



Ministry of Health of the  
Republic of Uzbekistan



Tashkent Medical  
Academy

**giz** Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ) GmbH



## Materials of International Scientific-Practical Conference

**“Only English: Topical Issues of Healthcare”**



**only**  
**ENGLISH**

Tashkent

15 May, 2022





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Healthcare”**



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90.5%, the control group was 79.7% ( $p = 0.88$ ). 59.5% of patients in the main group and 53.1% of the control group survived 5 years ( $p = 0.88$ ). Also it was been determined that the most frequent localization of bladder cancer in this study was the area of the bottom ( $n=15, 20\%$ ) and the left wall ( $n=15, 20\%$ ), the second most common were tumors of the posterior wall ( $n=12, 16\%$ ), as well as of the Lieto triangle ( $n=12, 16\%$ ). The tumor was most rarely found on the upper wall ( $n=1, 1.3\%$ ).

**Conclusions.** With careful patient selection, organ-preserving treatment of muscle-invasive bladder cancer offers comparable survival outcomes to cystectomy, and improved quality of life as patients are able to successfully retain their bladder.

## DIAGNOSTIC PRINCIPLES OF COMPLICATIONS OF COVID-19 IN PREGNANCY

*Tursunova Z.A., Mirzayeva D.B.*

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**Aim:** Study the degree of oligohydramnios as a result of exposure to COVID-19 during pregnancy.

**Materials and methods:** 90 pregnant women participated as screening subjects. All pregnant women were examined at the 3rd maternity complex in Tashkent. Pregnant women were examined in the acute phase of the COVID-19. Pregnant women who participated in the study were divided into 2 groups: the first group- 30 pregnant women with a positive SARS-CoV-2 test, gestational age over 22 weeks, and with a good history of all screening tests; the second - control group, 60 pregnant women with a negative SARS-CoV-2 assay but with acute respiratory disease. Retrospective analysis of birth histories and statistical methods were used during the research. All pregnant women underwent an ultrasound examination on a MINDRAY DC-40 device and the amniotic fluid index (AFI) was calculated.

**Results:** The average age of pregnant women was  $28.4 \pm 4.7$ , the average height was  $162.2 \pm 4.39$  cm, and the average weight was  $71.1 \pm 6.94$  kg. Ultrasound examination of all pregnant women with different degrees of COVID-10 revealed signs of oligohydramnios. In the anamnesis and in the current examination, premature rupture of the amniotic membrane was not observed. Also, oligohydramnios has not been observed till the COVID-19. Ultrasound examination revealed that the biometric parameters of the fetus were normal. Examination of the height of the uterine fundus revealed that this index does not meet the deadline, which was  $26.1 \pm 1.9$  cm at 28-30 weeks of gestation and  $30.7 \pm 3.12$  cm at the time of delivery ( $r < 0.05$ ). Evaluation of the amount of amniotic fluid with AFI revealed less than 8 cm ( $5.1 \pm 2.24$  cm). The fetal heart rate was  $142.1 \pm 3.5$  beats per minute.

**Conclusions:** Oligohydramnios determined during pregnancy is associated with Covid-19 in pregnant women. Pregnant women should have periodic ultrasound examinations to determine how COVID-19 affects the amniotic fluid in the pregnant.

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## **CLINICAL-LABORATORY MARKERS OF STEATOSIS AND STEATOHEPATITIS IN THE DEVELOPMENT OF LIVER NOALCOHOLIC FATTY DISEASE**

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**Aim:** Assessment of non-alcoholic fatty liver disease (NAFLD) in clinical and laboratory markers in the stage of steatosis and steatohepatitis

**Materials and methods:** The results of clinical, laboratory and instrumental examinations of 98 patients diagnosed with NAFLD were obtained for the study. Of the patients, 53 (54%) were female, 45 (46%) were male, and the age ranged from 20 to 75 years (mean  $49.2 \pm 4.2$ ). Of the 98 patients with NAFLD, 67 (68.3%) included patients with stage of hepatic steatosis (HS) and 31 (31.6%) with stage of steatohepatitis (SG). To rule out alcoholic fatty liver disease, a medical history (periodic abstinence from alcoholic beverages) was collected and isolated through a special CAGE survey. During the study, the practice was compared with 24 healthy individuals (ages 20–65). Serum lipid profile testing: total cholesterol (XS), low density lipoprotein (LDL), very low density lipoprotein cholesterol (VLDL), high density lipoprotein cholesterol (HDL), triglycerides (TG). The LDL and VLDL values were calculated using the following formula:  $VLDL = TG / 2$ ,  $LDL = XS_{blood} - (VLDL + HDL)$ . The results obtained were calculated using the formula Atherogenic Coefficient (AK):  $AK = XS_{LDL} + XS_{VLDL} / HDL$ . Obesity rate according to Kettle index:  $TMI = \text{weight (kg)} / \text{height (m}^2\text{)}$ . The data obtained were statistically processed using the Student's T-criterion, and the difference in results with  $R < 0.05$  was recognized as reliable.

**Results:** The main clinical signs specific to NAFLD are: heaviness and nausea under the right rib, nausea, vomiting, flatulence, constipation, rapid fatigue, weakness. From the study, the clinical signs encountered in NAFLD SG occurred at a higher frequency than in hepatic steatosis. Discomfort under the right rib, feeling of heaviness 58.06%. The incidence in patients with high post-traumatic stress disorder was 47.7% in SG (67.7%) and hepatic steatosis. The next clinical sign in NAFLD was constipation, which was 54.8% in SG and relatively less common in HS, 31.3%. In the study of the functional status of the liver in NAFLD, its lipid metabolism was examined and analyzed. In NAFLD, dyslipidemia TG was described as higher than 1.9 mmol / l, and XS HDL < 1 mmol / l. These disorders became more pronounced when lipid metabolism was deeply impaired. The results show that NAFLD patients have atherogenic dyslipidemia at the stage of steatosis and steatohepatitis. From our research results, AK was recorded above 6 mmol / l. In NAFLD, the parameters of pigment metabolism, cytolysis, and cholestasis were studied to assess the functional status of the liver during steatosis and steatohepatitis. Bilirubin levels were significantly higher than those of the control group. The level of cytolysis in HS was aspartate aminotransferase (AST) 20.9 (IE / l) alanine aminotransferase (ALT) - 27.6, in SG it is healthy and higher than in HS ALT 88.6 6-8 times and AST 48, 2 3-4 times the indicator height was determined. Alkaline phosphatase was 1.5-2.5 times higher in SG.

**Conclusions:** Thus, the results of clinical signs, laboratory analyzes, pigment metabolism, cytolysis, and cholestasis in NAFLD were estimated to be relatively high in SG compared to HS. Our