



**ZAMONAVIY KLINIK  
LABORATOR TASHXISI  
DOLZARB MUAMMOLARI**  
xalqaro ilmiy-amaliy  
anjuman



**27 dekabr 2022 yil**



**O'zbekiston Respublikasi Sog'Liqli saqlash vazirligi**

**[www.ssv.uz](http://www.ssv.uz)**

**Toshkent tibbiyot akademiyasi**

**[www.tma.uz](http://www.tma.uz)**

other hand irritants, a history of atopy, neural tube closure defects, or multiple surgeries at an early age. Proteins of natural rubber latex and certain fruits, vegetables (banana, kiwi, tomatoes, potatoes, carrot and watermelon) contain homologous proteins, which can cause «latex-fruit» syndrome in sensitized patients.

The latex allergy problem is an example of a «new allergy» that suddenly emerges with enormous consequences for the health of patients and the economy. More than 12 million tons of natural latex are produced annually from rubber, but a limited number of latex-derived products have been approved and regulated by government agencies such as the FDA.

The prevalence of latex allergy in various professions, medical diagnostics, medical institutions - from 2.5 to 37.8% of cases, and enterprises of rubber technical production - from 1.7 to 16.3% of cases. A common risk factor for all individuals is atopy, against the background of which more than 2/3 of the disease develops left. Possible development of sensitization to latex as a result of cross food allergy when eating foods such as bananas, kiwi, avocado, peanuts, etc. It has been proven that latex has common B epitopes with the listed products.

To date, clinics of the republic use safe diagnostics of latex allergy using allergen immunoblot panels to determine allergen-specific immunoglobulins E to latex. This method is safe for patients, since there is no contact with the allergen, the risk of sensitivity after testing is zero.

The urgency of the problem of latex allergy caused us to study it with medical workers. The most susceptible to the development of allergic reactions from the skin of the hands, namely urticaria, dermatitis, eczema and episodes of difficulty breathing, turned out to be surgeons, middle and junior personnel of the operating unit and manipulation rooms, offices, gynecologists, i.e. persons who are constantly in contact, in addition to gloves, with items containing latex.

**Conclusions:** Based on the above, experimental data, a review of domestic and foreign literature in vitro immunoblot panels for the determination of allergen-specific immunoglobulins E to latex can be recommended for people with atopy in the family, in the presence of seasonal allergic rhinitis, a history of bronchial asthma, before hiring such people, in case of suspected allergic or occupational diseases of individual workers in contact with latex products.

## **REVMATOID ARTRITDA BUYRAKLARNING FUNKSIONAL HOLATINI BAHOLASH .**

**Jo‘raboyeva G. B., Agzamova G.S.**

*Farg‘ona shahar markaziy ko‘p tarmoqli poliklinikasi,  
Toshkent tibbiyot akademiyasi*

Revmatoid artrit (RA) insonlar orasida eng keng tarqalgan autoimmun kasalligi bo‘lib, tayanch-harakat tizimi va biriktiruvchi to‘qimalar kasalliklari orasida tibbiy-ijtimoiy ahamiyati bo‘yicha yetakchi o‘rinlardan birini egallaydi. Revmatoid artritning eng og‘ir visseral ko‘rinishlari orasida buyraklar

shikastlanishi alohida o'rin tutadi, chunki u nafaqat kasallikning og'irligi va prognozini, balki uning natijalarini ham belgilovchi omil bo'lib hisoblanadi. Hozirgi kunda dunyo tibbiyotida surunkali buyrak kasalligini erta aniqlash usullari orasida Sistatin- C eng zamonaviy va yetakchi usul bo'lib hisoblanadi. Sistatin -C molekulyar og'irligi 13,400 Da bo'lgan oqsil, sistein proteazalarini ingibitori bo'lib, u tananing barcha yadroli hujayralari tomonidan ishlab chiqariladi va inson tanasining barcha suyuqliklarida mavjud bo'ladi. Bu protein faqat buyraklar orqali chiqariladi, shuning uchun ham buyrak kasalligini aniqlash uchun ideal ko'rsatkich bo'lib hisoblanadi. Buyraklarning glomerulyar apparatining disfunktsiyasi qondagi ba'zi moddalarning, shu jumladan sistatin C to'planishiga olib keladi.

**Tadqiqot maqsadi.** Revmatoid artrit sistemali kasalligida bemorlarda surunkali buyrak kasalligini Sistatin -C yordamida tashxislash va buyrak holatini baholash.

**Material va usullar.** Tadqiqotni amalga oshirishda jami 60 nafar bemor tekshirildi. Materilallar to'plami Farg'onaviyoyat ko'p tarmoqli tibbiyot markazi revmatologiya bo'limida diagnostika va davo maqsadida revmatoid artrit tashxisi bilan yotqizilgan bemorlar orasida o'tkazildi. Bu bemorlar jinsi, yoshi, laborator va klinik tekshiruvlari, kasallikning kechishi, klinik bosqichlari bo'yicha bir nechta guruhlariga bo'lindi. I. Bemorlar jinsi bo'yicha ayollar 35ta -58.3%ni, erkaklar esa 25ta -41.7%ni tashkil etdi. II. Tadqiqotga jalb etilgan bemorlar kasallikning klinik kechish bosqichlari bo'yicha quyidagi guruhlariga bo'lindi: erta 13ta – 21.7%, ifodalangan – 17ta – 28.3%, kechki bosqich kechayotgan bemorlar esa – 30ta – 50%. III. Tanlangan bemorlar orasida kasallikning davomiyligi bo'yicha 3ta guruhga ajratildi: 1-guruh bemorlar kasallikning davomiyligi 5 yilgacha – 28(46.7%) bemor, 2 guruh 5-10yilgacha – 10(16.7) bemor, 3- guruhda esa 10 yildan ortgan bemorlar – 22(36.6%). IV. Barcha bemorlar yoshi bo'yicha 5 guruhga ajratildi: birinchi guruh 30 yoshgacha, ikkinchi guruh 30-40 yoshgacha, uchinchi guruh 40-50, to'rtinchi guruh 50-60gacha, beshinchi guruh 60 yoshdan yuqori.

**Natijalar.** Barcha bemorlarda siydik tahlili o'tkazilganda ko'proq quyidagi o'zgarishlar kuzatildi: proteinuriya, leykotsituriya, gematuriya. Umumiy siydikdagi har qanday o'zgarishlar siydik sindromi tarkibiga kiritildi. Proteinuriya -25% (60tadan 15tada), lekotsituriya -28.3%(60tadan 17tada), eritrosituriya -13.3%(60 tadan 8tada), proteinuriya +leykotsituriya -21.7%(60 tadan 13tada), leykosituriya+ proteinuriya 11.7% (60tadan 7tada) kuzatildi.

Yuqoridagi ma'lumotlar orqali biz ham o'z tadqiqotimizda bemorlar buyrak faoliyatiga baho berishning yangi usullaridan biri bo'lgan Sistatin C oqsili orqali bemorlarimizni buyrak faoliyatini koptokchalar filtratsiya tezligini (KFT) aniqladik. Koptokchalar filtratsiya tezliginimi aniqlash KFT- buyrakning filtratsiya faoliyatini baholashning asosiy mezoni hisoblanadi. Bu ko'rsatkichga asosan surunkali buyrak kasalliklari quyidagi guruhlariga bo'linadi: 1-bosqich buyrak zararlanishi markyorlari mavjud va KFT me'yorida yoki  $u > 90\text{ml}/\text{min}/1.73\text{m}^2$  bo'lganda, 2- bosqich buyrak zararlanishi markyorlari mavjud  $60-89\text{ ml}/\text{min}/1,73\text{ m}^2$  bo'lganda, 3a va 3bbosqichlar – KFT mutanosib ravishda 45-59 va 30-44  $\text{ml}/\text{min}/1,73\text{ m}^2$  dan pasayganda. 4 va 5-bosqichlar – KFT mutanosib ravishda 15-29 va  $<15\text{ml}/\text{min}/1,73\text{ m}^2$  dan pasayganda. Bizning bemorlarning tahlil natijalariga

ko'ra surunkali buyrak kasalligining bosqichlari bo'yicha quyidagi guruhlar aniqlandi: I- guruh 1-bosqichda – 2ta (3.3%), II-guruh – 2- bosqichda 17ta (28.7%), III-guruh – 3a bosqichda - 21 ta (35%), IV-guruh 3b bosqichda -12ta(20%), V-guruhda esa 4 bosqichda 8ta(13%) bemor. Bu bemorlarda qon zardobidagi Sistatin C miqdori va KFTning bir biriga teskari proporsional bo'lishi, ya'ni buyrak funksiyasining pasayishi bilan qondagi sistatin C miqdori ortishi qayd etildi. Yuqoridagi tadqiqotga olingan bemorlarda buyrak KFT ko'rsatkichlari solishtirilganda I-guruh bemorlarida jinsiga ko'ra ayollar va erkaklarda buyrak zararlanishi mos ravishda teng kechishi aniqlandi, II-guruh bemorlarida klinik kechishi bo'yicha ifodalangan va kechki bosqichda ko'proq kuzatildi, III guruh bemorlarida kasallikning davomiyligi bo'yicha 2 va 3 guruhlarda o'zgarish belgilandi, IV-guruhda yoshi bo'yicha 40 yoshdan oshgan bemorlarda buyrak zararlanishi belgilari kuzatildi.

**Xulosa.** Sistatin-C kontsentratsiyasini aniqlash laboratoriya diagnostikasining zamonaviy usuli bo'lib, bu buyrak patologiyasini erta bosqichda aniqlash imkonini beradi. Shu bilan birga, qon zardobidagi Sistatin-C darajasi buyraklardagi glomerulyar filtratsiya tezligiga teskari proporsional bo'lib, buyrak funksiyasining pasayishi bilan qondagi sistatin C miqdori ortishi kuzatildi. Tadqiqotga olingan revmatoid artrit tashxisi qo'yilgan bemorlarda buyraklarning KFT pasayishi hamda mos ravishda qonda sistatin C miqdorining ortishi, kasallikning klinik kechishiga, davomiyligiga, bemorning yoshiga bog'liqligi aniqlandi.

#### **Adabiyotlar.**

1. Aleksandrov V. A. i dr. Otsenka po chechnoy disfunktsii s ispolzovaniem rezultatov opredeleniya sistatina S v sivorotke krovi bolnix revmatoidnim artritom //Russkiy meditsinskiy jurnal. Meditsinskoe obozrenie. – 2021. – T. 5. – №. 5. – S. 280-287.

2. Kurbanova Z.Ch., Karimova U.N., Togaeva D.S. Clinical laboratory diagnostics forms of chronic glomerulonephritis // Medicine and health sciences venice. – 2021. – Vol. 5. – P. 31-33.

3. Kurbonova Z.Ch., Sayfutdinova Z.A. Peshobning klinik laborator tashxisi: o'quv –uslubiy qo'llanma. – Toshkent, 2022. – 49 b.

### **DIETOTHERAPY FOR JUVENILE IDEOPATHIC ARTHRITIS**

**Karimjanov I.A., Madaminova M.Sh., Dinmuxammadiyeva D.R.**

*Tashkent Medical Academy*

Diet therapy plays an important role in the complex therapy of children with juvenile idiopathic arthritis (JIA). It is known that dietary therapy leads to an improvement in well-being and a decrease in disease activity. According to a number of authors, a positive effect of the Dong diet, which does not contain chemical additives, preservatives, citrus fruits, red meat, herbs and dairy products, on the course of juvenile idiopathic arthritis has been noted. At the same time, not