# KLINIK LABORATOR DIAGNOSTIKADA INNOVATSION TEXNOLOGIYALARDAN FOYDALANISH, MUAMMOLAR VA YECHIMLAR

## xalqaro ilmiy-amaliy anjuman

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| Saidov Alonur Baxtinurovich | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi mudiri |
| Babadjanova Shaira Agzamovna | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi professori |
| Kurbonova Zumrad Chutbayevna | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi dotsenti |
| Sayfutdinova Zuhra Abdurashidovna | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi katta o‘qituvchisi |

## Moderatorlar

| | |
|---|---|
| Kurbonova Zumrad Chutbayevna | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi dotsenti |
| Sayfutdinova Zuhra Abdurashidovna | Gematologiya, transfuziologiya va laboratoriya ishi kafedrasi katta o‘qituvchisi |

## CONTENTS MUNDARIJA СОДЕРЖАНИЕ

## RT-QUIC (REAL VAQTDA QUAKING-INDUCED CONVERSION) TIZIMI FOYDALANISHDA PARKINSON KASALLIGINING ERTA DIAGNOSTIKASI

**Kasimova O.O.**
**Toshkent tibbiyot akademiyasi, O'zbekiston,Toshkent.**

**Muhimligi:** Parkinson kasalligi (PD) klinik jihatdan harakat buzilishi bradikinezi, tremor, qattiqlik va postural beqarorlik, shuningdek, kognitiv pasayish, depressiya va boshqalar kabi motor bo'lmagan alomatlar bilan namoyon bo'ladi. Klinik tashxis qo'yishdan oldin, PD bilan og'rigan bemorlar buni sezishi mumkin. hid hissining pasayishi va REM uyqusining buzilishi.PD bilan og'rigan bemorlarning taxminan 80% kasallikning rivojlangan bosqichida demensiyani rivojlantiradi.Bu bemorlarda Lyui tanachalarini hosil qiluvchi a-sinuklein (a-sin) ning hujayra ichidagi konlari nevropatologik jihatdan aniqlanadi, bu Parkinson kasalligining belgisi deb hisoblanishi mumkin.

**Tadqiqot usuli:** Tekshiruv hid sezuvchi neyroepiteliy (NE), burun tuberkulyar hujayralari (NBC) yoki burun tizmasi va o'rta turbinasi (CHR) dan paxta tampon bilan tampon olish orqali amalga oshiriladi.Yangi diagnostik laboratoriya usulini qo'llash RT. -QuIC (Real-Time Quaking-Induced Conversion - bu real vaqt rejimidagi polimeraza zanjiri reaktsiyasiga (PCR) o'xshash, 80% -90% sezgirligi bilan yuqori o'tkazuvchanlik texnikasi. PD bilan kasallangan 48 bemor va PD bo'lmagan 22 bemor tanlab olindi.Barcha namunalar a-sinonuklein mavjudligi uchun RT-QuIC tomonidan tahlil qilindi.

**Natija:** Barcha 70 bemor burundan paxta sumkasi bilan artdi, c. Xususan, CD va SNR bilan. Ulardan 34 tekshirilgan bemorlarda a-sin RT-QuIC, ya'ni MCI foizda (83%), SNR (44%) va PD bo'lmagan bemorlarda (10%) ijobiy sinovdan o'tgan.

**Xulosa:** PD bilan og'rigan bemorlarda MCN hududida sinovdan o'tkazilganda RT-QuIC sezilarli darajada oshadi (44% dan 83% gacha), bu hidli neyronlarning yuqori konsentratsiyasi bo'lgan olfaktor hududlarda a-sin agregatlarini aniqlashni ko'rsatadi. Burunning hidlash shilliq qavatida (SM) anormal a-sinukleinni aniqlash erta tashxis qo'yishga yordam beradi.

## FREQUENCY OF OCCURRENCE OF STEROID DIABETES MELLITUS ON THE BACKGROUND OF ACUTE LEUKEMIA

**Kasimova S.A., Axatov Sh.Sh., Babadjanova Sh.A.**
**Tashkent medical academy**

In the literature with acute leukemia in childhood, there are descriptions of progressive obesity due to the development of leukemic diencephalitis, lesions of the central and peripheral nervous system of unknown genesis, the development of hyperhomocysteinemia with thrombotic complications, steroid diabetes mellitus [4].

Metabolic features characteristic of diabetes mellitus, such as hyperglycemia, may provide an alternative explanation for the observed increased

risk of certain cancers among individuals with diabetes mellitus. These disadvantages are common to all types of diabetes. Hyperglycemia may be a plausible explanation for the link between glycated hemoglobin levels and the risk of certain cancers [5].

In the treatment program for acute lymphoblastic leukemia (ALL), glucocorticosteroid hormones (GCSH) are one of the basic components, prednisone, dexamethasone and metipred are most often used. However, specialists dealing with these patients noted that among the many complications that occur, there is steroid diabetes mellitus (SDM), which most often occurs in children with metabolic syndrome or in children with family heredity burdened by MS [1].

**Purpose of research:** The aim of our study was to analyze cases of steroid diabetes mellitus in children with acute lymphoblastic leukemia in 2013-2014, as well as the nature of metabolic disorders against the background of acute leukemia [2].

**Materials and methods.** A retrospective study was conducted, the case histories and outpatient dispensary records of patients who had complications in the form of steroid diabetes mellitus were analyzed in detail [2].

**Research results:** During the study of the archive, it was revealed that out of 462 patients with acute lymphoblastic leukemia who were treated at the regional Hematology Center for Children and Adolescents named after prof. V. I. Gerain for 20 years (1994-2014), there were 13 cases of steroid diabetes mellitus. Thus, in the studied cohort, this complication was rare and occurred in 2.8% of all patients with ALL treated at the center during the specified period [2].

There were significantly more boys among patients with SDM — 10 (76.92%) cases. Dexamethasone turned out to be a drug from the group of GCSH, on which MS was detected in 12 (92.3%) cases. Analysis of family data showed that out of 13 patients, only one boy had no data on the presence of MS in the closest relatives on both lines. Accordingly, 12 (92.3%) patients among the closest relatives had indications of the presence of MS, and 4 (30.77%) had those on both the mother's and father's sides. The phenotypic similarity of a child with acute lymphoblastic leukemia and a complication in the form of SDM with one of the relatives having manifestations of MS (if any) occurred in all 100% of cases (12 out of 12) [3].

**Conclusion:** In connection with the above, a burdened family history of metabolic syndrome (especially if there is a phenotypic similarity between the patient and a relative with MS) can be regarded as a risk factor for the complication of "steroid diabetes mellitus". Patients assigned to this group, if dexamethasone is necessary, should be pre-tested for glucose tolerance and subsequently their blood glucose levels should be effectively monitored during program treatment .

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## THE RESULTS OF CLINICAL AND LABORATORY STUDIES IN PATIENTS WITH DISSEMINATED PULMONARY TUBERCULOSIS

**Khakimov A. A., Soliyev Z.**
**Tashkent Medical Academy, Tashkent, Uzbekistan**

**Introduction Currently.** The tuberculosis remains one of the most significant public health problems. Disseminated forms of tuberculosis are becoming an increasingly alarming problem for the whole world. In the Republic of Uzbekistan, the incidence of tuberculosis in recent years remains at a high level. In this regard, the study of the incidence, clinical manifestations and treatment of disseminated pulmonary tuberculosis is an urgent task of TB.

**Aim.** To study the results of clinical and laboratory studies in patients with various clinical and radiological manifestations of disseminated pulmonary tuberculosis in order to control the course of the process, as well as the timely detection of side effects of drugs, correction of homeostasis disorders.

**Materials and methods.** Thirty patients with various clinical and radiological manifestations of disseminated pulmonary tuberculosis were examined, who underwent inpatient treatment at the City Clinical Hospital No. 1 and at the Republican Specialized Scientific and Practical Center of Phthisiology and Pulmonology. Materials for research are clinical and laboratory tests: a general analysis of blood, urine, sputum examination with microscopic methods for mycobacteria. Biochemical blood tests, coagulogram, bacteriological studies (Ziehl-Neelsen microscopy).

**Results.** The study revealed that 18 (60%) patients were women, 12 (40%) were men. Most often disseminated tuberculosis affects patients aged 38-54. Bacterial excretion is observed in 22 (73%) patients. When taking anti-TB drugs in 19 (63%) patients there was an increase in blood biochemical parameters - ALT, AST, alkaline phosphatase. This is due to the cytological syndrome, an increase in these indicators relative to the norm indicates the death of hepatocytes. Accordingly, there is an increase in the level of bilirubins, cholesterol, lipoproteins due to cholestatic syndrome. In 26 (86%) patients, changes in hematological