



KONFERENSIYA

**“ZAMONAVIY TA’LIM TIZIMINI
RIVOJLANTIRISH VA UNGA QARATILGAN
KREATIV G’OYALAR,
TAKLIFLAR VA YECHIMLAR”**

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<i>O'ZBEKISTON FLORASIDA APIACEAE OILASI</i> Kayumova Odinxon Xamraboy qizi, Nishonboyeva Shoxista Anvarjon qizi	102
<i>O'ZBEKISTON FLORASIDA MALVACEAE OILASI</i> Nishonboyeva Shoxista Anvarjon qizi, Kayumova Odinxon Xamraboy qizi	104
<i>O'ZBEKISTON FAUNASIDA UCHRAYDIGAN SUVDA HAMDA QURUQLIKDA YASHOVCHILARNING HAYOTI VA AHAMIYATI</i> B.B.Nizomova, Egamberdiyeva Mavluda A'zamjon qizi	106
<i>TIL VA NUTQNING FARQLANISH JIHATLARI</i> Ibragimova Sevinch Dilshod qizi, Yo'ldasheva S. F	108
<i>ESHITISH QOBILIYATINI SAMARALI RIVOJLANTIRISH BO'YICHA QISQACHA QO'LLANMA</i> Umrboyeva Charos, Yuldasheva S.F	110
<i>EXCHANGE OF IRON IN THE PATIENTS WITH DIFFUSE TOXIC GOITER ACCOMPANIED BY IRON DEFICIENCY ANEMIA</i> Babadjanova Sh.A, Kurbanova G.Ch	112
<i>TIL O'RGANUVCHILAR UCHUN BIR VAQTNING O'ZIDA IKKI VA UNDAN ORTIQ TILLARNI SAMARALI O'RGANISHDA QO'L KELADIGAN METODLAR</i> Abduazizova N.A, Yuldasheva.S.F	114
<i>THE PROBLEMS IN LEARNING ENGLISH LANGUAGE</i> Tolipov Behzod, Yuldasheva S.F	117
<i>MAKTABGACHA YOSHDAGI BOLALARNING NUTQINI RIVOJLANTIRISH</i> Dilmurodova M, Yuldasheva S.F	119
<i>THE METHODS OF FOREIGN LANGUAGE TEACHING.</i> Sohibova Aziza, Yuldasheva S.F	121
<i>XXI ASR TEXNOLOGIYALARINING INSON ONGIGA TA'SIRI</i> Abduxalilova N.A, Yuldasheva.S.F	124
<i>INTERNET TEXNOLOGIYALARINING TA'LIMGA TA'SIRI</i> Qobilova Mohinur, Yuldasheva S.F	127
<i>MAKTABGACHA YOSHDAGI BOLALARGA XORIJIY (INGLIZ) TIL O'RGATISH METODLARI.</i> Ropijonov N. Sh, Yuldasheva S. F	129

EXCHANGE OF IRON IN THE PATIENTS WITH DIFFUSE TOXIC GOITER ACCOMPANIED BY IRON DEFICIENCY ANEMIA

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Anemia has been an actual problem in the world for a long time because its etiology and pathogenesis have not been studied well enough. One of the etiologic factors of anemia is pathology of thyroid gland. Anemia in iodine deficiency has been researched well while studies on conditions leading to anemia in goiter patients are fragmentary. We have studied causes and results of anemia in diffuse toxic goiter. In diffuse toxic goiter with intensive hyperactivity thyroid gland there were detected changes in peripheral blood in the form of anemia, lymphocytosis, eosinophilia, hypogranulocytosis, and thrombocytopenia (U.E. Vinogradov, A.P.Shinkarkin, A.M. Poverenniy, 2003). We decided to research pathogenetic aspects of anemia, exchange of iron in diffuse toxic goiter. Iron deficiency (sideropenia or hypoferrremia) is one of the most common of the nutritional deficiencies. Iron is present in all cells in the human body, and has several vital functions. All cells of human body have iron. This iron has several (certain) vital function. Too little iron can negatively affect these vital functions and lead to morbidity and death.

RESEARCH OBJECTIVE: Studying of iron exchange in patients with diffuse toxic goiter and anemia.

RESEARCH MATERIALS: We examined 90 patients with diffuse toxic goiter of second degree, ages from 17 to 62 years, with average age of $48,5 \pm 2,3$ years, 29 (32,3%) of them were men, and 61 (67,7 %) of them were women.

There were 25 patients with iron deficiency anemia in control group, 6 of them were men, and 24 were women.

RESEARCH METHODS: We researched hematological indicators of anemia in diffuse toxic goiter, definition of iron exchange, transferrin, ferritin, and determined levels of thyroid hormones T_4 , T_3 and TTG.

RESEARCH RESULTS: We examined 90 patients with diffuse toxic goiter **of** second degree. 80 (88.8%) of them had anemia of various degrees. The patients with diffuse toxic goiter in 55,6 % had anemia of second degree and basically consisted of women. In main group all women have anemia of various degrees, but anemia has been diagnosed in men basically were of first and second degree. The study of peripheral blood of main group showed that 10 patients with diffuse toxic goiter of second degree had hemoglobin $118,1 \pm 1,62$ g/l, quantity of red cells $4,25 \pm 0,33 \times 10^{12}/l$, reticulocyte were within the range of norm $5,2 \pm 2,3$ %. 20 patients had anemia of first degree where hemoglobin was $94,75 \pm 5,2$ g/l, quantity of red cells $3,23 \pm 0,025 \times 10^{12}/l$, reticulocyte $6,35 \pm 1,7$ %. 20 patients had anemia of second degree and blood indicators were as following: hemoglobin $84 \pm 5,65$ g/l, quantity of erythrocytes $2,85 \pm 0,2 \times 10^{12}/l$, reticulocytes $7,0 \pm 1,4$ %. 10 patients with anemia of third degree

had hemoglobin $67,9 \pm 2,1$ g/l, quantity of red cells $2,62 \pm 0,05 \times 10^{12}/l$, reticulocytes were within the range of norm of $4,6 \pm 0,2$ ‰. The study of iron exchange at main group patients showed a divergence of results: 10 (11,1 %) patients without anemia serum iron, quantity of ferritin and transferrin were normal 42 (46,7 %) patients had decreased serum iron, ferritin, and quantity of transferrin rose. 38 (42,2 %) patients had the following indicators; iron exchange: serum iron $24,7 \pm 4,74$ uM/l, quantity ferritin $50,6 \pm 13,5$ ng/dl, transferrin in blood $3,25 \pm 0,05$ mkmo/l, that don't indicate iron deficiency and was diagnosed as normochromic anemia.

RESUME. Based on the research results we can see that patients with diffuse toxic goiter often have anemia. Some patients do not have iron deficiency and anemia of these patients is of normochromic character, and called anemia of chronic diseases. In these conditions we do not recommend iron supplements, and instead we recommend diagnosis of the disease by defining iron exchange index.