



TOSHKENT TIBBIYOT AKADEMIYASIGA 100 YIL



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Toshkent tibbiyot akademiyasi tashkil etilganining  
100 yilligiga bag'ishlangan

**“Toshkent tibbiyot akademiyasiga 100 yil – buyuk ishlar va yangi  
kashfiyotlar davri”**

mavzusidagi xalqaro ilmiy-amaliy anjumani materiallari to'plami

Сборник материалов научно-практической конференции с международным  
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taxminan 50% ining anamnezida geroin yoki nasha chekishi aniqlangan. Psixofaol moddalarni iste'mol qilish turiga qarab, bemorlarni 3 asosiy guruhga bo'lish mumkin. 1-guruh: chekishga mo'ljallangan aralashmalarni iste'mol qilganlar; 2-guruh: "tuzlarni" suiste'mol qiluvchilar; 3-guruh: turli psixofaol moddalarni birgalikda, aralash qo'llagan bemorlar.

**Tadqiqot natijalari:** Psixozning rivojlanishidan oldin uzoq vaqt (kamida 2 haftagacha) PAMlarni iste'mol qilish kuzatilgan. Kasallikning klinik manzarasida opioidlar, alkogol va boshqa PAM xos abstinentsiya alomatlari kuzatilmagan. SHuningdek yaqqol vegetativ, metabolik va suv - elektrolitlar balansining buzilishi ham kuzatilmagan. Psixozning psixopatologik tuzilishida gallyutsinatsiyalar (62%), illyuziyalar (17%) va ta'qib, jismoniy ta'sir vasvasalari (71%) yaqqol dominantlik qilgan. Bemorlar qo'rquv bilan ularni maxsus xizmat xodimlar tomonidan kuzatilayotganini, ularni ta'qib qilishayotganliklarini ta'kidlab, o'zini himoya qilishga harakat qilishgan, to'siqlar qurishgan, kuzatuv asboblarini qidirish, yoki qattiq tajovuzkor xatti-harakatlarni amalga oshirishgan. Qo'pol xatti-harakatlar buzilishi psixiatrik tez yordam chaqirishning asosiy sababi bo'lgan. Psixotik simptomlarni bartaraf etgandan so'ng, bemorlarning ko'pchiligida uzoq vaqt rezidual vasvasa saqlanib turgan (1 oygacha). Postabstinent davrda psixopatologik buzilishlardan, qoida tariqasida, psixopatik reaksiyalar, disforiya (63%), uyqu buzilishi (65%) kabilar kuzatilgan. Psixozni davolash uchun asosan somatotropik va psixofarmakologik terapiyaning kombinatsiyasi qo'llanilgan. Gallyutsinator-vasvasali buzilishlarni bartaraf etish uchun galoperidolni mushak ichiga kuniga kamida 10 mg dozada qo'llanilgan.

**Hulosa.** Psixotik xavotirni bartaraf etish va uyquni meyorlashtirish uchun benzodiazepin preparatlari (diazepam, fenazepam) qo'llanildi. Postpsixotik davrda affektiv va xulq-atvor buzilishlarni bartaraf etishda psixofarmakologik tadbirlar muhim ahamiyatga ega. Shu bilan birga, SIOZS guruhiga kiruvchi antidepressantlar, antikonvulsantlar va nootropiklar qo'llanilishi maqsadga muvofiq bo'ladi.

## THE CLINICAL AND BIOCHEMICAL CHANGES OF LIPID METABOLISM FOR ASSESSMENT OF CARDIOVASCULAR RISK IN PATIENTS WITH PSORIATIC ARTHRITIS

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**Objective:** To study clinical and biochemical changes in lipid metabolism to assess cardiovascular risk in patients with psoriatic arthritis.

**Material and research methods:** The study included 58 patients with a confirmed diagnosis of active psoriatic arthritis (main group) and 27 patients with psoriatic arthritis without signs of inflammatory joint damage (comparison group). The activity of the course of the disease was assessed according to the CASPAR criteria, 2006.

**Results of research:** During the study of the state of lipid metabolism in patients with psoriatic arthritis, it was noted that the severity of dyslipidemia has close associative relationships with the activity of the inflammatory process and the presence of visceral manifestations of the disease and is minimal with low activity in patients with psoriatic arthritis without visceral manifestations. The results obtained were used to study the correlations between the main indicators of lipid metabolism and the intensity of the inflammatory process, as well as the duration of treatment with the use of glucocorticosteroids. It was found that in patients with grade I psoriatic arthritis activity, an increase in blood lipid composition was observed, while the differences in indicators in this group in relation to the control group were statistically insignificant ( $p > 0.05$ ). Patients with grade II psoriatic arthritis had a higher content of blood lipid spectrum indicators, statistically significantly different from those in the control group ( $p < 0.05-0.01$ ). When analyzing and assessing the nature of dyslipidemia in patients with psoriatic arthritis with grade III activity, a statistically significant increase in the concentration of total cholesterol (TC), triglyceride (TG), cholesterol (CS) low-density lipoprotein (LDL) and a decrease in the content of cholesterol and

high-density lipoproteins was revealed. (HDL) ( $p < 0.01-0.001$ ). A positive correlation was established between the DAS28 index and TC indicators ( $r = 0.32$  and  $r = 0.29$ , respectively;  $p < 0.05$ ), as well as between C reactive protein (CRP) and LDL cholesterol levels ( $r = 0,36$  and  $r=0.32$ , respectively;  $p < 0.05$ ).

**Conclusion:** The comorbidity of active psoriatic arthritis with cardiovascular pathology appears to be a peculiar model of lipid spectrum disorders, which is characterized by atherogenic lipid metabolism disorders (atherogenic index  $> 3.6$ ). Two main factors have been identified that contribute to the development of dyslipoproteinemia: disease activity and glucocorticoid therapy.

## **HOMILA MAKROSOMIYASI BOR AYOLLARDA AKUSHERLIK ASORATLARINI OLDINI OLISH MUAMMOLARI**

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Kasalxonalar va akusherlar birgalikda tug'ilishning elka distosiyasi va boshqa tug'ilish shikastlanishlari kabi asoratlarni oldini olish uchun harakat qilishadi. Xomilaning kattaligi bilan bog'liq tug'ruq tufayli tug'ilish paytida o'lim o'ta og'ir holatlarda ham tashvish tug'dirishi mumkin, shuning uchun makrosomiya bilan kasallangan bolaga g'amxo'rlik ko'pincha tug'ruq paytida boshlanadi va tug'ilgandan keyin ham davom etadi. Bolaning vaznini hisoblash uchun ultratovush o'lchovlari har doim ham aniq emas. Tug'ilishning og'irligini qancha ultratovush bilan o'lchashidan qat'iy nazar, bu holat faqat tug'ilgandan keyin aniqlanadi. Barcha omillar hisobga olinsa, makrosomiya o'rtacha tug'ilishning taxminan 10-pentsentiga ta'sir qiladi. Makrosomiya - bu tug'ilish paytida 8 funt 13 untsiya yoki 4000 gramm (4 kg) dan yuqori bo'lgan chaqaloqni aniqlash uchun ishlatiladigan atama. Ba'zi ta'riflar kesim sifatida 4,5000 gramm (9lb 15oz) dan foydalanadi. Makrosomiyani tug'ilishdan oldin asosan ultratovush o'lchovlari bilan shubha qilish mumkin bo'lsa-da, bu faqat tug'ilishdan keyin bolani tortish yo'li bilan aniqlanadi. Kamdan kam hollarda makrosomiya erta tug'ilgan chaqaloqlarda o'lchanadi, lekin ko'pincha yuqori tug'ilish homiladorlik qandli diabet yoki homiladorlikka ta'sir qiluvchi boshqa tibbiy omillar bilan bog'liq. Erkak go'daklar og'irligi ayol chaqaloqlarga qaraganda ko'proq, shuning uchun makrosomiya qizlarga qaraganda o'g'il bolalarga tez-tez ta'sir qilishi mumkin.

Kichkintoy tomonida eng tez-tez uchraydigan va qo'rqinchli asorat elkama distotsiyasidir: haydash paytida chaqaloqning elkalari onaning tos suyagida tiqilib qoladi, uning boshi allaqachon tashqarida. Bu yangi tug'ilgan chaqaloqni xavf-xatarsiz o'chirish uchun juda aniq akusherlik manevrasini talab qiladigan hayotiy favqulodda holat. Texnik taraqqiyotga qaramay, homila makrosomiyasini bashorat qilish unchalik oson emas. Qorin bo'shlig'ini palpatsiya qilish va har oyda akusher yoki ginekologning tekshiruvi paytida bachadon balandligini o'lchash homila hajmini ko'rsatadi. Xomilalik makrosomiya xavfi ultratovush tekshiruvi paytida ham aniqlanishi mumkin, ammo xomilalik vazni hisoblash uchun hisoblash usullari juda ko'p va ular ishonchli emas.

Uzoq muddatli homiladorlikning sabablari va homila makrosomiyasi bor ayollarda akusherlik asoratlarini oldini olish muammolari:

- hayz ko'rish funksiyasining buzilishi;
- endokrin kasalliklar (qalqonsimon bez kasalliklari, semirish, qandli diabet);
- gestoz (shish, gipertenziya);
- infantilizm (jinsiy rivojlanishning kechikishi);
- genital organlarning yuqumli va yallig'lanish kasalliklari;
- metabolik kasalliklar;
- xomilalik malformatsiyalar.

Xullosa qilib aytadigan bo'lsak, makrosomiya kutilayotgan chaqaloqni kasalxonada parvarish qilish ba'zi holatlarda tug'ruqdan keyingi parvarishlarga qaraganda ko'proq tashvish tug'diradi. Chaqaloq tug'ilgandan keyin hamshiralar va shifokorlar qon glyukoza va elektrolitlar

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