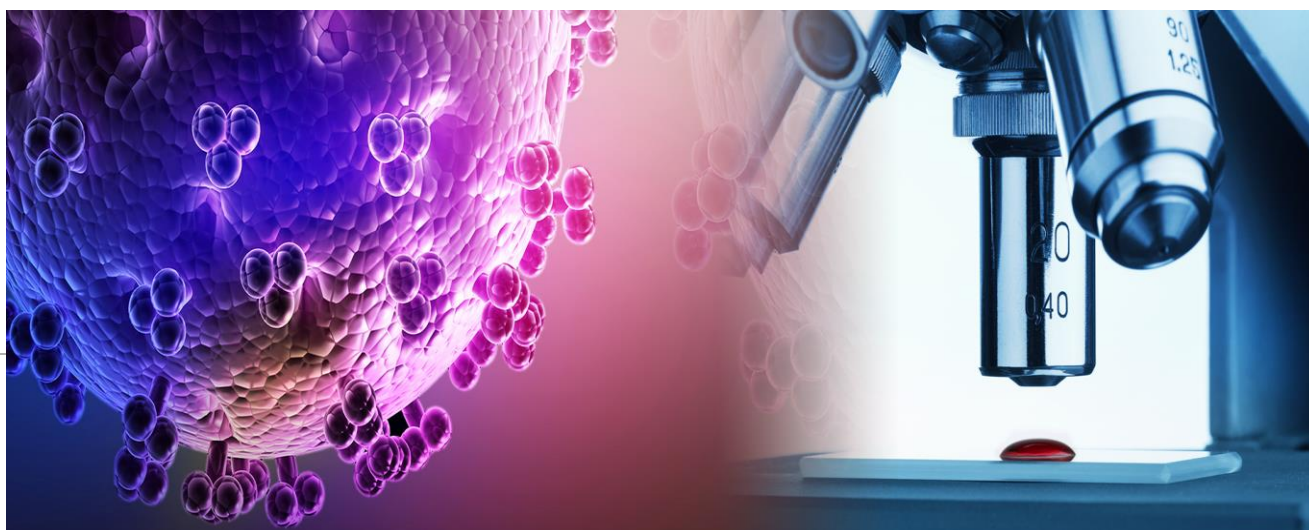


**«МИКРОБИОЛОГИЯНИНГ ДОЛЗАРБ
МУАММОЛАРИ» МАВЗУСИДАГИ РЕСПУБЛИКА
ИЛМИЙ-АМАЛИЙ АНЖУМАНИ**



РЕСПУБЛИКАНСКАЯ НАУЧНО-ПРАКТИЧЕСКАЯ
КОНФЕРЕНЦИЯ *«АКТУАЛЬНЫЕ
ПРОБЛЕМЫ МИКРОБИОЛОГИИ»*

**АНЖУМАН МАТЕРИАЛЛАРИ
МАТЕРИАЛЫ КОНФЕРЕНЦИИ**

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Ушбу тўплам 2022 йил 30-апрелда Тошкент шаҳрида бўлиб ўтган «Микробиологиянинг долзарб муаммолари» Республика илмий- амалий анжумани материалларидан тайёрланган.

Тўпламга тақдим қилинган ишлар микробиология, эпидемиология, гигиена, биотехнология ва фармакология йўналишларидаги долзарб муаммоларга бағишланган материалларни қамраб олган. Тўплам материаллари илмий ходимлар, амалиёт шифокорлари, шунингдек тиббиёт олий таълими магистратура ва бакалаврият талабалари учун ҳам қизиқарли ҳисобланади

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А43

**«МИКРОБИОЛОГИЯНИНГ ДОЛЗАРБ МУАММОЛАРИ»
МАВЗУСИДАГИ РЕСПУБЛИКА ИЛМИЙ-АМАЛИЙ АНЖУМАНИ**

Республиканская научно-практическая конференция

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Данный сборник состоит из материалов Республиканской научно-практической конференции «АКТУАЛЬНЫЕ ПРОБЛЕМЫ МИКРОБИОЛОГИИ» состоявшейся 30 апреля 2022 г. в г.Ташкенте. Представленные в сборнике работы содержат материалы по актуальным вопросам микробиологии, эпидемиологии, гигиены, биотехнологии и фармакологии. Представляет интерес для научных сотрудников и практических врачей всех областей, а также студентов бакалавриата и магистратуры высших медицинских учебных заведений.

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**«АКТУАЛЬНЫЕ ПРОБЛЕМЫ МИКРОБИОЛОГИИ»
СБОРНИК ТРУДОВ РЕСПУБЛИКАНСКОЙ НАУЧНО-
ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ**

махсулотларининг мавжудлиги 3% агароза гелида электрофорез ўтказилиб, трансиллюминатор (Биоком UVT1) жихозида кўрилди. Олинган натижаларнинг статистик таҳлили «WINPEPI 2016, Version 11.65» ва «EpiCalc 2000 Version 1.02» статистик компьютер дастурлари ёрдамида амалга оширилди.

Олинган натижалар. Гомеостаз ўзгариши касалликнинг клиник кўринишидан анча олдин содир бўлади, шунинг учун умумий қон, қоннинг биокимёвий таҳлил кўрсаткичларини КБС ривожланишида даволашдан олдин амалга ошириш кераклиги аниқланди. КБС беморларининг биокимёвий ва генетик кўрсаткичлари таҳлилини ўтказилганда TP53 гени Pro47Ser полиморфизм С/С ва С/Т генотиплари орасида умумий билурубин, креатин, гемоглобин ва эритроцитларнинг чўкиш тезлиги кўрсаткичлари орасида фарқлар кузатилди. Бошқа кўрсаткичларида генотиплар орасида боғлиқлиги деярли кузатилмади. Ушбу маълумотларни статистик қайта ишланганда, эритроцитларнинг чўкиш тезлиги кўрсаткичлари орасида фарқлар. $\chi^2 > 3.84$; $p < 0.05$ аҳамиятли даражага етганлиги исботланди. Шундай қилиб, TP53 гени Pro47Ser полиморфизми билан генотипланган КБС аёлларда, ушбу С/Т гетерозиготали генотипга эга бўлган аёлларда, табиий С/Т генотипга эга бўлмаган аёлларга нисбатан, эритроцитларнинг чўкиш тезлиги ва КБС ривожланиш хавфи юқори эканлиги исботланди.

Хулоса. TP53 гени Pro47Ser полиморфизми кўкрак беги саратони ривожланишини баҳолашда генетик маркёр сифатида қўллаш мумкин деб ҳисоблаймиз.

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**TO STUDY THE MORPHOLOGICAL CHANGES IN THE TOOTH
AGAINST THE BACKGROUND OF EXPERIMENTAL
HYPOTHYROIDISM**

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Annotation. The article provides a lot of information about the morphological changes in the teeth as a result of the spread and development of hypothyroidism in many countries around the world, and their negative consequences.

Key words: hypothyroidism, enamel, dentin, cement, thyroxine, thyrotropin, tooth, thickness, control, experiment, hormone.

Annotatsiya. Maqolada hozirgi kunda dunyoning ko`plab mamlakatlarida gipotireozning tarqalishi va uning rivojlanishi natijasida tishdagi morfologik o`zgarishlar, ularning salbiy oqibatlari haqida ko`plab ma`lumotlar berilgan.

Kalit soʻzlar: gipotireoz, emal, dentin, sement, tiroksin, tireotrop, tish, qalinlik, nazorat, tajriba, gormon.

Аннотация. В статье представлено много информации о морфологических изменениях зубов в результате распространения и развития гипертермии во многих странах мира на сегодняшний день и их негативных последствиях.

Ключевые слова: гипертермия, эмаль, dentin, цемент, тироксин, триотроп, зуб, толщина, контроль, эксперимент, гормон.

One of the problems of modern clinical dentistry is the growth of inflammatory periodontal diseases that occur against the background of secondary immunodeficiency (1, 2). An endocrine system that influences immunity is the endocrine system, which is involved in the neurocrine regulation of homeostasis. The endocrinological aspects of dental disease have been reflected in a number of fundamental scientific studies (2,3). The complex multifunctional relationship between the immune, nervous, and endocrine systems plays an important role in the etiopathogenesis of various dental diseases.

The purpose of the study. Morphological changes in rat teeth during the first postnatal ontogeny in the background of experimental hypothyroidism.

Research materials and methods. The object of the study was the teeth of 45 rats during the first postnatal ontogeny. We divided the white laboratory rats into 2 groups. In the experimental group, 25 white laboratory rats were given 0.5 mg of mercazolyl per 100 g body weight for 14 days to induce experimental hypothyroidism, and blood was taken from the tail vein on different days of the experiment to test for hormones. When it became clear that a hypothyroidism model had been called, we gave the rats mercazolyl 0.25 mg (retainer) per 100 g body weight for 1 month. Group 2 consisted of rats from a control group of 20 rats, and these rats were given a starch suspension through a probe in a 1.0 ml 1% midoride. Rats were anesthetized on days 3, 7, 14, 21, and 30. The rats' teeth were extracted, histological specimens were prepared, and their morphological structure was studied. In order to substantiate the experimental hypothyroidism in rats, triiodothyronine (T3), unbound thyroxine (T4) and thyroid-stimulating hormone (TTG) levels were determined in rats' blood on different days of the experiment (see Table 1). Analysis of the data showed that on day 7 of the experiment, the hormones T3 and T4 in hypothyroidism and rats in the control group were almost indistinguishable from each other. On the 14th day of the experiment, the T4 value was clearly visible and the T3 value was not significantly reflected. On day 21 of the experiment, the level of T4 decreased by 2 times and T3 by 1. Thyroid hormones in the blood of 30-day-old rats changed as follows: T4 decreased by 4 times and T3 by

one and a half times. Thus, the analysis of hormone levels showed a reliable decrease in the level of thyroxine (T4) in the blood of rats in the case of experimental hypothyroidism. The decrease in T4 hormone was evident from day 14, and by the last 30, 60, and 90 days of the experiment, the reliability was reduced to 4 times. The amount of thyroid hormones in the blood is regulated by thyroid hormone. A decrease in the amount of T3 and T4 hormones in the blood led to an increase in the hormone TTG. On days 3 and 7 of the experiment, the amount of TTG was the same as in the control group. By the 14th day of the experiment, a gradual increase in TTG was observed, and by the 21st day, a 2-fold increase was observed compared to the control group.

Table 1

Hormone levels in the blood of rats in the control and experimental groups.

Days	Hormone levels in the blood (M ± m)					
	Control group			1 experimental group		
	TTG (mkM E / ml)	Triiodothyronine (T3)	Thyroxine (Unbound T4) (pmol / l)	TTG (mkM E / ml)	Triiodothyronine (T3)	Thyroxine (Bound) T4) (pmol / l)
3 days	0.13±0.02	8,1±0,09	13,00±0,3	0,11±0,7	7,1±0,05	9,2±0,02
7 days	0.15±0.2	8,4±0,07	13,00±1,3	0,17±0,7	7,8±0,2	10,2±0,1
14 days	0,2±0,01	9,5±1,1	12,00±1,1	0,3±0,02	5,00±0,8	6,00±0,7
21 days	0,21±0,03	9,9±±0,2	12,00±0,9	0,41±0,03	4,9±0,4	4,2±0,3
30 days	0,2±0,18	10,3±0,2	13,00±1,0	0,43±0,01	4,3±0,3	3,2±0,4

Research results. When studying the morphological structure of rat teeth in the control group, the thickness of the enamel layer was $3620.1 \pm 3.6 \mu\text{m}$, the thickness of the dentin was $684.2 \pm 27.6 \mu\text{m}$, the thickness of the predentine was $25.83 \pm 1.0 \mu\text{m}$, and the pulp was $926.8 \pm 37.4 \mu\text{m}$. , the thickness of the cement was $208.8 \pm 3.8 \mu\text{m}$, and the thickness of the dentinal tubules was $5.82 \pm 0.06 \mu\text{m}$. From the 7th day of the experiment, a tumor was observed in the pulp of the

tooth. The results of morphological examination showed that the thickness of the enamel layer of the teeth of rats with hypothyroidism was $3232 \pm 4.2 \mu\text{m}$, the thickness of the dentin was $616.4 \pm 27.6 \mu\text{m}$, the thickness of the predentine was $22.6 \pm 1.1 \mu\text{m}$, the pulp was $805.9 \pm 34.4 \mu\text{m}$. thickness was $184.8 \pm 14.5 \mu\text{m}$, and the thickness of the dentinal tubules was $5.2 \pm 0.07 \mu\text{m}$. The morphometric thickness of the tooth was found to be smaller than that of the control group, with enamel thickness 12%, dentin thickness 11%, predentine thickness 14%, pulp thickness 15%, cement thickness 13% and dentin canal thickness 12%. By the 14th day of the experiment, circulatory signs and swelling were observed in the pulp of the rat teeth. Decreases in tooth enamel thickness by 15%, dentin thickness by 17%, predentine thickness by 18%, pulp thickness by 15%, cement thickness by 16%, and dentin canal thickness by 14% were observed. By the 21st day of the experiment, the pulp of the teeth was swollen and hemodynamic changes were intensified. Decreases in tooth enamel thickness by 18%, dentin thickness by 21%, predentine thickness by 16%, pulp thickness by 27%, cementum thickness by 23%, and dentin canal thickness by 17% were observed. By the 30th day of the experiment, there was an increase in swelling in the pulp of the teeth, signs of minor bleeding. The thickness of the enamel layer of the tooth decreased by 21%, dentin thickness by 18%, predentine thickness by 19%, pulp thickness by 22%, cement thickness by 17% and dentin canal thickness by 17%. 20%, predentine thickness 16%, pulp thickness 21%, cement thickness 18%, and dentin duct thickness 15%. During this period, swelling of the pulp of the teeth and increased hemodynamic changes were found. By the 90th day of the experiment, the pulp of the teeth was swollen and hemodynamic changes were intensified. Decreases in tooth enamel thickness by 22%, dentin thickness by 29%, predentine thickness by 19%, pulp thickness by 28%, cementum thickness by 25%, and dentin canal thickness by 17% were observed.

Conclusion. 1. Changes in the hardness of the tooth against the background of hypothyroidism are manifested by swelling of the pulp, enlargement of the canals, the appearance of defects in the enamel, the appearance of signs of lysis on the cement part.

2. The changes on the 14th day of the first postnatal ontogeny are manifested by a decrease in the thickness of the elements of the hard part of the tooth.

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HEREDITARY PREDISPOSITION TO GASTRIC AND DUODENAL ULCERS

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There are three types of inherited diseases, chromosomal, genetic and genetically predisposed diseases, among which hereditary diseases are caused by the influence of hereditary (genotype) and environmental factors. These diseases account for 90-92 percent of all diseases in medicine. This type of disease includes gastric and duodenal ulcers, and according to the research of our scientists, this disease is the most common medical and social disease in the world. According to statistics, the disease is most common among the population aged 20-45 years. So far The unfavorable environmental situation in the Aral Sea region also affects the population of the Khorezm oasis, and many researchers note that, among other diseases, gastric and duodenal ulcers are on the rise. This means that in addition to the genotype, many other factors, such as urban and rural, can also cause the disease.

1) Gastric and duodenal ulcers are more common in men aged 20-25 years, and duodenal ulcers are more common in people aged 40-45 years than gastric ulcers.

2) In our study, we also collected blood group data for the AVO system, and found that these blood groups were associated with the disease under study. According to our data, the frequency of blood group encounters was as follows: blood group I - 30.42%, group II - 36.23%, group III - 23.91% and group IV - 9.42%. and the chronic type of meda and 12-finger disease studied found that people with blood group I were 13.71% more likely to have the disease than people with other blood groups.

Although its biochemical mechanism has not been adequately studied, science has clearly proven that this process occurred because, for example, there was no agglutinogen in erythrocytes of blood group I. When agglutinogen A and B are released in the stomach and pancreas, it protects (prevents) damage to the stomach wall by protoleptic enzymes.

Due to this, a more in-depth study of the impact of environmental factors on the human body in the origin of this disease is important in preventing the emergence of diseases associated with such genetic predisposition and is one of the most important tasks of medicine.

The study of hereditary diseases by medical geneticists is the prevention of the birth of children with these diseases in future generations.

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