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ACTUAL PROBLEMS
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2 doses of prophylactic antibiotics, acute in appendicitis, a patient with ruptured appendicitis received 6 doses. Trocar insertion dots were placed on the enlarged uterus. Pneumoperitoneum Veres needles were used for intra-abdominal pressure 10 mm. was carried out. The first 5 mm trocar was placed between the umbilicus and the wedge-shaped tumor. This is the insertion point for the optical trocar. 5 mm in all cases whether endoscopic eyepieces were used. The point of insertion of the second 10 mm trocar is on the line placed at the level of point 1 along the medial-clavicular line dextra. This is the right hand is the operating point. Point 3 (from 5 mm) along the mid-clavicular line point 1 on the left 3 sm below the level. This is the left hand working point. Insert the sharp end of the appendix carefully into the layers using the left hand puller separates. Using the harmonic scalpel at the right operating point the mesoappendix is mobilized. Drainage tube after surgery then stored for 48 hours. All patients have no problems after the operation. The urinary catheter was removed and the next day a daily diet was allowed. The response came on the 3rd day after the operation, while in a patient with perforation answered the same day. Two patients (28%) underwent a caesarean section needs. Patients were observed for 14 months after surgery, they had complaints not observed.

Conclusion. In addition, the site of the wound in open appendectomy size of spread of infection and subsequent origin of hernias creates conditions, and in this case, the birth of the fetus through the birth canal causes difficulties. Several experienced surgeons laparoscopic according to the results of practice performed in specialized centers operation is safe.

SURGICAL PRINCIPLES FOR THE TREATMENT OF LARYNGOTRACHEAL STENOSES

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Introduction. In the last 10 years, the number of patients with tracheal complications after intubation has increased significantly. As a result of chronic inflammation, manifested by the loss of the architecture of the normal structures of the tracheal wall with fibrous tissue, the function and narrowing of the airways is observed. Expanding the volume of surgical interventions in patients with pathologies of the heart, brain, and abdominal organs increases the number of intubations, and then the occurrence of postintubation stenosis increases. Most patients with stenosis are admitted to surgical hospitals of thoracic clinics in critical condition due to respiratory failure, they require urgent care. Often this is an emergency endoscopic tracheal recanalization procedure to restore adequate lung ventilation.

Purpose of work. To improve the results of therapeutic measures after resuscitation, to determine the advantage of cryosurgery methods in the process of mechanical ventilation and restoration of the tracheal cavity during dispensary observation of patients with stenosis of the trachea after tracheostomy due to early detection.

Material and inspection methods. Examinations were carried out in the patients of the Thoracoabdominal and Reanimation-Anaesthesiology departments of the Tashkent medical academy in the method of surgery and observation. From March 2016 to March 2017, there were 102 patients, their age, gender, comorbidities, operation method, what kind of stents were used during the operation, and most importantly, the general condition of the patients after the operation. it was studied to what extent it changed in a positive direction, as well as to what extent it returned to full working capacity.

Results. 17 out of 102 studied patients underwent urgent endotracheal intubation (16.7% (17/102). 82.3% (14/17) developed scar stenosis in 14 of them. Of the patients with scar stenosis, 42.8% (6/14) were female, and the remaining 57.2% (8/14) were male, with a ratio of 1.5:2. The average age of women is 50-55 years, and the average age of men is 50-60 years. A new operating method is to remove the stenotic segment and

place air between the I and II half rings of the trachea and the bifurcation of the trachea. yish practice is done. The operation was planned in 85.7% (12/14) patients. The remaining 2 patients recovered under the influence of conservative treatment and underwent rehabilitation measures and were transferred to the Thoracoabdominal Department 14.3% (2/14). Of these, 8.3% (1/12) of patients had acute cerebral circulatory failure (2015). In 2 patients, it was found that type II diabetes is a period of compensation 16.7% (2/12). Of these, 2 diabetic patients were placed with a stent to maintain mucociliary clearance - 16.7% (2/12). Medicated endotracheal stenting was performed on 5 patients 41.7% (5/12). 41.7% (5/12) of the remaining patients were treated with Montgomery-II endotracheal stents with granulation and migration properties. It was found that the rest of the patients did not have any other severe somatic or genetic disease. The operation was successful in all patients and they were admitted to the intensive care unit. All patients underwent full rehabilitation after the operation. During the follow-up, 83.3% (10/12) of the patients who were operated on had a positive change in their ability to do full work. A patient with diabetes was an indication for reoperation in 8.3% (1/12). Lethality 8.3% (observed in a patient with acute cerebrovascular insufficiency).

Conclusion. The origin of scar stenosis, which develops after endotracheal intubation, depends on the patient's previous and concomitant diseases, the placement of the intubation tube. The method used in patients for the prevention of scar stenosis showed that it was intended to apply this method to a full science and work on the skills of their perfect development. It was determined that this operative method depends on the skill of the doctor and the ability to choose the stent correctly, as well as on the biological characteristics of the stent. It was found that the advantage of this method is that the patients' full capacity for work is preserved and it does not cause any complications if the patient does not have concomitant diseases, as well as it does not lead to respiratory failure.

THE USE AND OUTCOME OF SCLEROTHERAPY FOR VARICOSE VEINS

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Introduction. Today, sclerotherapy is one of the most popular minimally invasive surgical methods, which allows not only to destroy varicose veins, but also to correct impaired hemodynamics in varicose veins (elimination of pathological blood flow - reflux). The popularity of sclerotherapy is due to its low cost, technical simplicity and availability, almost ideal aesthetic and functional results.

The main disadvantage of the technique is insufficient radicality - a vein that has not been surgically removed may rejoin the blood circulation as a result of recanalization, or new varicose veins may appear in place of the former veins due to the development of the disease. At the same time, modern methods of sclerotherapy using foam preparations, ultrasound, several point injections into reflux sites, operations and endovasal thermal obliteration (EVTO) allow achieving comparable results. The correct definition of indications for sclerotherapy and its implementation by a highly qualified specialist can reliably eliminate varicose veins, especially in the early stages of varicose veins.

Purpose of study. Treatment of varicose veins of the legs by methods of endovasal thermal obliteration (EVTO) and intravenous administration of sclerosing drugs while maintaining the ability to work and quality of life of patients with such minimally invasive surgical methods.

Materials and methods of research. The department of vascular surgery of the Tashkent medical academy examined 25 patients with varicose veins and suspected varicose veins, with concomitant diseases. The audits were carried out from February 2021 to February 2023. At the same time, patients with 0, I, II degrees of venous dilatation were observed and there is a risk of observation, patients with concomitant diseases, especial-