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TIBBIYOTNING DOLZARB MUAMMOLARIGA INNOVATSION YONDASHUV



RESPUBLIKA YOSH OLIMLAR
ILMIY-AMALIY ANJUMANI

MATERIALLARI

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ANDIJON



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The coronavirus infection directly affects the epithelia of the mucous membrane of the gastrointestinal tract, causing inflammatory processes. These changes cause an increase in inflammatory cytokines and the development of severe pathological conditions in organs. High levels of inflammatory cytokines and its reliable positive correlation with calprotectin in patients “relatively recovered” from Covid-19 with no detectable immunoglobulin M were confirmed in our study as well.

Conclusion. It was found that in the patients who had undergone Covid-19 and clinically recovered from it the levels of calprotectin and H. pylori in feces and interleukin-6 in the blood were significantly higher compared to the not infected. This indicates that the inflammatory process persists in their body for a long time and they need rehabilitation measures.

AN INNOVATIVE APPROACH IN THE SURGERY OF PEDIATRIC ONCOLOGY

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Relevance

- To study the different methods found to diagnose children’s solid tumours
- To know the optimal treatment of paediatric cancer

Purpose Of My Study

- To let the people aware about the danger of paediatric oncology
- To highlight the skills of the paediatric surgeons

Materials And Methods

This study used an online Google Form questionnaire as the instrument. Invitation to participate in this survey was sent through the email and social media such as Instagram. The questionnaire was distributed in this way because each of the participants has his or her personal email account and most of them have their own Instagram account as well. Therefore, using online Google Form to reach each participant is the best choice. The questions in the developed questionnaire were distributed for this pilot to test the statistics of paediatric oncology patients. The population of this survey was 100 members.

Results

The survey was conducted to answer using a specially designed analysis of examination methods in pulmonary diseases questionnaire. Among them, Male (25%), Female (75%). The age of the participants was from 18-25 years old (50%), from 26-40 years old (24%), from 41-60 years old (16%) and from 60 and above (0%) The participants of my survey are mostly Indian (75%), Uzbek (25%). Some of the respondents said they don’t have the knowledge of paediatric oncology (25%) and most of them know about the oncological tumours (75%). Most of the participants said that the treatment for the oncology as chemotherapy (75%) and some of the people have said surgery as one of the treatments used in oncology patients (25%). Most of the participants answered my survey based on an adult oncology but the paediatrics form is quite different and malignant compared to the adult form because the cells of the infant have greater ability to divide faster.

Conclusion

As a criterion of this survey, this paper presented as to understand the knowledge of the people on surgery of paediatrics oncology. The results of the survey conducted made me realize the participants in my survey still believes the treatment for adult and infant are quite same in case of cancer but it is completely different. The people should understand the effect of all kinds of malignant tumours. I evident it by the results of the survey that the people are not in a clear way to differentiate between adult and infant form of cancer.

Thus, the need for awareness-raising activities among the population, especially among young people is inevitable. With regard to solving this problem, a preventive approach can be effective.

THE COURSE OF BRONCHOPULMONARY DYSPLASIA IN CHILDREN

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Relevance. Of particular interest is the study of structural changes in the extracellular matrix of lung tissue with the outcome of pneumofibrosis as a result of the toxic effects of high concentrations of oxygen and barotrauma on immature bronchopulmonary structures of a premature newborn against the background of surfactant deficiency. The conditions, mechanisms and timing of pulmonary tissue fibrosis, as well as its outcomes, need to be studied in detail.

The analysis of the data of modern literature revealed a lack of consensus on the classification, diagnostic criteria and evaluation of outcomes of bronchopulmonary dysplasia in children, which determined the purpose of our work.

The purpose of the study. To establish the patterns of formation and features of the course of bronchopulmonary dysplasia in premature infants to increase the effectiveness of its treatment and improve the outcomes of the disease.

Materials and methods of research. The study included 247 children hospitalized in these clinical departments in 2018 - 2020. Of these, there were 150 children with bronchopulmonary dysplasia (89 boys and 61 girls), among whom there were 142 premature babies, 8 full-term babies.

The results of the study. Analysis of anamnestic data of mothers showed that all women whose children formed BPD had somatic pathology and a burdened obstetric and gynecological history. Urinary tract infections, chronic salpingoophoritis, endometritis and endometriosis were detected in 32% of women.

The pathological course of pregnancy and /or childbirth was noted in all women - early and late gestosis, anemia, exacerbation of pyelonephritis. In 62% of the observations, the threat of termination of pregnancy at different terms was determined. According to our data, a significant risk factor for the development of BPD in children was the presence of chorioamnionitis in 21% of pregnant women in the studied group. ARVI during pregnancy was suffered by 35% of mothers of children who formed bronchopulmonary dysplasia.

The analysis of the obtained data revealed an increase in the duration of the period of pronounced radiographic changes according to MSCT in children who did not receive ZTS, up to 1 year compared with children. after surfactant therapy, there was a significant ($p < 0.02$) decrease in the sum of MSCT scores in the second half of life. It should be noted that when evaluating the data obtained, we proceeded from the fact that the most constant radiographic signs in all age subgroups were the degree of hyperinflation of lung tissue and the prevalence of pneumofibrous changes. The relative dynamics of these pathological parameters is reflected in the score of MSCT in children of the above age subgroups. The maximum amount of points was noted by the end of the first year of life in BPD patients who did not receive surfactant at birth (11.72 ± 0.64).

For a comparative analysis of the content of matrix metalloproteinases, their inhibitor and regulators in the main group, we examined 142 premature infants (89 boys, 53 girls) who formed BPD. Of these, 105 children with a gestational age of 25-37 weeks and a birth weight of 895 g to 2640 g, who were on a ventilator for 3 to 107 days, did not receive surfactant replacement therapy at birth. 37 patients with BPD who received ZTS in the postnatal period were allocated to a separate group.

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