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**CLINICAL AND BIOCHEMICAL PARAMETERS OF PATIENTS WITH COVID-19 WITH IMPAIRED LIVER FUNCTION BEFORE AND AFTER TREATMENT**

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*Annotation. In this article, the clinical and biochemical parameters of patients with coronavirus infection and elevated levels of liver enzymes were studied before and after 3 months of drug therapy. Postcovid symptoms were analyzed.*

**Keywords:** COVID-19, ALAT, AsAT.

**COVID-19 БИЛАН КАСАЛЛАНГАН, ЖИГАР ФАОЛИЯТИ БУЗИЛГАН БЕМОРЛАРДА, ДАВОЛАНИШДАН ОЛДИНГИ ВА KEYИНГИ КЛИНИК - БИОКИМЁВИЙ КЎРСАТКИЧЛАРИ**

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*Аннотация. Ушбу мақолада коронавирус билан касалланган, жигар ферментлари ошган ва 3 ойлик медикаментоз даври ўтган беморларнинг клиник - биокимёвий кўрсаткичлари ўрганилган. Улардаги постковид симптомлар таҳлили ўтказилган.*

**Калит сўзлари:** COVID-19, АлАТ, АсАТ.

**КЛИНИКО-БИОХИМИЧЕСКИЕ ПАРАМЕТРЫ БОЛЬНЫХ С COVID-19 С НАРУШЕНИЕМ ФУНКЦИИ ПЕЧЕНИ ДО И ПОСЛЕ ЛЕЧЕНИЯ**

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*Аннотация. В этой статье были изучены клинико-биохимические показатели больных с коронавирусной инфекцией и повышенным уровнем печеночных ферментов до и после 3 месяцев медикаментозной терапии. Был проведен анализ постковидных симптомов.*

**Ключевые слова:** COVID-19, АлАТ, АсАТ.

**Relevance.** The pandemic caused by SARS-CoV-2 (COVID-19) is a serious problem for the world medical and practical health system. In many countries, health professionals are considering not only the treatment of the acute stage of the disease, but also the means and methods of recovery and return of patients to a normative lifestyle. In patients who have experienced a new coronavirus infection, the issues of medical rehabilitation have been interest to many countries, medical specialties. A lot of researchs were carried out by scientists from around the world. Approaches and methods of medical rehabilitation are different, but all scientists are surprised that there is a need for it [3].

G.E. Ivanova and others (2020) [1] after an acute period of coronavirus infection, the first two months write that breathing is the best time to recover, which they believe is the therapeutic window period. In order to plan a personal medical rehabilitation program and assess the safety of planned rehabilitation activities, it is necessary to check patients with COVID-19. A.N. Razumav and others. (2020), rehabilitation measures significantly restore respiratory function in patients, improve quality of life, temporarily reduce disability duration and primary disability cases. Physical exercises are the basis of rehabilitation programs for pulmonic patients, depending on their impact, intensity, time and location of the lesion. Physical exercise has a positive effect on physical, psychological health and quality of life in patients with COVID-19[2].

Given the scale of the pandemic outbreak, thousands of people will need medical

rehabilitation, which encourages the health care system to develop effective and cost-effective methods in turn. It should be said that in patients who has undergone severe pneumonia, there is a decrease in physical movement, work capacity and quality of life, which ultimately indicates the economic importance of medical rehabilitation [5].

Each patient with coronavirus, regardless of the severity of the disease, must undergo rehabilitation. Lack of rehabilitation this is not only a problem of neighboring countries, but also a huge gap of Uzbekistan.

**Aim of the study:** to identify post-traumatic syndromes in patients with COVID-19, after 3 months of medicamentous treatment, and to recommend a differentiated rehabilitation program to them.

**Materials and methods of the study:** in our study, Casals with an increase in cytolytic indices of 110 units were selected. They received ursodeoxyholic acid (250 mg, daily dose 10-15 mg/kg, 2-3 times) for 3 months. After 90 days, a re-survey and laboratory examination were conducted from them.

#### **Results and discussion:**

We studied the clinical-laboratory characteristics of patients and obtained the following results when we separated our patients by age, gender (Table 1). In the study, the distribution of men and women does not differ greatly: men 56,4% and women 43,6%. The average age of the studied patients was  $47,27 \pm 14,91$ . The average duration of hospitalization of patients was  $12,4 \pm 4,28$  days.

#### ***1-graph***

#### **Age and sex characteristics of patients (n=110)**

№	indicators	achievement	
1	men and women	%	56,4/43,6
2	age (n=110)	M±m (ёш)	47,27±14,91
3	average duration of stay in the hospital (n=110)	M±m (кун)	12,4±4,28

The analysis of the distribution of the disease according to the severity of the disease, depending on the age group, is presented in Table 2. The table shows that in the young and middle-aged group, the heavy course of

COVID -19 was predominant. In elderly patients who participated in the study, the occurrence of the disease with an average weight was observed more often.

## 2- graph

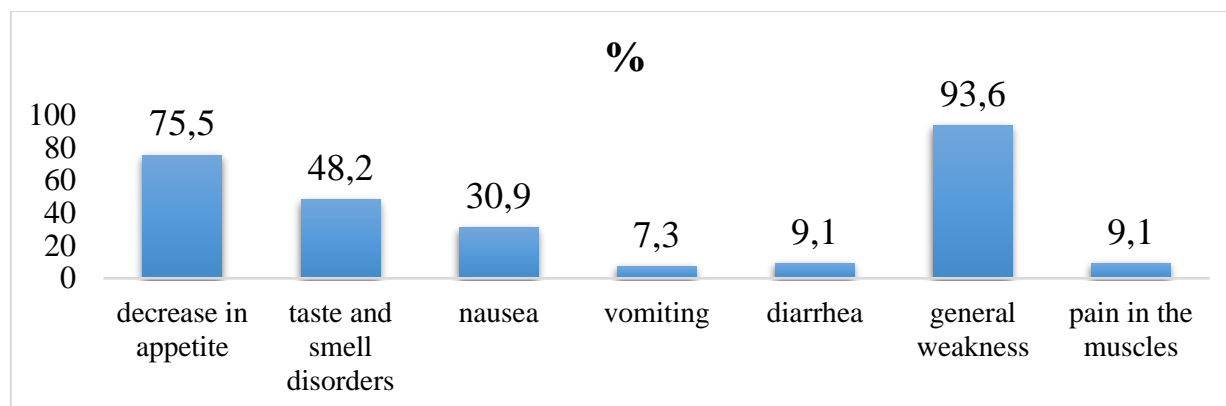
**Age and sex characteristics of patients (n=110)**

Age groups	total	The course of the disease with moderate severity	Severe course of the disease	p
Young people (18-44 age)	48 (43,6%)	42 (43,3%)	6 (46,1%)	-
Middle age (45-59 age)	38 (34,5%)	33 (34,1%)	5 (38,4%)	-
Elderly person (60-74 age)	23 (20,9%)	21 (21,6%)	2 (15,3%)*	$P>0,05$
Older people (75-90 age)	1 (0,9%)	1 (1,03%)	-	-
Total	110 (100%)	97 (100%)	13 (100%)	-

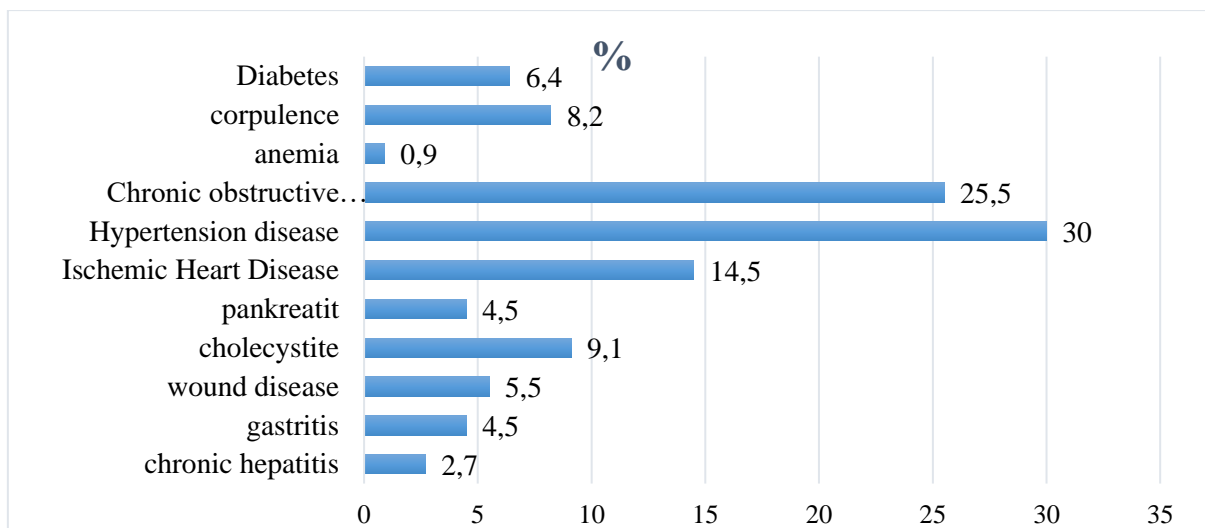
The study of the meeting of the main complaints of patients showed that they often had an inertia in general (93.6%) and a decrease in appetite (75.5%). 48.2% of patients noted lack of taste and smell. Nausea was observed in 30.9% of patients. 7.3% of patients complained of vomiting. 9.1% of patients complained of diarrhea and muscle pain (Figure 2).

Analysis of the prevalence of somatic pathology is presented in Figure 3. On the graph,

it can be seen that the diseases of bitumen (25,5%) and hypertension disease (30%) are most often detected. ischemic heart diseasesuffered in 14.5% of patients, cholecystitis – 9.1%, obesity – 8.2%, type 2 diabetes – 6.4%, ulcer - 5.5%, gastritis - 4,5%, pancreatitis – 4,5%, chronic hepatitis - 2.7% of patients. Anemia was detected at 0,9% (Figure 3).



**2-picture. Prevalence of complaints in studied patients (n=110)**



**3-picture. Prevalence of major somatic diseases in studied patients (n=110)**

We studied the body weight index (BWI) of all patients (Table 3). We can see from the table that the severe course of the disease was observed in those with 2 degree of obesity

(BWI 35-40). Excess weight was present in those who underwent the disease with moderate severity (BWI 25-30). There was no weight loss among all the muscles.

**3- graph**

**Distribution of the disease weight level depending on the body weight index**

BWI indicator	Moderate severe course of the disease	Heavy evening	p
BWI <18,5 (weight loss)	-	-	-
BWI = 18,5-25 (standard)	22 (20%)	-	-
BWI = 25-30 (excess weight)	48 (43,6%)	-	-
BWI = 30-35 (obesity 1 degree)	27 (24,5%)	2 (1,8%)*	<i>P&gt;0,05</i>
BWI = 35-40 (obesity 2 degree)	-	11 (11%)	-
total	97 (88,1)	13 (11,8%)*	<i>P&gt;0,05</i>

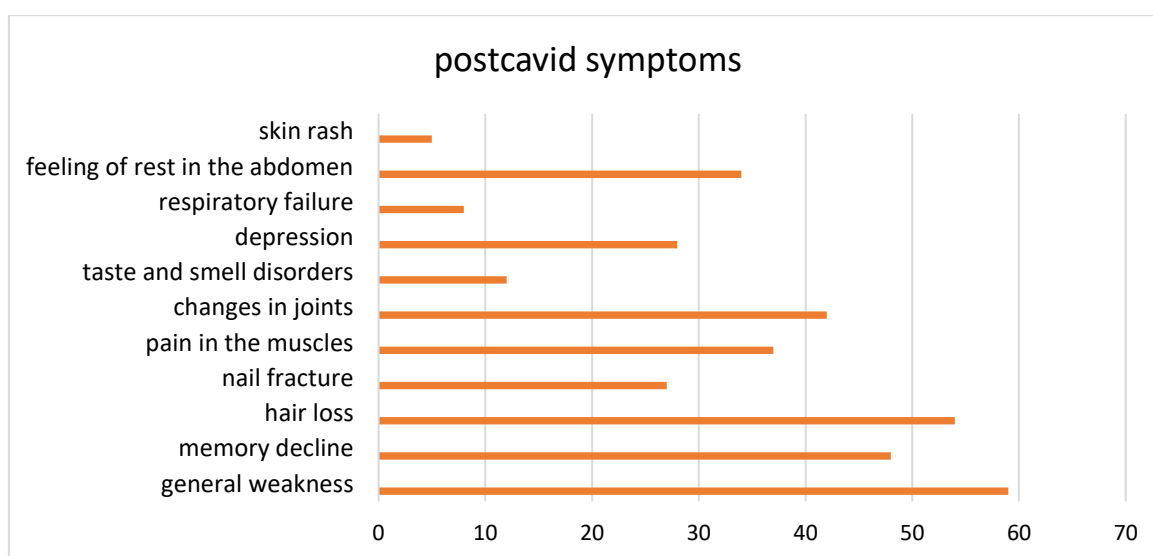
The results of biochemical analysis, were presented in Table 4. The average index of AlAT and AsAT was 43,4±31,59 and 37,57±27,43 ED at the norm border. The average amount of total bilirubin is 9,78±4,1 mmol / l. The total protein is 75,72±3,76 g / l. On average, the amount of albumin is 37,02±2,36 g / l. Most patients, there was an increase in C reactive protein, 36,8±45,09 ED. The sugar con-

tent in the blood was within the norm range, indicating 5,33±1,96 mmol/l. By involving us an increase in the amount of creatinine in the blood was equal to 92,65±25,73 mmol/l. Mochovina showed the last limit of the norm in the blood 5,87±1,9 mmol / l. Lactatdegidrogenase (LDG) and amylase were detected in some patients 240505±59,22 ED/l and 137,95±29,72 ED/l.

## Features of biochemical parameters of blood

№	Indicators	Results		Normative indicators
1	AlAT (n=110)	M±m	43,4±31,59	<40 ЕД/л
2	AsAT (n=110)	M±m	37,57±27,43	<35 ЕД/л
3	bilirubin (n=110)	M±m	9,78±4,1	3,4-20,5 ммоль/л
4	albumin (n=110)	M±m	37,02±2,36	35-55 г/л
5	C reactive protein (n=110)	M±m	36,8±45,09	0-6 мг/л
6	Glucose (n=110)	M±m	5,33±1,96	3,2-6,1 ммоль/л
7	creatinine (n=46)	M±m	92,65±25,73	44-115 ммоль/л
8	Mochevina (n=110)	M±m	5,87±1,9	2,5-8,3 ммоль/л
9	Total protein (n=110)	M±m	75,72±3,76	66-85 г/л
10	Calcium (n=43)	M±m	2,1±0,15	2-2,6 ммоль/л
11	Cholesterin (n=22)	M±m	3,18±0,79	<5,2 ммоль/л
12	Triglyceride (n=15)	M±m	2,35±0,76	<2,28 ммоль/л
13	LDG (n=17)	M±m	245,05±59,22	225-450 ЕД/л
14	α- amylase (n=17)	M±m	137,95±29,72	0-220 ЕД/л

We studied the results of a survey and laboratory analysis after 3 months of medicamentous treatment. We analyzed the most disturbing complaints of patients, that is, the post-traumatic symptoms and placed them on the diagram (Figure 3).



As can be seen from the diagram, most often encountered general inertia, nutritional deficiency, depression, changes in the digestive system and the bone marrow.

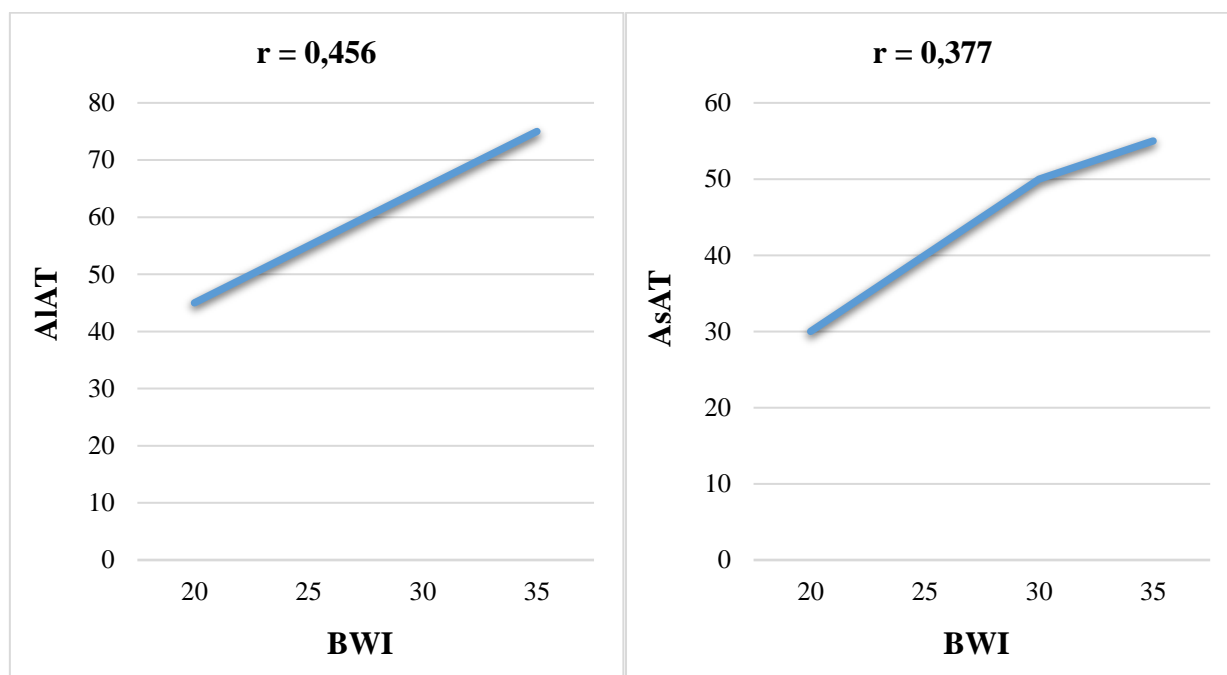
Changes in liver aminotransferases were compared among themselves (Table 5). The

maximum increase in AlAT and AsAT was observed in 5 days of follow-up. The average AlAT index was 43,4±31,59 until treatment, while 5 days were 102,59±75,93. Monitoring of cytolytic indicators showed that AlAT normalized after 3 months 34,55±13,52.

**Dynamics of aminotransferases in the general group of patients (n=110).**

indicators	until treatment	5-day	After 3 months
AlAT	43,4±31,59	102,59±75,93	34,55±13,52
AsAT	37,57±27,43	65,79±47,95	21,6±8,55

AsAT the mean amount of treatment was 37,57±27,43, 5 days, up to 65,79±47,95. The monitor of AsAT returned to the norm after 3 months 21,6±8,55.



Despite the 5th table, even after 3 months, there was an increase in liver ferment in some patients. They were 22 patients, 17 of them were young people. It turned out that in 22 patients with high BWI. This means that most young people, excess weight and obesity are observed, as long as the cytolytic indicators are high.

**Conclusion.**

1. Medical rehabilitation, complaints are observed in patients, which in turn requires complex rehabilitation for 3 months.

2. Patients were more likely to have complaints, which were mainly nutritive, specific to the movement and nervous system, need to choose diffirencial rehabilitation for such patients.

3. Liver fermens were detected in patients who did not return to the norm, even after the treatment of medikamentosis. They were formed mainly by young people; it was determined that young people have different levels of obesity.

4. At times, correctly selected and early-onset rehabilitation can reduce syndrome of encountering post-traumatic syndromes

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## USE OF NEUROPROTECTIVE – GLIATILIN IN THE TREATMENT OF OPTIC NERVE ATROPHY

ЛЕЧЕНИЕ АТРОФИИ ЗРИТЕЛЬНОГО НЕРВА С ИСПОЛЬЗОВАНИЕМ НЕЙРОПРОТЕКТОРА - ГЛИАТИЛИНА

КО'РУВ NERVI ATROFIYASINI NEYROPOTEKTOR- GLIATININING QO'LLANILISHI

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*The effectiveness of treatment of partial atrophy of the optic nerve of various origins with a peptide bioregulator (gliatilin) was studied. Patients with partial atrophy of the optic nerve of various etiologies were treated. The first group (main) included 30 patients (34 eyes) who were treated with gliatilin parabolbar. The second group (control) - 28 patients (36 eyes) was treated according to the traditional scheme (use of vasodilator, vitamin-tissue therapy).*

**Key words:** optic nerve atrophy, peptide preparations.

**Relevance.** Partial atrophy of the optic nerve is a severe pathology of the organ of vision, leading to low vision, blindness, and disability [1].

Currently, the diagnosis, treatment and rehabilitation of patients with partial atrophy of the optic nerve is considered as an important medical and social problem. The steady increase in the disability of the population due to this pathology indicates the insufficient effectiveness of the traditional system rehabilitation activities. 98% of visually impaired people with optic nerve atrophy need social rehabilitation. Optic nerve atrophy is a polyetiological disease and is the end result of a whole group of pathological conditions of the body.

Modern methods of treatment of patients with partial atrophy of the optic nerve include the use of pharmacotherapy (vasodilators, met-

abolic drugs with the use of both periorcularly in the form of injections and with the help of various irrigation systems). In recent years, peptide bioregulators have been widely used in clinical practice for the prevention and treatment of various diseases of the organ of vision. In modern medicine, bioregulatory therapy is a promising direction of pathogenetic influence [4].

The use of cytomedines contributes to the restoration and preservation of the regulatory mechanisms for the synthesis of the necessary protein substrates, which leads to the normalization of homeostasis and an increase in the intensity of the protective functions of the body.

In the Termizi branch of the Tashkent Medical Academy on the basis of the Department of Ophthalmology, as well as in the