KLINIK LABORATOR DIAGNOSTIKADA INNOVATSION TEXNOLOGIYALARDAN FOYDALANISH, MUAMMOLAR VA YECHIMLAR

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qarshi sitotoksik ta’sir, antigenlar to‘g‘risida ma’lumot saqlaydi. Normada leykotsitar formulada limfotsitlar miqdori 19-37%, absolyut soni 1,2-3,0 x10^9/l.

Adabiyotlar.

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CHANGES OF THE PHYSIOLOGICAL FUNCTIONS OF PLATELETS IN PLATELET PATALOGIES

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Actuality: As we all know, platelets have many biologically important functions, and one of them is an adgesive property. Adgesia is the adhesion of platelets to the proximity of the vessel wall using willibrand and factor VIII [9, 10].

The main reserve can be considered the correctly organized prevention of obstetric bleeding, starting from the stage of monitoring pregnant women [1, 2]. The process of platelet formation in the body is called thrombocytopoiesis [3]. Thrombocytopoiesis is based on reverse bog prinspi: increased platelets in the blood inhibit thrombocytopoiesis, with thrombocytopenia stimulating platelet formation. In bone burial, a megakariocyte cell undergoes several morphological stages of differentiation: megakarioblasts, promegacariocytes and megacariocytes [5, 6]. Megacariocyte is a giant polyploid cell with a diameter of 60-120 µm. Megacariocyte is a large platelet-preserving cell with a polymorphic nucleus, a broad, pinkish cytoplasm [4, 7, 8]. And in most cases, changes in this property of platelets are observed as a result of diseases in the body.

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The purpose of the study: to study how the adgesive function of platelets changes in thrombocytopathies.

Materials and research methods. Clinical studies were carried out in the hematology departments of the multidisciplinary clinic of the Tashkent Medical Academy. The study includes 78 patients, taking into account all types of thrombocytopathy total number (54 patients with Bernard–Sullier syndrome and 24 patients with Villebrand disease).

Results. Usually Platelet Adhesion is 22-54% [2] . A study of the functional properties of platelets showed a significant decrease in this indicator in all patients. Platelet Adhesion was found to be 7.45±1.0% in Group 1, 8.45±1.17% in Group 2, and the adhesion ability of platelets in the control group was found to be 22.1±1.43%.Thus, it is characterized by a decrease in the adhesive properties of platelets by 8-16% in patients with thrombocytopathy. The most common differential diagnosis is Villebrand disease and Bernard-Sullier syndrome, which have a similar appearance. The low and complete absence of platelet aggregation in response to ristocetin clearly indicates a diagnosis of Bernard-Sullier syndrome, and villebrand disease has relatively high Platelet Adhesion.

Conclusion. Thus, patients with Bernard–Sullier syndrome and Villebrand disease had abnormalities in the coagulation joint of Hemostasis and a clear violation of the functional properties of platelets.

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