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МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН
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«KLINIK FARMAKOLOGIYA: ZAMONAVIY FARMAKOTERAPIYA MUAMMOLARI» XALQARO ILMIY-AMALIY ANJUMANI TEZISLAR TO‘PLAMI

СБОРНИК ТЕЗИСОВ МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ «КЛИНИЧЕСКАЯ ФАРМАКОЛОГИЯ: ПРОБЛЕМЫ СОВРЕМЕННОЙ ФАРМАКОТЕРАПИИ»

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there are definite differences in roentgenologic stages and duration of disease between the genders. Particularly, compared to men it was more expressed in the women ($p<0.05$). Surely, that confirms the link between the way of disease progression and the gender and probability that hormonal disorders serve the basis for its genesis. The study of serum COMP in the patients with OA showed specific dynamics with the progression of the disease. In the I group within initial stage of the disease that value reliably increased ($p<0.05$) and continued growing with progression of the disease.

Conclusion. Radiological stage of OA, progression and duration are characterized by certain specific structural alterations in joints. Rise of serum cartilage oligomeric matrix protein (COMP) within pre-roentgenologic stage of OA indicates early destruction of cartilage.

NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY

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Aim: To evaluate efficacy of biopreparations by lymphocyte sensitivity in vitro in children with chronic hepatitis B (CHB).

Methods: 47 children with CHB were studied at the age 3-14 years with intestinal dysbacteriosis (ID): II (21.3%); III (38.3%); IV (40.4%). Test in vitro used to body sensitivity to Lacto-G, Narimax-plus and Bifilax-immuno (UZ IAP 04570, 2022). Biocorrection of ID was performed on basic therapy with use of highly sensitive for body biopreparation. Group of comparison of 20 patients with CHB receiving Bifidum- and Lactobacterin.

Results: The examination of children showed ID by reduction of the contents of obligatory microflora (OM) – bifidobacteria (87.2%) and lactobacteria (80.8%) as well as growth of representatives of opportunistic-pathogenic flora (OPF) – fungi of Candida (57.4%), St.aureus and St.epidermis (27.6% and 25.5%, respectively), Klebsiella (17.0%) and Proteus (14.9%). From the total number of children the frequency of positive results to Bifilax-immuno was 62.7% cases, Lacto-G – 48.0% and Narimax-plus – 38.7%. In patients from the main group after treatment positive dynamics of clinical manifestations and of intestinal microflora was noted. The discomfort in the abdomen and meteorism disappeared, the irritability decreased. The contents of OM reliably increased in comparison. The amount of OPF was considerably reduced. The normal values were achieved by biochemical findings with significant effect on the syndromes of cytolysis and endotoxemia.

Conclusion: Individual evaluation of bioagent in the complex treatment of ID in children with CHB contributes to more rapid improvement of clinical symptoms and intestinal microflora, which results in beneficial prognosis in relation to outcomes of disease.

Key words: children, chronic hepatitis B, intestinal dysbacteriosis.

ANTITHROMBOTIC THERAPY IN PATIENTS WITH CORONAVIRUS INFECTION

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Purpose of the study: to study the tactics of introducing patients with coronavirus infections to antithrombotic drugs.

Material and research methods: we retrospectively analyzed 50 case histories of patients who received treatment at the multidisciplinary clinic of the Tashkent Medical Academy in 2021. All patients had a confirmed coronavirus infection. The first (main) group included 25 patients who received rivaroxaban 10 mg once a day. The second (control) group included 25 patients who received acetylsalicylic acid 75 mg once a day. All patients were prescribed treatment in accordance with the 8th version of the Interim Guidelines "Prevention, Diagnosis,

and Treatment of Novel Coronavirus Infection (COVID-19)". All subjects were monitored daily for clinical symptoms, body temperature, and blood oxygen saturation. The following were also studied: a general blood and urine test; a coagulogram; and a study of the concentrations of D-dimer and ferretin.

Research results and discussion. In the first group of patients receiving rivaroxaban, recovery was noted in 21 (84%) cases. After 1 month, 23 (92%) patients had a complete recovery, while fibrotic changes in the lungs persisted in 6 (24%) of them. In 2 (8%) patients at the time of discharge from the hospital, despite ongoing therapy, oxygen saturation in the blood remained below 90, and maintenance oxygen therapy was recommended for these patients. In the case histories, there were no adverse reactions to rivoroxaban during therapy. In the second group of patients receiving acetylsalicylic acid, 20 (80%) patients recovered within a month. One month later, at discharge from the hospital, almost all 24 (96%) patients had no clinical symptoms of COVID-19. Fibrotic changes in the lungs persisted in nine (36%) patients. Adverse reactions of acetylsalicylic acid during therapy in the case histories were not identified. The most significant changes were found in the study of the coagulogram in the first group of patients ($p<0,05$). In 72% of patients (n = 18), a decrease in activated partial thromboplastin time (APTT) was detected, while 60% (n = 15) of them had lung damage. In 100% of patients (n = 25) an increase in the level of fibrinogen and prothrombin index (PTI) was detected, while in 84% (n = 21) of them, changes in the lungs were detected on computed tomography. 76% of patients (n = 19) with coronavirus infection had elevated levels of D-dimer in the blood; all of these patients were diagnosed with pneumonia. In the second group of patients, the shifts in the coagulogram were of a moderate nature. In 52% (n = 13) of patients, hypercoagulability was noted in terms of APTT. Elongation of prothrombin time and PTI was observed in 44% (n = 11). In 56% (n = 14) of patients, an increase in the level of D-dimer in the blood was noted, and in 68% (n = 17) of patients, an increase in the level of fibrinogen was noted. In all these patients, the diagnosis of pneumonia was confirmed. In the first (main) group of patients, as a result of therapy with rivaroxaban in hospitalized patients, normalization of coagulogram parameters was observed in 92% (n = 23) of patients. At the time of discharge from their hospital, 8% (n = 2) had elevated levels of fibrinogen and D-dimer. In the second group, treated with acetylsalicylic acid, 76% (n = 19) of patients at discharge had normal coagulation parameters. In 20% (n = 5) of patients, the blood fibrinogen level remained high.

Conclusions. Thus, in our study, it was found that taking antithrombotic drugs in patients with coronavirus infection and concomitant comorbid pathology reduced the likelihood of a severe course of the disease. In no case was there such a side effect as bleeding, which suggests the safety of the use of rivoroxaban and acetylsalicylic acid in prophylactic doses.

IMMUNOSUPPRESSIVE THERAPY OF LUPUS NEPHRITIS

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The experience of using glucocorticosteroids (GCS) and cytostatics (CS) in the treatment of lupus nephritis (LN) has shown that they do not always give the expected result and have a significant number of side effects. In this regard, the search for new methods of immunosuppressive therapy with the development of optimal regimens for their use in LN remains relevant to this day. In this regard, the purpose of our study was a preliminary assessment of the comparative effectiveness of various schemes of pathogenetic therapy with methylprednisolone and cyclophosphamide (CP) in comparison with rituximab monotherapy (RTM) in SLE patients with lupus nephritis (LN).

Materials and methods of research. We examined 8 women aged 26±2.8 years with an average history of SLE of 5.1±1.9 years with a morphologically confirmed diagnosis of subacute SLE with LN with nephrotic syndrome (NS) II-III degree of activity and signs of impairment.