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ТЕЗИСОВ И ДОКЛАДОВ МЕЖДУНАРОДНОЙ НАУЧНО-
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**«СОВРЕМЕННАЯ РЕВМАТОЛОГИЯ: НОВЫЕ ПОДХОДЫ К
ДИАГНОСТИКЕ И ЛЕЧЕНИЮ»**

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<i>Рахматов А.Б., Расулова Н.А.</i> Целесообразность применения биологических препаратов при лечении больных псориатическим артритом	41
<i>Рахматов А.Б., Расулова Н.А.</i> Ониходистрофия – предиктор псориатического артрита	42
<i>Rustamov R.SH., Sultonova M.X., Matchanov S.X.</i> Tizimli qizil yugurik bilan og'rigan bemorlarda buyraklar holatini klinik va funktsional baholash.....	43
<i>Сагатова Д.Р., Муминова Н.И.</i> Влияние терапии диацереином на маркеры сосудистого поражения у больных остеоартрозом с коморбидной патологией.....	45
<i>Садикова С.И., Джалилова С.Х.</i> Особенности суставного синдрома у больных неалкогольной жировой болезнью печени перенесших sars-cov-2.....	46
<i>Saidrasulova G.B.</i> Early diagnosis of ankylosing spondylitis with magnetic resonance imaging	48
<i>Саипова М.Л., Мусаева Ш.З., Хатамова Д.Т., Зиямухамедова М.М.</i> Коррекция поражений легких при системной склеродермии	49
<i>Сафаров А. Ж., Камилова У.К.</i> Остеоартрит билан хасталанган беморларда даволовчи жисмоний машқларнинг самарадорлиги.....	51
<i>Турсунова М.У.</i> Влияние молекулярно-генетических аспектов и нестероидных противовоспалительных препаратов на клиническое течение язвенной болезни желудка и двенадцатиперстной кишки	53
<i>Умаров А.Э.</i> Ревматоид артрит (ра) касаллигида анемик синдром	55
<i>Uralov R.Sh. Eshmuratov S.E.</i> Osteoartrit, bel soxasidagi og'riqlar va depressiya	56
<i>Uralov R.Sh., Eshmuratov S.E.</i> Tizimli sklerodermiyasi bo'lgan postmenopauzal ayollarda suyaklar mineral zichligining pastligi xavf omillari	57
<i>Miraxmedova X.T, Dadabaeva N.A, Karimova G.A, Hakimov E.E.</i> Vegener vaskuliti.....	58

EARLY DIAGNOSIS OF ANKYLOSING SPONDYLITIS WITH MAGNETIC RESONANCE IMAGING

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Ankylosing spondylitis (AS) is one of the causes of chronic lower back pain. Interestingly, the majority of patients are long time treated by neurologists with chronic lower back pain. Due to delaying diagnosis for more than seven years patients have formed ankylosis and after that, they suffer from immobility.

Purpose. The goal of this study was Early detection of inflammation in sacroiliac joints (SIJ) and spine with suspected AS.

Materials and Methods. The study was enrolled thirty patients. All patients were confirmed AS were enrolled and if they fulfilled the modified New-York criteria. The participants were equally divided into 2 groups with the early stages of AS and with the late stages of AS. All patients SIJ and spine were observed by MR imaging (MAGNETOM Aera 1,5 Tesla by Siemens). On MR imaging was used a coronal and transverse plane with T1, T2 weighted and STIR. The spine was learnt by dividing into some sections as cervical section, upper thoracic section, lower thoracic section, lumbar, sacrum section. The SIJ was divided into four quadrants as a superior and inferior iliac and sacral quadrant.

Results. The median duration of disease was under 1 year in the early stages of AS, while in the late stages of AS was above 10 years. The parameters of disease activity were not significantly different in both groups. The study was frequently found inflammatory lesions in both groups. The inflammatory lesions were more detected in the spine than SIJ. In the spine, MRI has detected more involved parts of the spine as the upper thoracic spine and lumbar spine. The SIJ showed inflammatory lesions on the inferior iliac quadrants in both groups.

Conclusion. In our study found that inflammatory lesions involved more thoracic and lumbar spine. Inflammatory lesions of the SIJ are located on the inferior quadrant the most compared to others.