



**ILMIY VA  
INNOVATSION  
TERAPIYA**

**SCIENTIFIC >>> >>>  
AND INNOVATIVE  
THERAPY**

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ  
РЕСПУБЛИКИ УЗБЕКИСТАН

**SCIENTIFIC AND INNOVATIVE  
THERAPY**

**ИЛМИЙ ВА ИННОВАЦИОН  
ТЕРАПИЯ**

**НАУЧНАЯ И ИННОВАЦИОННАЯ  
ТЕРАПИЯ**

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If patients CDU noted an increase in B-lymphocytes (CD19+) and IgA levels compared with those before treatment ( $p < 0.001$ ), then, on the other hand, it also recorded a moderate decrease in the level of IgG.

#### **Conclusions:**

1. Patients with CDU observed violation of the immune status.
2. Thymoptinum effectively eliminated immunodeficiency patients CDU and has immunomodulating and therapeutic action.

## **QALQONSIMON BEZ XASTALIGI BILAN OG'RIGAN O'SMIR QIZLARDA HAYZ SIKLI SHAKLLANISHINING O'ZIGA XOS XUSUSIYATLARI**

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Toshkent tibbiyot akademiyasi

**Dolzarbligi.** Qalqonsimon bez patologiyasi bo'lgan o'smir qizlar orasida hayz sikli buzilishining yuqori tarqalganligiga qaramasdan, ushbu kasallikning xayz buzilishlarini etiologiyasi, patogenezini, klinikasi, diagnostikasi va davolashiga oid ko'plab savollar hal qilinmagan. Qalqonsimon bez kasalliklarida hayz ko'rishning buzilishi asosan kattalarda o'rganilgan va kattalarda sinab ko'rilgan ko'plab davolash rejimlari ko'pincha qabul qilinishi mumkin emas yoki o'smirlar uchun tavsiya qilingan emas. Xayz ko'rishning buzilishlari ko'pincha qalqonsimon bez disfunktsiyasining asorati hisoblanadi. Reproduktiv tizimning neyroendokrin boshqaruvining bunday buzilishlari o'smirlik davrida eng halokatli hisoblanadi.

Afsuski, qalqonsimon bez kasalliklarida hayz ko'rish disfunktsiyasi haqida nashr etilgan juda kam ma'lumotlar mavjud va mavjud ma'lumotlar esa asosan kattalar bemorlarini o'rganish materiallariga asoslangan, shuning uchun qalqonsimon bez patologiyasi bilan bog'liq bo'lgan o'smir qizlarda hayz ko'rishni buzilishi muammosi hal qilinmagan bu esa izlanuvchilardan qo'shimcha tadqiqotlarni o'tkazishni talab qiladi.

**Tadqiqot maqsadi.** Qalqonsimon bez patologiyasi bo'lgan o'smir qizlarda hayz ko'rishni buzilishlarida gen polimorfizmining o'rni va xususiyatlarini o'rganish.

**Materiallar va tadqiqot usullari.** Tadqiqotda qalqonsimon bez patologiyasi bilan bog'liq hayz davrining buzilishi bo'lgan 200 nafar o'smir qizlar ishtirok etdi. Asosiy guruh 2 ta guruhni o'z ichiga oldi: 1-guruh hipotireoz fonida oligomenoreya bilan og'rigan 100 nafar qizlar; 2-guruh - gipertireoz fonida gipomenoreya bilan og'rigan 100 nafar qiz. Nazorat guruhiga qalqonsimon bez patologiyasi bo'lmagan va muntazam hayz davriga ega 30 nafar sog'lom o'smir qizlar kiritilgan. TTF-1, TTF-2 va PAX-8 genlarining polimorfizmi elektroforetik aniqlash bilan allelga xos polimeraza zanjiri reaksiyasi usuli orqali o'rganildi.

**Natijalar va ularning muhokama.** I guruhda TTF-1 va TTF-2 darajasi 2-guruh va nazorat guruxi ko'rsatkichlaridan oshib ketdi ( $p < 0,05$ ). 1 va 2-guruhlarda PAX-8 darajasi farq qilmadi va nazorat qiymatlaridan 2,4 baravar oshdi ( $p < 0,05$ ). TTF-1, TTF-2 va PAX-8 genlarining polimorf variantlari uchun genotiplarning tarqalishini tahlil qilganda, nazorat va 2-guruhlariga nisbatan 1- guruhda Asp/Asp genotipining past salmog'i aniqlandi - 1,6 va 1,5. marta mos ravishda ( $p < 0,05$ ). Shuningdek, 1-guruhda nazorat ( $p < 0,05$ ) va 2-guruh ( $p < 0,05$ ) bilan solishtirganda Asp allelining past chastotasi va Gly ning yuqori alleli aniqlandi. Qalqonsimon bez patologiyasi bo'lgan o'smirlarda hayz ko'rish buzilishining yuqori xavfi TTF-1 genining Gly allelini tashish bilan bog'liq va Asp / Asp genotipi himoya bo'lib, bu kasalliklarning rivojlanish xavfini ko'paytiradi. TTF-2 ning eng past darajasi 1-guruhda topilgan. 2 va nazorat guruhlarida TTF-2 darajasi statistik jihatdan sezilarli darajada farq qilmadi.

Shuning uchun TTF-2 gen retseptorlari o'smir qizlarda hayz ko'rish buzilishining shakllanishida muhimroq rol o'ynaydi. Eng yuqori TTF-2 2-guruhda aniqlandi, bu nazorat ko'rsatkichlaridan 3,6 marta ( $p < 0,05$ ) va 1-guruh ko'rsatkichlaridan 6 marta ( $p < 0,05$ ) oshib ketdi. Barcha guruhlarda TTF-1 va TTF-2 menstruel disfunktsiya bilan ijobiy korrelyatsiyaga ega ( $p < 0,05$ ), bu genlarning turli xil qalqonsimon bez patologiyalari bo'lgan qizlarda hayz

ko'rish buzilishlarida ishtirok etishini tasdiqladi. Biz 2 va nazorat guruhleri o'rtasida statistik jihatdan asoslangan farqlarni topmadik. Shuning uchun, gen darajasining qiymatlariga ko'ra, siz nafaqat qalqonsimon bezning faoliyatini baholashingiz, balki uning hayz ko'rish funksiyasiga ta'sirini ham taxmin qilishingiz mumkin. Biz qalqonsimon bez patologiyasi bo'lgan o'smir qizlarda oligomenoreya va gipomenoreya rivojlanishini bashorat qilish, shuningdek, ushbu toifadagi bemorlarda optimal davolash taktikasini tanlash va uning samaradorligini baholash imkonini beradigan genlarning diagnostik chegarasini aniqladik.

**Xulosa.** Asp299Gly TTF-1 va TTF-2 polimorfizm genlarining allel variantlari tashxislov chegarasidan oshib ketishi qalqonsimon bez patologiyasi bo'lgan o'smir qizlarda hayz ko'rish funksiyasi buzilishlar rivojlanishi uchun xavf belgilari bo'lishi mumkin.

## CONDITIONS FOR CONDUCTING ANESTHESIA FOR EMERGENCY THORACOSCOPY IN THE PRACTICE OF AN EMERGENCY HOSPITAL

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**Purpose of the study.** To optimize the method of lung collapse in patients with penetrating chest injuries during videothoracoscopy.

**Materials and methods.** One of the conditions for performing VTS is the need for one-lung ventilation (OLV) using endotracheal tubes of the Robertshaw type or bronchus blockers to create artificial collapse of the lung on the intervention side. An alternative method for performing emergency VTS without the use of endobronchial intubation is carboxypneumothorax (CPT). Against the background of CPT, two-lung ventilation is maintained, an operating cavity is created in a short time, for the full-fledged work of the surgeon, anesthesia support for this method is carried out using endotracheal intubation, which facilitates the course of anesthesia in patients with penetrating chest injuries. We applied CBT with an electronic insufflator, CBT creates an optimally comfortable and quickly created area for the surgeon to work. The results of anesthesia in 88 patients with penetrating chest injury, hemopneumothorax were analyzed. The patients were divided into two groups. The average age of the victims was  $36.4 \pm 1.3$  years. In group I, tracheal intubation was performed with a single-channel tube and CO<sub>2</sub> was insufflated into the pleural cavity at the stage of thoracoscopy (n=58), and in group II, separate bronchial intubation was used (n=30). To select ICL methods in patients with penetrating chest injuries during emergency VTS, objective data and anamnesis of the victims, the level of consciousness, a -full stomach and the presence of alcohol intoxication were taken into account. For patients with multiple chest injuries, stab-cut and gunshot wounds of the -heart zone, as well as victims with signs of hypovolemic shock, a history of a full stomach or predicted difficult intubation, preference was given to CBT. In patients without hemodynamic disorders, alcohol intoxication, separate bronchial intubation of DPT was used. All patients underwent VTS, the time of the endoscopic stage for group I was  $69 \pm 6.6$  minutes and  $49 \pm 6$  minutes for group II. We used standard and extended intraoperative monitoring, impedance cardiography. All the victims underwent combined total intravenous anesthesia with the use of benzodiazepines, barbiturates or ketamine, narcotic analgesics and muscle relaxants. The average time of induction of anesthesia and tracheal intubation for group I patients was  $6 \pm 0.1$  minutes. For group II patients, this time was  $10 \pm 0.4$  minutes. The risk of anesthesia on the ASA physiological state scale was  $3.5 \pm 0.06$  (n=88). In group I (n=58), the risk corresponded to class III according to ASA in 22 patients of both groups (25%), so in group I in 13 patients (22%), and in group II in 9 patients (30%). In 66 victims in both groups (75%), class IV was determined according to the international ASA classification, in group I, in 45 patients (78%) and in group II in 21 patients (70%). The nature of the injuries in admitted patients is a penetrating wound of the chest with lung tissue damage without damage to large vessels and bronchi in 42 (51.8%) patients, with damage to a large lung vessel in 1 patient. Heart injury was observed in 11 patients (12.5%), of which 6 patients had pericardial injury