



TOSHKENT TIBBIYOT AKADEMIYASI

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kidney function. Before the start of therapy and in the dynamics of treatment, standard clinical, laboratory and instrumental examinations were performed before the start of treatment, 4 and 12 weeks after the start of therapy. All patients received complex therapy in the hospital in accordance with the approved national standards. At the same time, 5 patients for the first time received combined pulse therapy according to the scheme: M 1g + heparin 5000 IU IV drip on days 1 and 3 of treatment, and on the second day a combination of SM 1 g + CF 1 g + heparin 5000 IU IV drip. After 3-day sessions of pulse therapy, prednisolone was prescribed at a dose of 1 mg/kg/day. Another 3 patients received RTM 500 mg IV drip for 4 hours 1 time in 7 days 4 times + oral prednisolone at a dose of 1 mg/kg/day as pathogenetic therapy. Before each RTM infusion, patients received M 500 mg.

Research results. The study showed that all patients before treatment had significant changes in the studied laboratory parameters: hypochromic anemia II degree, increased ESR and CRP, a slight increase in urea, creatinine with a simultaneous moderate decrease in the level of total protein in the blood C CF. Urinalysis showed significant proteinuria with "active" urinary sediment, massive daily proteinuria, and a significant decrease in daily diuresis. Conducted combined pulse therapy with SM + CF in three out of five patients was accompanied by moderate side effects, which were stopped by an additional intake of symptomatic drugs for 3-5 days. The follow-up examination 4 weeks after the start of treatment showed a significant improvement in subjective and objective symptoms and correlated with the positive dynamics of the main laboratory tests, reflecting the activity of the process and the functional state of the kidneys. Evaluation of the effectiveness of the results at week 12 in the same group of patients indicated the achievement of normal values of LN activity, with the presence of minimal changes in urinary sediment and subnormal urea, creatinine and GFR in 4 patients. One of them experienced an exacerbation of SLE against the background of a viral infection, which required hospitalization. In the group of patients treated with RTM, one of three of them had a reaction in the form of fever with chills, which was stopped by taking paracetamol. The results of clinical and laboratory manifestations of disease activity after 4 weeks of treatment were comparable to those in the treatment of SM + CF. However, after 12 weeks of observation, not only the achievement of normal indicators of LN activity was noted, but also the normalization of urinary sediment, as well as the level of urea and creatinine, which indicated the restoration of the functional state of the kidneys.

Conclusions. 1) Therapy of LN in patients with SLE using RTM is well tolerated, and if adverse reactions occur, it is completely stopped by paracetamol. 2) Comparative evaluation of the results of therapy with SM + CF and RTM after 4 weeks of treatment did not reveal significant differences in clinical and laboratory parameters. CF, leads to the restoration of the functional state of the kidneys and the normalization of urinary sediment.

EFFECTS OF CERTAIN SCHEMES OF TRIPLE ANTIULCER THERAPY ON THE CONTENT OF THE FUNCTIONING OF MUCUS PRODUCING CELLS IN THE GASTRIC MUCOSA.

Yakubov A.V., Zufarov P.S., Pulatova N.I., Musayeva L.J.
Tashkent Medical Academy, Department of Clinical pharmacology

As it is known, in the etiology and pathogenesis of peptic ulcer disease, along with aggressive factors, protective factors also play a special role. In the mechanisms of cytoprotection in the gastroduodenal mucosa, the mucosal barrier plays an important role, which is produced by

mucus producing cells. That's why when assessing the effectiveness of antiulcer therapy along with eradication of *H. pylori* it is necessary to study the effect of therapy to protective mechanisms.

The purpose of this study was to investigate the effects of certain schemes of triple antiulcer therapy for the content of functioning mucus producing cells in the gastric mucosa.

Materials and methods. In order to achieve the purpose of a pilot an investigation was carried out study on adult male albino rats of a mixed population with a body weight of 150-190 g. Model of experimental ulcers (EU) was caused by the method of V.A. Vertelkin to modify I.A. Losev. The animals were divided into 4 groups. Each group consisted of 6 animals. 1st group: intact; 2nd group: animals with EU treated H₂O (control); 3rd group: EU + omeprazole + amoxicillin + tetracycline, 4th group: EU + omeprazole + amoxicillin + furazolidone. All drugs were administered per os in the form of aqueous suspension for 10 days at the following doses: omeprazole 50 mg/kg; tetracycline 50 mg/kg; amoxicillin 40 mg/kg; furazolidone 100 mg/kg. To take on histochemical analysis of a piece of the antrum of the stomach, the animals were sacrificed under ether anesthesia by simultaneous decapitation. The content of mucus producing cells was counted using a histochemical method for revealing the glycoproteins (PAS-reaction).

The results of the study showed that triple therapy with omeprazole, amoxicillin and furazolidone affects negatively on the content of functioning cells. In this group, the number of cells was decreased by 40.0% from that of the group without treatment ($27,3 \pm 2,72$ at $48,8 \pm 2,35$) ($p < 0.001$). In opposite to this group, in the group of animals treated with omeprazole, amoxicillin, tetracycline it was observed an increase in the number of active mucus produce cells 20,6% ($58,9 \pm 2,67$ at $48,8 \pm 2,35$) ($p < 0.05$).

Conclusion. Thus, triple therapy with omeprazole, amoxicillin and furazolidone inhibits production of mucus in the stomach, and the scheme with omeprazole, amoxicillin and tetracycline increases the number of active mucus producing cells, which is important to consider when choosing the schemes of antiulcer therapy.

CLINICAL FEATURES AND SKIN CHANGES IN SYSTEMIC SCLEROSIS

Zaripov S.I. Abdurakhmanova N.M.

Department of Internal diseases in family medicine №2, Tashkent Medical Academy, Uzbekistan

Actuality. Systemic sclerosis (SSc) is one of the most serious health problems impairing quality of life of patients due to physical disabilities and cause considerable financial burden on patients and health resources. SSc is a chronic autoimmune connective tissue disease, characterized by endothelial dysfunction, immune abnormalities and progressive fibrosis of skin and multiple inner organs. According to the last data, 18,87 per 100 000 people (1.55–25.28) and overall 1.47 million (0.12–1.97) people in the world suffer from SSc.

Aim. To study clinical features and different skin changes in patients with systemic sclerosis

Materials and methods. We carried out a retrospective analysis of the case histories of patients who received inpatient treatment in the Rheumatology department of the Tashkent medical academy multidisciplinary clinic for 2021-2023 years. Overall 70 case histories of patients with systemic sclerosis were studied. All patients underwent clinical, laboratory and instrumental research methods. Diagnosis of disease was confirmed according to the objective criteria of ICD-10.

The average age of patients was $57,3 \pm 8,4$ years. Medium duration of the disease was $7,2 \pm 3,5$ years. 58 of them (83%) were women and 12 of them (17%) were men. The most frequently occurring presentation was limited SS (with 45 patients (64,3 %), diffuse SS with 21 patients (30%) and sine sclerosis with 2 patients (5.7%)

Results. In 60 patients (85,7%) different skin changes were detected such as sclerodactyly - 15 (21,4%), telangiectasia- 48(68,6%), hand contractures - 13(18,6%), digital ulcers- 21 (30%). 59 patients (85%) had Raynaud's phenomenon. Mask-like appearance was determined in 15 (21,4%) patients. All 7 patients (10%) suffering from CREST syndrome were women. 4 patients

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