 0.001$ , the levels of diastolic BP decreased from  $(106, 3 \pm 4.5)$  mm Hg to  $(87, 0 \pm 3, 1)$  mm Hg,  $p < 0.001$ , decrease in body mass index from  $(32.7 \pm 0.9)$  kg/m<sup>2</sup> to  $(29.9 \pm 0.6)$  kg/m<sup>2</sup>,  $p < 0.001$ . Against this background, there were positive changes in metabolic parameters – a significant decrease in fasting glucose levels from  $(5.74 \pm 0.15)$  mmol/l to  $(5.18 \pm 0.11)$  mmol/l,  $p < 0.001$ ; decrease the levels of total cholesterol from  $(5.75 \pm 0.25)$  mmol/l to  $(5.17 \pm 0.11)$  mmol/l,  $p < 0.01$  and low-density lipoprotein cholesterol from  $(3.82 \pm 0.21)$  mmol/l to  $(2.93 \pm 0.19)$  mmol/l,  $p < 0.005$ . In patients of group I, the target levels of office BP was achieved in 75% of patients; normalization of lipid metabolism – in 70% of patients. There was also a decrease in blood uric acid levels on average for the group, although it was not significant.

In patients of group II, a decrease in the levels of systolic BP from  $(175.7 \pm 9.4)$  mm Hg was revealed to  $(144.9 \pm 7.1)$  mm Hg,  $p < 0.05$ ; decrease in the levels of diastolic BP from  $(105.9 \pm 8.1)$  mm Hg to  $(88.3 \pm 5.5)$  mm Hg,  $p < 0.05$ . Body mass index in patients of this group decreased from  $(33.1 \pm 1.7)$  kg/m<sup>2</sup> to  $30.5 \pm 0.8$  kg/m<sup>2</sup>,  $p < 0.05$ . Significant changes in lipid, carbohydrate and purine metabolism were not obtained (in general, the group showed a tendency to decrease in fasting glucose levels, total cholesterol levels, triglycerides levels). In patients of group II, the target levels of BP was achieved in 50% of patients; normalization of lipid metabolism – in 30% of patients.

**Conclusions.** The use of home BP monitoring (in addition to office BP and ambulatory BP monitoring) can significantly improve blood pressure control, treatment efficacy, and prognosis in hypertensive patients with obesity.



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