

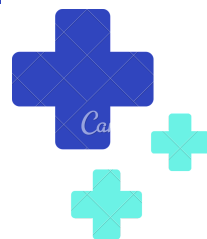


“Qandli diabet asoratlarni davolashda kompleks yondashuv”

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«Комплексный подход к лечению осложнений сахарного диабета» Международная научно-практическая конференция

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syndrome.

Materials and research methods. The work was done on experimental material. Healthy rats were selected for the experiment. Experimental studies were carried out on 140 outbred male rats weighing 220-250 g, kept in the Tashkent Medical Academy (TMA) vivarium. The rats were kept under optimal conditions, all rats lived in a room with a 12-hour light-dark cycle and a constant temperature of 22-25°C, with free access to water. All rats were given a sufficient amount of a normal rodent diet ad libitum. (diet for rodents, State standard No. GOST R50258–92) and tap water daily. Operations and all manipulations with animals were carried out using general anesthesia, in compliance with the principles of humanity outlined in the directives of the European Community (86/609/EEC) and the Declaration of Helsinki, by the "Rules for working with experimental animals". The experimental animals were divided into 4 groups: the 1st group was intact; 2nd group –the creation of an experimental model of alloxan diabetes mellitus; 3rd control group - against the background of alloxan diabetes, the creation of an experimental model of a diabetic foot using traditional complex treatment; 4th experimental group - on an experimental model of diabetic foot - traditional treatment and reomannisol.

Results. The body bodyweight before the experiment varied from 220 to 250 g. Group 1 - intact animals (10 rats each), served as controls for groups 3 and 4. 2nd group –the creation of an experimental model of a diabetic foot, against the background of alloxan diabetes; To do this, 10 rats were injected intraperitoneally with 2% alloxan in an amount of 20 mg / 100 g. In this experimental group, in the 2nd experimental group, 8 rats died in the first 3 days as a result of hyperglycemic and hypoglycemic coma, which amounted to 80%. When examining the level of glucose in the blood with a glucometer of the remaining rats, it was 33.3 mmol/l and may have been higher, since the maximum range of the glucometer is 33.3 mmol/l. The remaining 2 rats sat in the corner, there were no reactions to external

stimuli, they were sedentary when picked up. The animals did not touch the food. On the next day 4, the remaining rats died.

Conclusions. After using the drug reomannisol intraperitoneally at a dose of 1 ml / 100 g 1 time per day for 5 days, there was a sharp decline in EI numbers. On the 10th day, the EI values in the experimental group returned to normal, similar to those in the intact group. The drug reomannisol performs "biochemical rehabilitation", due to its inherent qualities: antioxidant, improves blood rheology, detoxification, and diuretic. In rats of the control group, the EI numbers remain at high levels until the end of the experiment. The results of biochemical studies demonstrate positive dynamics in experimental animals with a diabetic foot model when using the drug reomannisol. This was manifested by the fact that by the 10th day there was a decrease and normalization of the level of glucose in the peripheral blood, indicators of renal clearance (urea, creatinine), liver (ALT, AST, albumins). An open, full-thickness wound of the foot, in rats with DM, had low blood circulation, prolonged inflammation, and was characterized by a violation of the inflammatory and proliferative phases of the healing process, which is associated with hyperglycemia. Thus, this model of the open foot in rats provides a good approach for studying the process of wound healing in DM, and this model can be regarded as creating an analog of the human diabetic foot syndrome in an experimental model of alloxan-induced diabetes mellitus.

DIABETIK OYOQ SINDROMINI ERTA TASHXISHLASH

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**Toshkent tibbiyot akademiyasi 1 son umumiy va bolalar jarrohligi
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Qandli diabet erta nogironlikka va bemorlarning yuqori o‘limiga olib keladigan og‘ir asoratlarning rivojlanishi bilan tavsiflanadigan eng keng tarqalgan kasalliklar

jumlasiga kiradi. Diabetik oyoq sindromi qandli diabetning eng vahimali asoratlaridan biri hisoblanadi. Qandli diabet bilan kasallangan har to'rtinchi bemor diabetik oyoq rivojlanishi xavfi guruhiga kiradi, bemorlarning 6-15%ida esa qandli diabet kasalligining u yoki boshqa bosqichida oyoq kafti yarasi yuzaga keladi.

Biz ixtiyoriy ravishda olingan, 1 va 2 turdagi qandli diabet bilan kasallangan 255 nafar bemorni (tegishincha 22 (8,6%) va 233 (91,4%) bemor) tekshirdik, uning davomiyligi 5 yildan 25 yilgachani tashkil etdi. Bemorlar orasida 58 nafar (22,7%) erkaklar va 197 nafar (77,3%) ayollar bo'lib, ularning o'rtacha yoshi 59,3 yilga teng bo'ldi. Biz ularning periferik innervatsiya holati, mazkur bemorlarda oyoqlarning asosiy qon ta'minotini baholashimiz va ular orasida diabetik oyoq sindromi rivojlanishi xavfi guruhini aniqlashimiz lozim edi. Klinik kuzatuv 2020-2022 yillar davrida Toshkent tibbiyot akademiyasi ko'p tarmoqli klinikasida tekshiruv va davolanishda bo'lgan diabetik oyoq sindromiga ega 120 nafar bemorni qamrab oldi.

34 nafar (28,3%) bemor insulin terapiyasini oldi, 86 nafar (71,7%) bemor og'iz orqali sulfanilmochevina va biguanidlar guruhidan qand miqdorini pasaytiradigan preparatlar qabul qilishdi. 98 nafar (81,7%) bemor hamroh kasalliklarga ega bo'lgan. Gipertonik kasalliklar, yurakning ishemik kasalligi, surunkali serebrovaskulyar yetishmovchilik eng ko'p qayd etildi.

Diabetik oyoq sindromi rivojlanishi xavfi guruhiga kiruvchi qandli diabet bilan kasallangan bemorlarni aniqlashga qaratilgan skriningni o'tkazishda, 255 nafar bemordan 145 nafarida (56,9%) tebranish sezuvchanligi chegarasining ishonchli pasayishi qayd etildi, 91 nafar (35,7%) bemorda – taktil sezuvchanlikning pasayishi yoki mavjud emasligi ro'yxatga olindi. 70 nafar (27,5%) bemorda og'riq va harorat sezuvchanligining buzilishi aniqlandi.

Oyoq kafti va boldirlar arteriyalarida periferik qon ta'minotining buzilishi ancha kam hollarda, bizning kuzatuvimizga ko'ra, 9,8% hollarda qayd etildi. 255 nafar bemordan 65 nafarida biz oyoqlarda periferik qon oqimi holatining

elektromiografiyasi va ultra tovushli tekshiruvini o'tkazdik, ularda klinik tekshiruvda sensomotor sezuvchanlik va oyoqlarning qon ta'minoti buzilganligi aniqlandi. 53 nafar (81,5%) bemorda harakatlantiruvchi va sezuvchan asablar bo'yicha qo'zg'alishning o'tishi tezligining ancha pasayganligi qayd etildi. Dopplerografiyada 65 nafar bemordan 8 nafarida (12,3%) qon oqimining o'rtacha tezligi 0,96 sm/s gacha (me'yorda 1,6 sm/s bo'lganda) pasaygani aniqlandi. Bundan tashqari, 64% hollarda bemorlar oyoq kafti terisining turli xil zararlanishiga ega bo'lgan. Chunonchi, mazkur tekshiruvga ko'ra, qandli diabet bilan kasallangan 255 nafar bemordan biz 113 nafarini (44,3%) diabetik oyoq sindromi rivojlanishi xavfi guruhiga kiritdik, bunda ularning 47 nafari (18,4%) mazkur kasallik rivojlanishi xavfining past, 36 nafari (14,1%) – o'rtacha, 22 nafari (8,7%) – yuqori va 8 nafari (3,1%) juda yuqori darajasiga ega bo'lgan, bu tegishli davolashni o'tkazishni boshlash va mazkur toifadagi bemorlarni kuzatish imkonini berdi [6].

Diabetik neyropatiya va oyoqlar qon-tomirlarining ishemiyasi diabetik oyoq sindromining asosiy klinik ko'rinishlari hisoblanadi. Skrining o'tkazilishi diabetik oyoq sindromi rivojlanishi xavfi guruhiga kiruvchi qandli diabet bilan kasallangan bemorlarni aniqlash va ularda mazkur kasallik xavfining darajasini aniqlash imkonini beradi. Diabetik neyropatiya oyoqlar ishemiyasining klinik namoyon bo'lishini yashiradi, ularni noto'g'ri talqin qilish kasalxonagacha bo'lgan bosqichda tashxisga oid xatolarga olib kelishi mumkin.