



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

**TOSHKENT TIBBIYOT AKADEMIYASI**



**«ICHKI KASALLIKLARNI DIAGNOSTIKASI  
VA DAVOLASHNING DOLZARB MUAMMOLARI»  
XALQARO ILMYIY-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.**

sive fat and carbohydrate intake – in 63% and 78%, respectively ( $p < 0.05$ ). The diet of H patients with AO consisted of high-calorie foods, sweets, smoked and fried foods, low-alcohol beverages, which provoke the emergence and progression of CVRF. Unwanted factors such as ignoring breakfast (55%), numerous snacks during the day (77%), the maximum meal at late or night dinner (69%) prevailed among FNC, the frequency of which was significantly higher than among H patients without AO ( $p < 0.05$ ). At the same time, the share of breakfast in H patients with AO averaged 9.0% of the daily diet against 25.2% in non-obese people ( $p < 0.05$ ), the share of dinner – 45.1% vs. 27.9%, respectively ( $p < 0.05$ ). Abuse of salt, animal fats and beer was observed among H men with AO, and an excess of sweets and smoked products among H women with AO, compared with patients without AO ( $p < 0.05$ ). Relationships between FNC of H patients with AO and the presence and severity of CVRF, which affect the prognosis of patients. Namely, between calorie surplus (over 500 kcal per day) and

body mass index ( $R = + 0.33$ ;  $p < 0.05$ ), salt abuse and systolic blood pressure ( $R = + 0.31$ ;  $p < 0.05$ ), saturated animal fats excess (over 10% of the daily) and blood triglyceride levels ( $R = + 0.28$ ;  $p < 0.05$ ), the increase of simple carbohydrates proportion (more than 10% of the daily ration) and the insulin resistance index ( $R = + 0.26$ ;  $p < 0.05$ ).

**Conclusions.** The study reveals a number of probable differences in the character of the nutrition of patients with hypertension with abdominal obesity in comparison with patients without obesity. The rations of the diet was dominated by an imbalance in the leading macronutrients, a significant excess of calories, breakfast ignoring, a tendency to frequent snacks, late dinners, abuse of sweets and salt. The relationship between dietary characteristics and modifying cardiovascular risk factors, such as surplus of calories, excessive of salt consumption, saturated fats and simple carbohydrates with body mass index, systolic blood pressure, blood triglycerides and insulin resistance index were found.

## COVID-19 CAN AFFECT DISEASE ACTIVITY OF THE PATIENTS WITH ANKYLOSING SPONDYLOARTHRITIS

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**Purpose.** Evaluate disease activity and radiological change in AS patients who experienced COVID-19.

**Materials and methods.** The study was conducted at the SKAL, Department of Rheumatology and Cardio Rheumatology of the multicentric Clinic of Tashkent medical academy in 2021–2022. The study participated in 49 patients with axial Spondyloarthritis that confirmed the ASAS criteria. The main group participants were 15 patients who experienced COVID-19. the control group participants were 34 patients who without COVID-19. Patients' age was above 18 years old. Patients' disease activity has been defined by the BASDAI and a blood sample was taken to detect HLA-B27, C-RP and ESR. All patient's disease activity was calculated with the ASDAS<sub>C-RP</sub>. Patients' pain severity was assessed with VAS. Only COVID-19 experienced patients' sacroiliac joints and spine were observed by MR imaging AND x-ray. Patients were unable to lie during MRI examination with STIR sequences and patients with claustrophobia and also who have a metallic foreign body or implants were excluded from the study.

**Results.** The main group was PCR positive in their history, but during the study were not any respiratory symptoms or signs of frosted glass in computed to-

mography. The main group had not been taking any immunosuppressive therapy. VAS index was higher in the main group than the control (6,4 and 4,1 respectively). Besides BASDAI score was 6,05 (4,1–8,0) in the main group and 4,7 (3,56–6,0) the control. ASDAS<sub>C-RP</sub> score was approximately 1,4 times higher in the main group. The main group was found with bilateral sacroiliitis on x-ray. Bilateral II degree of sacroiliitis was defined as 56 percent, while III and IV degree was appeared 22 and 33% of patients. I degree bilateral sacroiliitis sign was not found any patients. Acute inflammation as bone edema was found all COVID-19 experienced AS patients. In addition to 22% patients were detected unilateral bone edema and 78% of patients were appeared bilateral acute inflammation on sacroiliac joints.

**Conclusion.** Patients with AS who experienced COVID-19 may be a severe course of disease duration compared to patients without COVID-19. AS patients with COVID-19 were observed higher disease activity than those without COVID-19 patients. Due to acute inflammation of the skeleton, this patient may be a faster radiological progression of disease than patients without COVID-19. Furthermore, patients with COVID-19 need to continue to observe deeply for a prolonged time to give reliable results.

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