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HEMATOLOGICAL CHANGES IN HYPOTHYROIDISM

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Thyroid hormones are one of the essential hormones. These are required for the normal development, differentiation, metabolic balance and physiological function of virtually all tissues. Thyroid function disorders are among the most common endocrine diseases. Thyroid disorders can cause certain forms of anemia, more commonly in hypothyroidism. Slightly decreased TLC, relative neutropenia, relative lymphocytosis or relative eosinophilia may be found in thyroid disorders. These observations confirmed the association between thyroid gland dysfunction and hemopoiesis. Our country at present approximately 20 million individuals who suffer from one or more forms of thyroid disorders. Because ecological deficiencies and position of our country cause of several thyroid dysfunctions. Our country situated far seas and oceans. So even promotion of iodized salts, prevalence rates have failed to reduce to statistically significant levels.

Objective: our aim is reduction of thyroid diseases, especially hypothyroidism, early detection of its consequences with the help of clinical diagnostic methods.

Materials and methods. Clinical verification is beginning TSH screening in all adults at age 35 with repeat tests every 5 years. Goldstandart test for hypothyroidism is assessment of TSH. This method single most useful test of thyroid function in the vast majority of patients. Primary care providers should seldom need to order any other biochemical thyroid test.

Results. We analysed several patients with thyroid dysfunction especially hypothyroidism. Treatment guidelines recommend taking levothyroxine with water at the same time each day – either 30 to 60 minutes before breakfast, or 4 hours after the last meal of the day (at bedtime). TSH levels vary throughout the day (lowest in the late afternoon, highest at bedtime), so blood tests are merely an estimate of thyroid function and may vary 40% to 50% between readings in the absence of any change in thyroid function. A total thyroid replacement dose constitutes 1,6 µg per kilogram of ideal body weight, doses in this range should not be used in patients with subclinical hypothyroidism.

Conclusion. Thyroid hormones in more than one way play a crucial role in regulating the various hematological parameters. Their presence could steer towards subclinical thyroid dysfunction allowing its early management. So, it is important not to ignore the evaluation of thyroid hormones in cases of unexplained

anemias in the female reproductive age group. So, in conclusion we can say that all the patients with hypothyroidism and hyperthyroidism should be periodically evaluated for probable hematological changes. Clinical diagnostic tests play major role in preventing disorders of a number of functions of thyroid hormones.

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KOMPOZIT QOPLANGAN YANGI TO'R SHAKLIDAGI IMPLANTATNING O'TKIR VA SURUNKALI TOKSIKLIGINI O'RGANISH

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Dunyo bo'ylab har yili 20 milliondan ortiq qorin bo'shlig'i churrasi operatsiyalari amalga oshiriladi, ulardan bir necha millioni sintetik implantlar bilan birlashtiriladi. Ushbu sintetik implantlardan polipropilen polimerli jarrohlik to'plamlari eng ko'p ishlatiladi. Tizimli toksiklik xavfini to'g'ri va maqbul baholash uchun implantatsiya qilinadigan material miqdori bo'yicha standart yo'q. Polipropilen biriktiruvchi to'qimalarning o'sishini rag'batlantirish xususiyatiga ega, shu bilan churra nuqsoni joyida biriktiruvchi to'qima sinchini mustahkamlaydi. Propilendan yasalgan to'rning salbiy xususiyati - bu propilenga to'qima reaksiyasining kuchayishi, shuningdek, mikroblarning kirib borishiga va ularning surunkali yallig'lanish rivojlanishi bilan uzoq muddat saqlanib qolishiga sabab bo'ladigan to'r tugunlari hosil bo'lgan joylarda mikro yoriqlar mavjudligi.