



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



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**Toshkent tibbiyot akademiyasi**

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

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## HUDUDDA LABORATORIYA XIZMATLARINI TASHKIL QILISHNING ASOSIY TENDANSIYALARI VA MUAMMOLARI

Kurbanova.N.N., Baxtiyorova.A.M

*Toshkent tibbiyot akademiyasi Urganch filiali*

Sog'liqni saqlash muassasalarining davolash va diagnostika ishlarining samaradorligi ko'p jihatdan klinik laboratoriya diagnostikasining sifati va mavjudligi bilan belgilanadi. Tadqiqot natijalarining ob'ektivligi dalillarga asoslangan tibbiyotning asosiy omili hisoblanadi: diagnostika ma'lumotlarining taxminan 70% laboratoriya va instrumental tadqiqotlar ma'lumotlaridir.

Laboratoriya tekshiruvlari natijalariga ko'ra davolovchi vrachlarga maslahatchi sifatida vrach-laborant rolini oshirish ushbu xizmatni rivojlantirishning asosiy tendentsiyasi hisoblanadi. Laboratoriya xizmati sog'liqni saqlashning eng dinamik rivojlanayotgan quyi tizimlaridan biri bo'lib, ayni paytda unga sog'liqni saqlash tizimida yuzaga kelgan ko'plab muammolar ta'sir ko'rsatadi. So'nggi o'n yil ichida laboratoriya sinovlari chastotasining tez o'sishi bilan bog'liq bo'lgan modernizatsiya zarurati yechimini kutayotgan muammolardan biridir.

Bu, bir tomondan, tibbiy yordam standartlarini joriy etish va tibbiy yordam sifatini idoraviy nazorat qilish tizimini rivojlantirish bilan bog'liq bo'lsa, ikkinchi tomondan, yangi texnologiyalar, zamonaviy yuqori samarali tadqiqot usullarini joriy etish bilan bog'liq. Shuni ham ta'kidlash kerakki, bemorlarning o'zlari talabiga binoan o'tkaziladigan laboratoriya diagnostika tadqiqotlari soni ko'paygan.

Bizning tadqiqotimiz shuni ko'rsatdiki, yangi tadqiqot usullari paydo bo'lishi bilan davolovchi shifokorlarning laboratoriya diagnostikasiga munosabati o'zgardi.

Sog'liqni saqlashda bozor iqtisodiyoti elementlarining paydo bo'lishi laboratoriya xizmatining tashkiliy tuzilmasi, boshqaruv mexanizmlari va tibbiyot bo'linmalari bilan aloqalariga sezilarli ta'sir ko'rsatdi.

Umuman olganda, hozirgi vaqtda laboratoriya xizmatining tuzilmasi ancha shakllangan va uning oldida turgan asosiy vazifalarga javob beradi. Ko'p jihatdan u sog'liqni saqlash tizimining tuzilishi bilan hamohangdir. Shu bilan birga, yangi texnologiyalarning jadal rivojlanishi hududdagi laboratoriya xizmatining tashkiliy-texnologik va tashkiliy-huquqiy tuzilmasiga doimiy ravishda muayyan tuzatishlar kiritishni taqozo etmoqda. Viloyatda laboratoriya xizmati infratuzilmasini modernizatsiya qilishda, birinchi navbatda, ekspress texnologiyalar va laboratoriyadan tashqari tekshirish usullarini amaliyotga keng joriy etish kabi laboratoriya diagnostikasining istiqbolli yo'nalishini hisobga olish zarur. Ekspress

diagnostika shifoxona laboratoriya xizmatlarini tashkil etishda haligacha hal etilmagan muammolardan biri hisoblanadi.

**Xulosa.** Shunday qilib, intensiv terapiya bo'limlarida bemorning ahvolini kuzatishda muayyan tadqiqotlarni takrorlash chastotasini aniqlashda muammolar mavjud. Kunduzi laboratoriya tadqiqotlari laboratoriya ekspress diagnostikasi uchun oqilona ish jadvalini talab qiladi, bundan tashqari, vaziyatlarning ekstremal tabiatini hisobga olgan holda, kutilmagan, shu jumladan noto'g'ri natijalarni olish mumkin. Shuning uchun bu holatlarda laboratoriya shifokorlari va klinikistlar yaqin aloqasi alohida ahamiyatga ega.

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### **SYSTEMIC INFLAMMATORY RESPONSE SYNDROME SCORE MAY INDICATE INCREASED RISK OF MAJOR AMPUTATION IN PATIENTS WITH DIABETIC FOOT ULCER**

**Malikov N.M.**

*Tashkent medical academy*

The prevalence of diabetes mellitus (DM) is rising significantly, and the World Health Organization has reported that the estimated number of patients with diabetes was nearly 425 million in 2017, consequently, increasing the number of diabetes-related complications. In 2019, the estimated number of people with diabetes aged 65–99 years is 135.6 million (19.3%). If this trend continues, the number of people above 65 years (65–99 years) with diabetes will be 195.2 million in 2030 and 276.2 million in 2045.

**Methods:** Clinical records of all patients with DFU admitted to our institution over a one-year period were analysed. The worst SIRS score in the first 24 hours of admission was calculated and patients stratified into two groups: SIRS positive (a score of two or more) and SIRS negative (a score less than two). Any surgical intervention to treat infection was recorded. This included debridement, drainage of abscess, and minor and major amputations.

**Results:** Chronic diabetic complications are a serious health concern as well as an economic burden. Among complications, it is generally known that diabetic foot ulcer (DFU) is the most frequently recognized complication, which is a kind