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кожно-венерологическая
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НАУЧНО-ПРАКТИЧЕСКАЯ КОНФЕРЕНЦИЯ
«ДЕРМАТОВЕНЕРОЛОГИЯ И КОСМЕТОЛОГИЯ:
ДОСТИЖЕНИЯ НАУКИ В ПРАКТИКУ»

@bakhtiyorbegmatov.office@gmail.com

**СБОРНИК ТЕЗИСОВ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ
«ДЕРМАТОВЕНЕРОЛОГИЯ И КОСМЕТОЛОГИЯ: ДОСТИЖЕНИЯ
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обнаруживались деструктивно-измененные клетки, а местами атрофия. В дерме и соединительнотканной строме также были получены гистологические признаки частичного эффекта.

Выводы: на основе анализа динамических изменений патоморфологической картины псориазически пораженных кожных участков после первого курса озонотерапии, выявлено достоверное улучшение основных структурных показателей кожи: нарастание пролиферативной активности в эпидермисе, и тенденции к восстановлению патоморфологических нарушений в дерме.

CLINICAL COURSE AND METHODS OF TREATMENT OF TRICHOPHYTOSIS

Imamov O.S., Abduvakhitova I.N., Toxtayev G.Sh.

Tashkent Regional Department of Dermatology and Venerology

Tashkent Medical Academy

Relevance. In recent years, many observations have noted changes in clinical pictures of zooanthroponotic dermatophytosis, the appearance of their erased and atypical forms. In isolated cases, there were observed asymptomatic, erased, sluggish forms of microsporia of smooth skin, when focal lesions are detected do not have clear boundaries, pronounced inflammatory phenomena, significant peeling. They are usually mistaken for manifestations of seborrheic dermatitis, seborrhea, streptoderma, chronic trichophytosis. A characteristic feature of all dermatophytosis is a modification microflora. If earlier the most common pathogens of dermatophytosis were anthropophilic fungi, now they account for no more than 1% flora. The main causative agents of microsporia and trichophytosis are zoophilic fungi. For microsporia, this is *M. canis*, trichophytosis - *T. verrucosum* and *T. mentagrophytis* var. *gypseum*. In Uzbekistan, trichophytia is

more common, caused by zoophilic fungi, the role of which increases during periods of epidemiological outbreaks of mycoses. Zoophilic trichophytia, caused by pathogenic fungi of the genus *Trichophyton*, is one of the mycotic diseases of the skin and appendages, common mainly in rural areas and affecting both children and adults. In the etiological structure of zooanthroponoustrichophytia, there are two pathogens-*Trichophytonverrucosum*, *Trichophytonmentagrofites*, var.gypseum, having different natural reservoirs, which determines the features of the epidemiology of trichophytia. When infected with *T. verrucosum*, the source of infection is most often cattle, when infected with *T. verrucosum. mentagrophytes* - mouse-like rodents. Seasonality is expressed, but there are differences related to the peculiarities of agricultural activities.

Purpose of the study. Study of the features of the concomitant microflora in the foci of infiltrative-suppurativetrichophytia complex treatment of complicated forms of zooanthroponoustrichophytia.

Material and research methods. Microbiological studies on concomitant microflora were carried out in the bacteriological laboratory of the Tashkent regional dispensary. For the qualitative and quantitative analysis of the skin microflora, the methods of flushing according to WillamsonetKligman were used using sterile cotton swabs soaked in nutritious broth. Highly selective culture media were used for sowing: blood agar, yolk - salt agar, Saburo, Endo, etc. Washes were made from 1 cm² of the skin surface.

Research results. The age structure was dominated by children of preschool and primary school age 46 (47.92%), teenagers were 23(23.96%), adults – 27(28.13%). Microscopic examination of the hair from the lesion foci revealed *Tr. Ectotrix* in all cases. The growth of fungi in bacteriological culture was obtained in 46 (47.92%) patients with this form, of which *Tr. verrucosum* (syn. *Tr. faviforme*) was determined in 32 patients, and *Tr. Mentagrophytes var. gypseum* – in 14 patients. There were 92 rural residents. Sources of infection were identified in 76 (30.4%); the infection occurred from cattle kept in a private farmstead, as well as due to domestic contact with sick family members, acquaintances. In 5(5.2% %)

patients with localization of the lesion in the pubic region, infection occurred during sexual contact with partners. The majority of patients - 29(30.2%), were involved in treatment in the first 7-14 days after the detection of signs of the disease in the period from 15 to 30 days – 41(42.7%), after 1-2 months – 8(8.3%), over 2 months-8(8.3%).

Conclusion. The infiltrative-suppurative form of zoonanthropous trichophytia is often complicated by intoxication, lymphadenitis, a violation of the general condition of patients and has a progressive course against the background of traditional therapy with systemic and topical antimycotic drugs. In most cases, patients have secondary infection of the foci due to the activation of the skin microflora, increased colonization by staphylococci and opportunistic microorganisms of the intestinal group. The use of the combined antibacterial drug mupiroban in combination with systemic and topical fungicidal therapy contributes to a more successful dynamics of the inflammatory process and is not inferior in effectiveness to standard treatment methods.

FACTORS ASSOCIATED WITH PLASMA IL-6 LEVELS IN HIV- POSITIVE PEOPLE

Karimov D.A., Akhmedjanova Z.I., Nazarova M.F., Begmatov B.X. Pulatov B.A.

Tashkent state dental institute, Uzbekistan

Institute of immunology and human genomics, Uzbekistan

Background. Elevated interleukin 6 (IL-6) levels have been linked to cardiovascular disease, cancer and death. Persons with human immunodeficiency virus (HIV) infection receiving treatment have higher IL-6 levels, but few data are available on factors associated with circulating IL-6.

Methods. Participants in the study with IL-6 measured at baseline were included (N = 48). Factors associated with IL-6 were identified by linear regression. Demographic and HIV variables (nadir/entry CD4+ cell count, HIV RNA level,