



**New Day in Medicine**  
**Новый День в Медицине**

**NDM**



# TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



**AVICENNA-MED.UZ**



ISSN 2181-712X.  
EiSSN 2181-2187

**11 (49) 2022**



Received: 15.10.2022  
Accepted: 25.10.2022  
Published: 15.11.2022  
UDK 618.11-1.0.89.007.44

## TUXUMDONLAR POLIKISTOZ SINDROMI SABABLI JARROXLIK AMALIYOTINI O'TKAZGAN AYOLLARDA GORMONAL STATUSNING HOLATI

*Xolboeva S.Sh., Gafurova E.O., Solieva Z.F., Shukurov F.I.*

Toshkent tibbiyot akademiyasi, O'zbekiston

### ✓ *Rezyume*

*Kuzatuv ostida 60 nafar tuxumdonlar polikistoz sindromi sababli tuxumdonlar kauterizatsiyasi jarroxlik amaliyotini o'tkazgan ayollar bo'ldi. Jarroxlikdan keyingi gormonal tadqiqot, 75% ayollarda estradiol, testosteron va 25% ayollarda progesteron gormoni miqdorida buzilishlar mavjudligi aniqlandi. Jarroxlikdan keyingi qo'llanilgan ad'yuvant gormonal terapiya sababli guruxlarda fertillikni tiklanish salmog'ini 4,1 barobarga ortishiga olib kelib, guruxlarda mos ravishda 86,6% va 83,3% tashkil etdi.*

*Kalit so'zlar: tuxumdonlar polikistoz sindromi, laparoskopiya, gormonal disfunktsiya, ad'yuvant terapiya, Dimia<sup>®</sup>, Jenavit<sup>®</sup>.*

## ГОРМОНАЛЬНЫЙ СТАТУС ЖЕНЩИН, ПЕРЕНЕСШИХ ОПЕРАЦИЮ ПО ПОВОДУ СИНДРОМА ПОЛИКИСТОЗНЫХ ЯИЧНИКОВ

*Холбоева С.Ш., Гафурова Э.О., Солиева З.Ф., Шукуров Ф.И.*

Ташкентская медицинская академия. Узбекистан

### ✓ *Резюме*

*Под нашим наблюдением находились 60 женщин, перенесших эндохирургическую операцию каутеризацию яичников по поводу синдрома поликистозных яичников. Анализ гормонального статуса женщин, перенесших эндохирургическое каутеризация яичников, показал что, у 75% женщин концентрация гормона эстрадиол, а у 25% женщины концентрация тестостерона остаётся в повышенном содержании, что в свою очередь может привести к сохранению бесплодия в послеоперационном периоде. Проведение адъювантной гормональной терапии в послеоперационном периоде привело к восстановлению фертильности в 4,1 раза, 86,6% и 83,3% соответственно в группах.*

*Ключевые слова: синдром поликистозных яичников, лапароскопия, гормональная дисфункция, адъювантная терапия, Димиа<sup>®</sup>, Женавит<sup>®</sup>.*

## HORMONAL STATUS OF WOMEN WHO HAVE UNDER OPERATION FOR POLYCYSTIC OVARIAN SYNDROME

*Kholboeva S.Sh., Gafurova E.O., Solieva Z.F., Shukurov F.I.*

Tashkent Medical Academy, Uzbekistan

### ✓ *Resume*

*We observed 60 women who underwent endosurgical ovarian cauterization for polycystic ovary syndrome. An analysis of the hormonal status of women who underwent endosurgical ovarian cauterization showed that in 75% of women the concentration of the hormone estradiol, and in 25% of women, the concentration of testosterone remains elevated, which in turn can lead to the preservation of infertility in the postoperative period. Conducting adjuvant hormonal therapy in the postoperative period led to the restoration of fertility in 86.6% and 83.3%, respectively, in the groups.*

*Key words: polycystic ovary syndrome, laparoscopy, hormonal dysfunction, adjuvant therapy, Dimia<sup>®</sup>, Zhenavit<sup>®</sup>.*



### Dolzarbligi

Tuxumdonlar polikistoz sindromi (TPS) multifaktorial, geterogen patologiya bo'lib, giperandrogenizm, surunkali anovulyatsiya, hayz siklining buzilishi va bepushtlik bilan tavsiflanadi [1,2,3]. Reproduktiv yoshdagi ayollar ichida TPSning uchrash salmog'i 5 dan 10% gacha, endokrin bepushtligi bo'lgan bemorlarda esa TPS bilan kasallangan bemorlar 56,2% ni tashkil etadi. TPS bilan bog'liq bepushtlikni davolashda tuxumdonlar kauterizatsiyasi laparoskopik jarroxlilik amaliyoti keng qo'llanilib kelinadi [4,5,6]. Biroq o'tkazilgan tadqiqot ma'lumotlariga ko'ra, ba'zi ayollarda mazkur jarroxlilik amaliyoti o'tkazilganidan keyin ham bepushtlikni saqlanib qolishi kuzatilib, buning ko'pincha sababi gormonal disfunktsiya holati bo'lib hisoblanadi [7,8]. Zamonaviy ginekologiyada TPSni kauterizatsiya jarroxlilik amaliyoti o'tkazilgandan keyingi gormonal disfunktsiyani korreksiyalash masalasi dolzarb muammolardan biri bo'lib qelmoqda [9]. Mazkur muammoni bartaraf etishga qaratilgan ko'pgina tadqiqotlarni o'tkazilganiga qarmasdan, ushbu muammo xanuzgacha o'z echimini topmasdan qolmoqda [10]. Yuqoridagilarni e'tiborga olgan holda, biz oldimizga TPS bilan bog'liq bepushtlik sababli tuxumdonlar kauterizatsiyasi jarroxlilik amaliyotini o'tkazgan ayollarda, saqlanib qolayotgan bepushtlikni davom etishga turtki bo'layotgan gormonal disfunktsiyani bartaraf etishning taqalastirilgan usullarini ishlab chiqish va uni amaliyotda qo'llashdan iborat bo'ldi.

**Tadqiqotning maqsadi** TPS sababli tuxumdonlar kauterizatsiyasi jarroxlilik amaliyotini o'tkazgan ayollarda, gormonal disfunktsiyani tuzatishda tarkibida 0,02mg etiniletradiol va 3mg drospirenon saqlovchi hamda mikronizirlangan progection preparatlarini qo'llab ularning samaradorligini baholashdan iborat bo'ldi.

### Material va tadqiqot usullari

Tadqiqotga TPS sababli kauterizatsiya jarroxlilik amaliyotini o'tkazgan 60 nafar reproduktiv yoshdagi ayollar kiritildi. Ulardan 30 nafarini 0,02mg etiniletradiol va 3mg drospirenon saqlovchi dorisini ad'yuvant terapiya sifatida olayotgan ayollar (1-asosiy gurux); 30 nafarini mikronizirlangan progectionni ad'yuvant terapiya sifatida olayotgan ayollar (2- asosiy gurux) tashkil etdi. Nazorat guruxini esa gormonal ad'yuvant terapiyani olishni rad etgan 30 nafar ayollar tashkil etdi. Barcha ayollarad klinik-laborator, ultratovush tekshiruv hamda endoskopik tadqiqotlar o'tkazildi. Olingan natijalarga statistik ishlov berish Statistica for Windows v. 7.0. Dasturini o'zida jo qilgan dasturda amalga oshirildi. Ma'lumotlar  $M \pm m$  ko'rinishida tavsiflandi. Statistik muhim farq deb  $p < 0,05$ ga mos keluvchi farq olindi.

### Natijalar va tahlillar

Tadqiqotga kiritilgan bemorlarda ad'yuvant gormonal terapiya boshlanguncha va davolashdan keying gormonal statusini batafsil taxlili o'tkazildi. Jumladan, TPS sababli jarroxlilik amaliyoti o'tkazgan barcha ayollarda gormonal ad'yuvant terapiya boshlashdan oldin, lyuteinlovchi gormonining (LG) qondagi miqdori guruxlarda mos ravishda  $8,2 \pm 0,27$  ME/l va  $10,0 \pm 0,46$  ME/l, follikulastimullovchi gormon (FSG) guruxlarda mos ravishda  $10,4 \pm 0,18$  ME/l va  $9,9 \pm 0,19$  ME/l, umumiy testosteron ( $T_{umum}$ ) miqdori 25% bemorlarda nisbatan baland guruxlarda mos ravishda  $1,0 \pm 0,07$  va  $1,7 \pm 0,07$  ng/ml, Estradiol gormonining (E2) miqdori ham ikkala gurux bemorlaridan 75%da baland ya'ni guruxlarda mos ravishda  $120,0 \pm 12,7$  pg/ml va  $118,8 \pm 11,87$  pg/ml ekanligi aniqlandi. Progection gormoning miqdori esa 25% ayollarad past miqdorda, guruxlarda mos ravishda  $1,3 \pm 0,07$  ng/ml va  $1,4 \pm 0,09$  ng/ml ekanligi aniqlandi. O'z navbatida globulin bog'lovchi jinsiy gormon (GBJG) miqdori ham, taqqoslash guruxi ko'rsatkichlariga nisbatan sezilarli miqdorda ya'ni guruxlarda mos ravishda  $38,2 \pm 1,16$  nmol/l va  $34,2 \pm 1,43$  nmol/l miqdorda ekanligi aniqlandi (jadvalga qara).

Jadval

Tadqiqotga kiritilgan bemorlarda 0,02 mg etiniletradiol va 3 mg drospirenon hamda, mikronizirlangan progection saqlovchi preparatlari yordamida gormonal ad'yuvant terapiya boshlanguncha va undan keyingi ko'rsatkichlari,  $M \pm m$

Gormonlar	I-gurux, n=30		II-gurux, n=30		Taqqoslash guruxi (n=30)
	Davolash gacha	Davolashdan keyin	Davolashgacha	Davolashdan keyin	
FSG, ME/l	10,4±0,18	11,4±0,33 <sup>*^^</sup>	9,9±0,19	10,2±0,25 <sup>**</sup>	9,8±0,21
LG, ME/l	8,2±0,27	7,7±0,41 <sup>^^</sup>	10,0±0,46	8,6±0,32 <sup>***</sup>	10,5±0,28
E <sub>2</sub> (pg/ml)	120,0±12,7	88,3±0,01 <sup>***^</sup>	118,8±11,87	97,9±5,87 <sup>**^</sup>	116,1±14,7
Progesteron (ng/ml)	1,3±0,07	2,4±0,09 <sup>***^^</sup>	1,4±0,09	2,7±0,09 <sup>***^^</sup>	0,6±0,17
T <sub>umum</sub> (ng/ml)	1,0±0,07	0,80±0,07 <sup>*^^</sup>	1,7±0,07	0,90±0,07 <sup>***^^</sup>	1,8±0,10
GBJG, nmol/l	38,2±1,16	40,2±2,45 <sup>^</sup>	34,2±1,43	38,4±1,16 <sup>*^</sup>	34,3±1,36

Izox: \* – davolashgacha bo'lgan ko'rsatkichlarga nisbatan farqli (\* – p<0,05, -\*\*\* – p<0,001) ^ – taqqoslash guruxi ko'rsatkichlariga nisbatan farqli (^ – p<0,05, ^^ – p<0,01, ^^ – p<0,001)

Tadqiqot o'tkazilayotgan bemorlarda ad'yuvant gormonal terapiya o'tkazilgandan keyingi gormonal holatini tekshiruvchi, LG miqdorining guruxlarda mos ravishda 7,7±0,41ME/l va 8,6±0,32ME/l.gacha pasayganligi, FSG miqdorining esa, guruxlarda mos ravishda 11,4±0,33ME/l va 10,2±0,25ME/l.gacha ortganligini, progesteron miqdorining ham guruxlarda mos ravishda 2,4±0,09ng/ml va 2,7±0,09ng/ml.gacha ortganini, E<sub>2</sub> miqdorining guruxlarda mos ravishda 88,3±0,01pg/ml va 97,9±5,87pg/ml.gacha pasayganligini, GBJG miqdorining guruxlarda mos ravishda 40,2±2,45 nmol/l va 38,4±1,16 nmol/l.gacha ortganligini, T<sub>umum</sub> miqdorining esa guruxlarda mos ravishda sezilarli kamayib 0,80±0,07ng/ml va 0,90±0,07ng/ml tashkil etdi. Jarroxlikdan keyingi gormonal tadqiqot natijalarini taxliliga ko'ra, 75% ayollarda estradiol gormonining yuqori giperestrogenemiya, 25% ayollarda esa, progesteron gormoni miqdorining tanqsligi gipoprogestormemiya ko'rinishidagi buzilishlar mavjudligi aniqlandi. Bemorlarda aniqlangan mazkur holatlarni bartaraf etish maqsadida biz bemorlarga mazkur gormonal o'zgarishlarni me'yorlashuviga olib keluvchi mos gormonal preparatlar tanlab olinib, gormonal ad'yuvant terapiya o'tkazildi. Xususan, estradiol va testosteron gormoni baland chiqqan I- gurux ayollariga, 0,02 mg etinilestradiol va 3 mg drospironon saqllovchi, progesteron gormoni past miqdorda aniqlangan 2-guruxga kiruvchi ayollarga esa, mikronizirlangan progesteron saqllovchi preparatlarni 3 oy davomida ichishni tavsiya etdik.

Bemorlarda o'tkazilgan ad'yuvant terapiyadan keyingi dinamik kuzatuv, xayz faoliyati tiklanishi guruxlarda mos ravishda 92,0% va 90%ni tashkil etdi, taqqoslash guruxida esa atigi 16% ni tashkil etdi (p<0,05). Tadqiqot o'tkazilayotgan ayollarda fertillikni tiklanishi guruxlarda mos ravishda 86,6% va 83,3% ni taqqoslash guruxida esa, atigi 5%ni tashkil etdi (p<0,05).

### Xulosa

TPS sababli kauterizasiya jarroxlik amaliyotini o'tkazgan ayollarda, 0,02 mg etinilestradiol va 3mg drospironon saqllovchi hamda, mikronizirlangan progesteron saqllovchi preparatlari yordamida ad'yuvant gormonal terapiyani o'tkazish, bemorlarda jarroxlikdan keyingi davrda saqlanib qolayotgan gormonal disfunktsiyani me'yorlashuviga olib kelishi hisobiga, bemorlarda reproduktiv faoliyatini guruxlarda mos ravishda 86,6% va 83,3%ga ya'ni 4,1 barobarga ortishiga olib kelib yuqori samara beradi.

### ADABIYOTLAR RO'YXATI:

1. Адамян Л.Б., Макиян З.Н., Глыбина Т.М., Сибирская Е.В., Плошкина А.А. Преди́кторы синдро́ма поликистозных яичников у юных пациенток (обзор литературы) // Проблемы репродуктологии. –2014.–№ 5.– С. 52–56.
2. Ковалева Д. С. Синдром поликистозных яичников // Синергия Наук. – 2017. – №9. – С. 146–151.



3. Стандарты диагностики и лечения гинекологических заболеваний в лечебных учреждениях системы здравоохранения Республики Узбекистан. Ташкент. 2017.С. 22.
4. СПКЯ: от пересмотра представлений к новым терапевтическим стратегиям. Современные научные данные и клинические рекомендации МЗ РФ 2015 года. Информационный бюллетень [Под ред. Е.Н. Андреевой, М.Б. Хамошиной]. - М.: Status Praesens, 2016. - 28 с.
5. Шукуров Ф.И., Мамажанова Д.М., Саттарова К.А., Юлдашева Н.З. Оценка эффективности применения препарата Белара в адьювантной терапии синдрома поликистозных яичников после эндо хирургического лечения // Экспериментальная и клиническая фармакология.2022.Том 85.,№8.-С.14-16.
6. Шестакова И.Г., Рябинкина Т.С. СПКЯ: новый взгляд на проблему. Многообразие симптомов, дифференциальная диагностика и лечение СПКЯ. – М.: Status Praesens, 2015. – 24 с.
7. Azziz R. PCOS in 2015: new insights into the genetics of polycystic ovary syndrome. Nat. Rev. Yendocrinol.2016., (12), 74–75.
8. Kabel A.M. Polycystic ovarian syndrome: insights into pathogenesis, diagnosis, prognosis, pharmacological and non-pharmacological treatment // Pharmaceutical Bioprocessing. – 2016. – Vol. 4(1). – P. 7–12.
9. Shukurov F.I. Minimally Invasive Surgery In Restoring Reproductive Function Of Female Infertility Caused By Benign Ovarian Structural Changes //American Journal of Medicine and Medical Sciences, Volume 6 Number 6 December.-2016. П.182-185.
10. Treatment of infertility in women with polycystic ovary syndrome: approach to clinical practice. Melo A.S, Ferriani R.A, Navarro P.A. //Clinics (Sao Paulo). 2015 Nov; 70(11):765–9.

**Qabul qilingan sana 15.10.2022**

*Yuldashev S.Zh., Ibragimova D.N., Shukurova D.B.*  
CORRECTION OF SLEEP DISTURBANCES IN PARKINSON'S  
DISEASE USING CIRCAD RATE REGULATOR THERAPY.....318

*Khalmatova Uneta I Zuenkova Yul'tia*  
EXPERIENCE OF ORGANIZING THE RADIO THERAPEUTIC  
SERVICE AND PROSPECTS FOR ITS DEVELOPMENT IN  
THE REPUBLIC OF UZBEKISTAN.....323

*Zhumaev A.U., Gafur-Akhunov M.A.*  
RESULTS OF COMPREHENSIVE CANCER TREATMENT  
MOUTH.....329

*Yusupaliyeva G.A., Abzalova Sh.R., Yuldashev T.A., Sultanova L.R.,  
Abzalova M.Ya.*  
OPTIMIZATION OF MULTIPARAMETER ULTRASOUND  
DIAGNOSIS AND PREDICTION OF OUTCOMES OF  
CHRONIC KIDNEY DISEASE.....336

*Gafurova E.O., Xolboeva S.Sh., Shukurov F.I.*  
EVALUATION OF THE EFFICACY OF ADJUVANT  
THERAPY AFTER LAPAROSCOPIC REMOVAL OF  
OVARIAN FOLLICULAR CYSTS.....341

*N.Z. Yuldasheva., F.I. Shukurov, G.M. Nigmatova*  
A NEW APPROACH IN THE TREATMENT OF MENSTRUAL  
CYCLE DISTURBANCES IN WOMEN WITH COVID-19.....344

*Odilova G.R.*  
FEATURES OF MORPHOMETRIC PARAMETERS OF  
REFRACTIVE PARTS OF THE EYE AND FUNDUS  
ELEMENTS IN CHILDREN OF THE SECOND PERIOD OF  
CHILDHOOD WITH DIABETES MELLITUS AND  
MYOPIA.....349

*S.F. Suleymanov*  
CHARACTERISTICS OF THE IMMUNE STATUS WITH THE  
SIMULTANEOUS COURSE OF CHRONIC CHOLECYSTITIS  
AND METABOLIC SYNDROME.....361

*G.S. Babadzhanova, M.D. Abdurazakova, N.S. Razzakova, Sh.I.  
Ismailova*  
PECULIARITIES OF THE COURSE OF PREGNANCY IN  
DISEASES OF THE BILARY SYSTEM.....366

*Eronov Yo.K., Mirsalixova F.L.*  
INDICATIONS FOR CYTOLOGICAL EXAMINATION IN THE  
EARLY DIAGNOSIS OF PERIODONTAL DISEASES IN  
CHILDREN WITH DISABILITIES.....371

*Akhmedov Alibek Bakhodirovich*  
EVALUATION OF THE EFFICIENCY OF VARIOUS  
METHODS OF TREATMENT OF PERIODONTITIS IN  
PERMANENT TEETH WITHOUT ROOT FORMATION.....379

*Safoev B.B., R.R.Arashov, Sh.Sh.Yarikulov,*  
ANALYSIS OF THE RESULTS OF SURGICAL TREATMENT  
OF PATIENTS WITH LIVER CAVITIES WITH SIMPLE AND  
COMPLEX INTRAHEPATIC ARRANGEMENTS IN A  
COMPARATIVE ASPECT.....385

*Eshonov O.Sh.*  
EVALUATION OF THE EFFICACY OF LYMPHOTROPIC  
THERAPY IN CRITICAL CONDITIONS IN PATIENTS WITH  
CRANIO-BRAIN INJURY.....394

*Abbas Rustamov, Nizom Ermatov, Dilshod Alimukhamedov,*  
ASSESSMENT OF ILLUMINATION INDICATORS IN  
A POLYMER PRODUCTS MANUFACTURING  
ENTERPRISE.....399

*Mun A.V., Mannanov A.M.*  
CLINICAL MANIFESTATIONS AND FEATURES OF THE  
COURSE OF LIMITED SCLERODERMA IN CHILDREN.....404

*Kamilova D. N., Saydalikhujaeva Sh.Kh., Tangirov A.L., Irkhanova  
D.M., Babajanova N., Begmatova K.*  
THE NEW STAGE IN THE REFORM OF THE HEALTHCARE  
SECTOR - MEDICAL TOURISM AND ITS  
DEVELOPMENT.....409

*K.R. Kuneshov, SH.M. Seydinov, N.S. Janabaev, X.E. Rustamova,  
M.B. Junisova, Sh.Kh.Saydalikhujaeva*  
EPIDEMIOLOGY AND CAUSES OF TESTICULAR  
DISEASES IN CHILDREN OF TURKESTAN REGION.....419

*Mamasoliev N.S., Nishonova N.A., Tursunov Kh.Kh.*  
HYPERTENSION CONTROL EFFECTIVENESS, RISK  
FACTORS AND EPIDEMIOLOGICAL DISCAPRESSIONS  
TODAY AND TOMORROW'S PROSPECTIVE  
STRATEGIES.....426

*Nazarova G.D., Tursunova X.N., Axmedjanova X.Z., Shukurov F.I.*  
STATE OF REPRODUCTIVE POTENTIAL IN WOMEN WHO  
HAVE SURVEYED OVARIAN CAUTHERIZATION FOR  
POLYCYSTIC OVARIAN SYNDROME.....434

*Kuchkorov U.I., Yarasheva B.B.*  
COGNITIVE IMPAIRMENT IN SCHIZOPHRENIA AND  
MODERN METHODS OF TREATMENT.....438

*Omanova G.S., Abdullaev I.K.*  
OVERWEIGHT AND OBESITY - AS A RISK FACTOR FOR  
THE DEVELOPMENT OF DISEASES OF THE  
CARDIOVASCULAR SYSTEM.....443

*Akhmedzhanova Kh.Z., Olimova K.Zh., Shukurov F.I.*  
A NEW APPROACH TO OVULATION STIMULATION IN  
WOMEN OF LATE REPRODUCTIVE AGE WITH LOW  
OVARIAN RESERVE.....450

*Olimova K.Zh., Axmedjanova X.Z., Tursunova X.N., Shukurov F.I.*  
RETROSPECTIVE ANALYSIS OF "EMPTY" FOLLICLE  
SYNDROME IN WOMEN OF DIFFERENT REPRODUCTIVE  
AGE.....455

*Akbarova D.S., Komolova F.Dj., Yakubov A.V., Zufarov P.S.,  
Musayeva L.J., Abdusamatova D.Z.*  
THE ROLE OF PHARMACOECONOMIC ANALYSIS IN THE  
MODERN HEALTH CARE SYSTEM.....459

*M. R. Turdiev, G.F. Makhmudova*  
MORPHOFUNCTIONAL CHANGES OCCURRING IN THE  
SPLEEN AS A RESULT OF EXTERNAL AND INTERNAL  
FACTORS.....466

*Nurbayev F.E., Raupov A.O., Sharipova N.Q., Djumayev X.*  
LIVER DAMAGE IN COVID-19: ETIOLOGY, CLINIC,  
PROGNOSIS, TREATMENT AND PREVENTION.....475

*Kholboeva S.Sh., Gafurova E.O., Solieva Z.F., Shukurov F.I.*  
HORMONAL STATUS OF WOMEN WHO HAVE UNDER  
OPERATION FOR POLYCYSTIC OVARIAN  
SYNDROME.....482

*T.V. Tyan., D.A. Alieva*  
FEATURES OF IMMUNOHISTOCHEMICAL STUDY OF  
KI-67, P53 AND CD138 PARAMETERS IN ENDOMETRIOID  
CARCINOMA.....486

*N.N. Aripova., Inoyatova F.Kh., Khamraev A.A.*  
INFLUENCE OF VITAMIN D ON INDICATORS OF  
COPRALOGY IN PATIENTS WITH CHRONIC  
PANCREATITIS.....493

*Khasanova D.A., Khaitova D.Sh.*  
ANALYSIS OF ANTHROPOMETRIC MEASUREMENTS OF  
THE CRANIOFACIAL AREA IN 8-9-YEAR-OLD CHILDREN  
WITH HEARING LOSS.....497

*Klychova F.K., Jabborova O.I.*  
GENOTYPES OF CYP2C19 GENE POLYMORPHISM IN A  
PATIENT WITH ULCER DISEASE - BASIS FOR  
PHARMACOTHERAPY.....501

*Mamasoliev N.S., Nishonova N.A., Tursunov Kh.Kh.*  
HYPERTENSION CONTROL EFFECTIVENESS, RISK  
FACTORS AND EPIDEMIOLOGICAL DISCAPRESSIONS  
TODAY AND TOMORROW'S PROSPECTIVE  
STRATEGIES.....506