

MR imaging techniques: The MR-1 comprised of T-2 post gadolinium T-1 weight imaging the MR pictures illustrated bone injuries characteristic of AVN.

AVN classification: Avascular bone rot was portrayed utilizing the Steinberg classification. The depicted subchondral localized necrosis with the association of articular cartilage.

Results. Researchs is show of this group showed a certain interrelation among the history of coronavirus infection in the patients, modestly serious side effects, huge levels of IgG antibodies, and the time of occurrence of joint changes.

Case Presentation. Patient N.1 was a 39 years old male. The course of infection was moderate and he had not chronic disease. After the covidinfection, there were complication in the respiratory system in the form of decreased resoiratory efficiency. He has hip joint disfunction and severe pain his musculoskeletal system. The necrosis of femoral head was seed with the destruction of the articular surface and deformation of the joint .

Conclusion. Prevention of side effects corticosteroids as a result of treatment with COVID-2019. Asyntomatic onset of symtoms 1-3 weeks after infection with COVID-2019. Immediately examination of suspected cases,early diagnosis and treatment without surgery.

AUTOIMMUN GEPATITNING DAVOLASH PRINSIPLARINI TAKOMILLASHTIRISH.

Tairova G.B., Umirov S.Y.

Toshkent Tibbiyot Akademiyasi

Autoimmun gepatit surunkali jigar hujayralarining yallig'lanishi bilan tavsiflangan noma'lum etiologiyaga ega bo'lgan autoimmun jigar kasalligi. Turli yoshdagi odamlarda uchraydi va kasallik ko'p yillar davomida yashirin kechishi mumkin. Kasallik davomida jigar etishmovchiligi, sirrozi va o'lim kuzatilishi mumkin. Autoimmun gepatit mamlakatimizda jigar kasalliklarining kam uchraydigan turlaridan biri bo'lib, surunkali jigar kasalliklarining taxminan 1,7 foizini tashkil qiladi hamda 2:100000 nisbatda uchraydi. Ayollarda ko'proq uchraydigan ushbu kasallikning uchta turi mavjud bo'lsada, 1-toifa autoimmun gepatit bemorlarning 80% ni tashkil qiladi. Kasallikni davolashda uzoq muddatli kortikosteroid terapiya amalga oshiriladi. Bu kasallik natijasida jigar sirrozi bosqichiga o'tgan bemorlarda yagona davolash usuli - jigar transplantatsiyasidir.

Autoimmun gepatitning 81-86% ini 1-toifa tashkil qiladi. U zardobda yadroga qarshi antitanalar (ANA) va silliq mushak antitanalari (SMA-silliq mushak antitanalari) mavjudligi bilan tavsiflanadi. Bemorlarning 70 foizi ayollardir. Kasallik har qanday yoshda paydo bo'lishi mumkin bo'lsada, ko'pincha 40 yoshdan kiyin sodir bo'ladi. Biroq, tashxis odatda 50-60 yoshda qo'yiladi. Bemorlarning 45 foizida boshqa autoimmun kasallik (masalan, autoimmun tiroidit, sinovit, yarali kolit) hamroh bo'lsa, a'zolarga xos (organga xos) autoantitanalarni topish ehtimoli past. Immunosupressiv terapiyaga (immunitet tizimini bostiradigan dorilar bilan davolash) javob odatda ijobiy bo'ladi.

