

**ИНСТИТУТ ИМЕНИ АБУ АЛИ ИБН СИНО
ЕВРО-АЗИАТСКОЕ ОБЩЕСТВО ПО ИНФЕКЦИОННЫМ БОЛЕЗНЯМ
ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ
САНКТ-ПЕТЕРБУРГСКИЙ ГОСУДАРСТВЕННЫЙ
ПЕДИАТРИЧЕСКИЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ
БАШКИРСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ
УНИВЕРСИТЕТ**

**«ИНФЕКТОЛОГИЯ, ЭПИДЕМИОЛОГИЯ ВА
ПАЗИТОЛОГИЯНИНГ
ДОЛЗАРЬ МУАММОЛАРИ»
ХАЛҚАРО ИЛМИЙ – АМАЛИЙ АНЖУМАНИ**

**МЕЖДУНАРОДНАЯ НАУЧНО – ПРАКТИЧЕСКАЯ КОНФЕРЕНЦИЯ
«АКТУАЛЬНЫЕ ПРОБЛЕМЫ ИНФЕКТОЛОГИИ,
ЭПИДЕМИОЛОГИИ И ПАЗИТОЛОГИИ»
21 – 22 апреля 2022 года**



Бухара 2022 год

**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ
УЗБЕКИСТАН
УПРАВЛЕНИЕ ЗДРАВООХРАНЕНИЯ БУХАРСКОЙ ОБЛАСТИ
БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ
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УНИВЕРСИТЕТ**

**«Инфектология, эпидемиология ва паразитологиянинг
долзарб муаммолари»
халқаро илмий – амалий анжумани**

**Международная научно – практическая конференция
«Актуальные проблемы инфектологии, эпидемиологии и
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Сборник тезисов

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harbiy xizmatchilarning salomatligini muhofaza qilish va jismoniy-funksional imkoniyatlarini o'rganish turli yo'nalish va usullarda olib boriladi. O'zbekiston Respublikasi Mudofaa vazirligi tizimida ham harbiy xizmatchilarning, xususan, harbiy sportchilarning salomatlik holati va jismoniy imkoniyatlarini yaxshilash ishlari jahon tajribasini o'rganish natijasida ishlab chiqilgan milliy tizim asosida amalga oshirish hozirgi vaqtdagi harbiy tibbiyot oldida turgan dolzarb vazifalardan biri hisoblanadi.

LYAMBLIOZNI DAVOLASHDA PROTOZOYGA QARSHI PREPARATLARNING SAMARADORLIGINI QIYOSIY O'RGANISH

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Dolzarbliqi. Har yili dunyo bo'yicha 280 mln. lyamblioz aniqlanadi. Kasallanishning asosiy qismi rivojlanayotgan davlatlar ulushiga to'g'ri keladi. [Einarsson E, 2016]. Lyamblioz qo'zg'atuvchisi *Giardia lamblia* (sin. *Giardia intestinalis*) — dunyo bo'yicha eng keng tarqalgan sodda jonivordir. Odam organizmida lyambliyaning 2 ta morfologik shakli mavjud bo'lib, vegetativ va sista shakllarda aniqlanadi. Lyambliyaning vegetativ shakli ingichka ichakning yuqori qismlarida yashaydi, yo'g'on ichakka o'tiganida sista shakliga o'tadi va najas bilan tashqi muxitga chiqariladi [Sergiev V.P., 2011]. Lyambliozni davolashda birinchi qator preparati – nitroimidazol guruhi preparatlaridir (metronidazol, tanidazol). Ammo oxirgi tadqiqotlar shuni ko'rsatmoqdaki, nitroimidazol guruhi preparatlariga nisbatan *Giardia lamblia* da rezistentlik paydo bo'lgan va davolash samaradorligi 20-30% ni tashkil etmoqda [Lalle M, 2018].

Tadqiqotning maqsadi: ichak lyambliozini kasalligini davolashda nifuratel va metronidazol dori vositalarini samaradorligini qiyosiy o'rganishdan iborat.

Materiallar va usullar: Ilmiy tadqiqot ishi Respublika ixtisoslashtirilgan epidemiologiya, mikrobiologiya, yuqumli va parazitlar kasalliklar ilmiy-amaliy tibbiyot markazi klinikasi va poliklinikasida 2021-2022 yillar davomida o'tkazildi. Tadqiqot ishi davomida 40 nafar bemorlarni kuzatdik. Bemorlar yoshi 26 yoshdan 44 yoshgacha, jinsi bo'yicha esa 18 (45%) erkaklar, 22 (55%) ayollar bo'ldi. Ichak lyambliozini tashxisi uch martalik kaproskopiya tekshiruvini asosida qo'yilgan. Bemorlar ikki davolash guruhiga taqsimlandi: asosiy guruh – 20 nafar bemor nifuratel preparati, nazorat guruhi – 20 nafar bemor metronidazol preparati tavsiya etildi. Asosiy guruh bemorlarga nifuratel preparati 15 mg/kg miqdorda x kuniga 2 mahal 7 kun davomida, nazorat guruhi bemorlarga metronidazol esa 500 mgdan x kuniga 2 mahal 7 kun davomida tavsiya etildi. Shuningdek, ikkala guruh bemorlariga №5 parhez stoli, ferment va o't haydovchi preparatlar, davo kursi tugagach esa vitamin va minerallar kompleksi tavsiya etilgan. Davolashning samaradorligi klinik simptomlar va qayta koproskopiya (davolashni ikkinchi kundan boshlab) natijasi asosida baholandi.

Natijalar. Bemorlarda aniqlangan asosiy shikoyatlar va klinik belgilar: kindik atrofida og'riq – 75%, ertalabki ko'ngil aynishi - 50%, qayt qilish – 25%, meteorizm – 57,5%, ich qotishi – 50%, ich ketishi 27,5%, tez-tez bosh og'rig'i – 77,5%, umumiy xolsizlik – 100%, tez charchoq – 60% hollarda aniqlandi. Nifuratel preparatini 15 mg/kg miqdorda x kuniga 2 mahal 7 kun davomida ichish bemorlarning 20 (100%) nafarida najasda lyambliyani yo'q qilishga olib keldi. Davolashning 2-kunida 17 nafar bemorlarning najasida lyambliya sistalari aniqlandi, 3-kunida 11 nafar bemorda, 4-kunida – 5 nafar bemorda, 5-kunida 2 nafar bemorda lyambliya sistalari najasda aniqlandi. 7 kungi davodan keyin esa barcha bemorlarda lyambliya sistalari yo'q qilinishi kuzatildi. Nazorat guruhida esa metronidazol 500 mgdan x kuniga 2 mahal 7 kun davomida ichish bemorlarning 14 (70%) nafarining najasda lyambliya sistalari yo'q qilishga olib keldi. Davolashning 2-kunida 18 nafar bemorlarning najasida lyambliya sistalari aniqlandi, 3-kunida 15 nafar bemorda, 4-kunida – 8 nafar bemorda, 5-kunida 7 nafar bemorda lyambliya sistalari najasda aniqlandi. 7 kungi davodan keyin esa 6 (30%) nafar bemorlarning najasida lyambliya sistalari topilgan bo'lsa 14 (70%) lyambliya sistalari yo'q qilinishi kuzatildi. Bemorlarda aniqlangan klinik belgilar ham davolash kursi davomida kamayib, kurs yakunida asosiy guruhda

klinik yaxshilanish 19 (95%) nafar bemorda kuzatilgan bo'lsa, nazorat guruhida klinik yaxshilanish 14 (70%) nafar bemorda kuzatildi.

Xulosa. Qayta koproskopiya lyamblyya sistalarining yo'qolishi nifuratel bilan davolash guruhida metronidazol bilan davolash guruhiga nisbatan sezilarli darajada kamroq vaqt ichida kuzatildi. Klinik yaxshilanish ham mos ravishda – 19 (95%) va 14 (70%) nafar bemorlarda kuzatildi. Nifuratel preparatini, ayniqsa metronidazolga chidamliligi bo'lgan lyambliozni davolashda qo'llash mumkin.

VAGINOSONOGRAPHY MEASUREMENT OF BLOOD FLOW OF THE UTERINE ARTERIES DURING PREGNANCY

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Purpose of the study - Vaginoechographic measurement of uterine artery blood flow during pregnancy.

Materials and research methods: 88 women were examined at a period of 7-40 weeks of pregnancy. The blood flow velocity in the uterine arteries was measured by the Doppler method through the vagina with simultaneous visual assessment of the vessels using a new special device. It was possible to determine the blood flow velocity in both arteries in 71 women. A significant difference in the ratio of maximum systolic to minimum diastolic pressure (A/D) between the right and left arteries was found in the first and second trimesters of pregnancy. In the third trimester, this difference almost disappeared.

Research results: During pregnancy, the value of A/D and pulsation index decreased. It is believed that the combination of 2 methods contributes to a more accurate diagnosis, since it becomes possible to determine the blood flow in both uterine arteries. Due to the significant difference in blood flow parameters in the right and left arteries, a unilateral study may give erroneous results, especially in the first and second trimesters.

Output: thus, the proposed method is informative, simple and safe and can be used in clinical practice.

SUBCLINICAL AUTOIMMUNE REACTIONS IN RECURRENT MISCARRIAGE

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Purpose of the study- subclinical autoimmune reactions in recurrent miscarriage

Materials and research methods: it is known that the frequency of spontaneous miscarriages is associated with autoimmune diseases. Recent studies have shown a strong association between miscarriages in women with systemic lupus erythematosus and the presence of antiphospholipid antibodies, i.e. lupus anticoagulant (LAC) and anticardiolipid antibodies (ACLA). Lupus antibodies, changes in the complement system, antisperm antibodies were determined in 34 women with a history of recurrent miscarriages and compared with the control group.

Research results: In 14 out of 34 patients there were anatomical, hormonal and genetic causes of miscarriages, in 20 the etiology was not established. In 50% of women with unexplained miscarriage and in 34% of those with identified etiology, at least one immune disorder was found. Multiple autoimmune abnormalities have been identified only during gestation of an unknown origin. Overall, 44% of women with recurrent miscarriages have antibodies or abnormalities in the complement system. Anticardiolipid antibodies were detected most frequently (30% in miscarriage and 8% in the control group).

Output: We recommend that all patients with recurrent miscarriages should have AKLA (anticardiolipid antibodies), VAK (lupus anticoagulant) and changes in the complement system checked. Although the relationship between autoantibodies and recurrent miscarriage is not yet