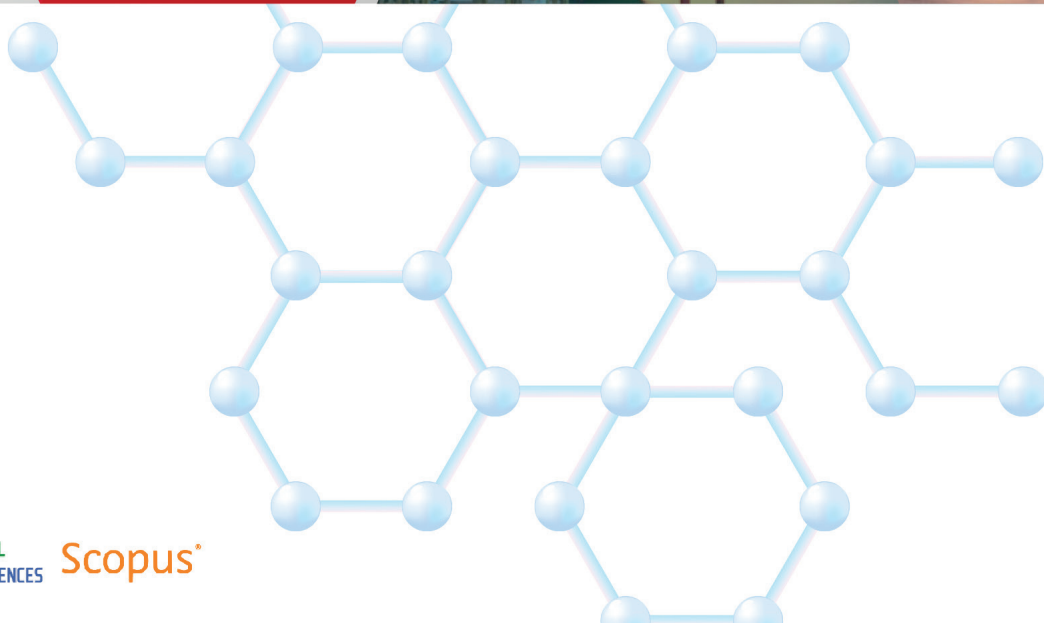


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Islamova Zulfiyahon Saidganikhuja kizi

3rd year doctoral student of the Department of Hematology, Transfusiology and Laboratory Science, Tashkent Medical Academy, Email. - islamova.zulfiya@gmail.com; tel.: +998977195555

Babadjanova Shaira Agzamovna

Professor of the Department of Hematology, Transfusiology and Laboratory Science, Tashkent Medical Academy, Email. sharia_b@mail.ru; tel.: +998909890359

Kurbonova Zumrad Chutbaevna

PhD, Associate Professor, Department of Hematology, Transfusiology and Laboratory Science, Tashkent Medical Academy, Email. - kzch77@mail.ru; tel.: +998971454654;

Introduction: Immune microthrombovasculitis (IMTV) is a systemic disease that affects the small vessels of the skin, joints, gastrointestinal tract and kidneys. IMTV is based on multiple focal vascular thrombosis in foci of hyperergic inflammation with the development of secondary hemorrhages in the vessels of the skin and internal organs. The disease occurs with a frequency of 23-25 per 100 thousand population, children get sick more often than adults (Kudryashova M.A., 2015; Chen T., Guo J-H., 2015).

Material and research methods: Depending on the localization of the lesion, the patients were divided into the following forms of IMTT: 22.6 ± 2.3% of patients had a skin form (group 1), 50.2 ± 3.1% of patients had a skin-articular form (Group 2), 12.8 ± 1.1% had a mixed skin-articular and abdominal form (group 3), 14.4 ± 1.3% had a skin-articular and renal form (group 4).

Results: It was found that in 56.6 ± 4.3% of patients, the development of IMTI was observed against the background of upper respiratory tract infections (tonsillitis, ARVI, etc.), in 22.3 ± 3.3% of patients, IMTI occurred after taking medications, and in 21.1 ± 1.8% of patients, it was not possible to establish the cause of the development of IMTT. At the same time, 48.8 ± 3.5% of patients had a history of allergic diseases.

In group 1 patients with cutaneous BMI, 34 ± 4.5% of patients had symmetrical petechial hemorrhagic rashes up to the knee, 28 ± 2.0% of patients also had petechiae on the hips and buttocks, and 16 ± 1.3% of patients on the legs, buttocks and abdomen, 12 ± 1.5% had petechiae on the legs, buttocks, abdomen and arms. In 10 ± 0.9% of patients, rashes were observed throughout the body.

The most characteristic symptom of the cutaneous form of BMI was hemorrhagic rash that did not disappear after pressure, did not rise above the skin level, in the form of petechiae 2–5 mm, often accompanied by itching and prone to fusion. The hemorrhagic rash had a sequence: at first the rash was on the feet and legs, later it spread higher. The duration of the disease in patients with the cutaneous form was the shortest and amounted to 15 ± 2.3 days.

Together with skin lesions in patients of group 2, joint damage was also observed: articular syndrome was expressed by pain and periarticular swelling, redness, disorder of motor functions, mainly in large joints. Basically, 62 ± 8.9% of patients had ankle joint lesions, 23 ± 2.6% of patients had ankle and knee joint lesions, and other joints were also affected in 15 ± 1.2% of cases. The duration of the disease in patients with skin-articular form averaged 8.7 ± 1.8 months.

In group 3 patients with a mixed skin-articular and abdominal form of the disease, in addition to damage to the skin and joints, damage to the gastrointestinal tract was also observed, resulting from hemorrhage in the intestinal wall and mesentery. In patients with lesions of the skin and joints, the following symptoms were observed: vomiting, cramping abdominal pain of the type of intestinal colic, more often around the navel, tension and soreness of the abdomen on palpation, and sometimes intestinal bleeding, often simulating acute surgical diseases of the abdominal cavity.

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