

TOSHKENT TIBBIYOT AKADEMIYASI
«YOSH OLIMLAR TIBBIYOT JURNALI»

TASHKENT MEDICAL ACADEMY
«MEDICAL JOURNAL OF YOUNG SCIENTISTS»

ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ
«МЕДИЦИНСКИЙ ЖУРНАЛ МОЛОДЫХ УЧЕНЫХ»

IXTISOSLASHUVI: «TIBBIYOT SOHASI»

ISSN: 2181-3485

Mazkur hujjat Vazirlar Mahkamasining 2017 yil i5 sentabrdagi 728-son qarori bilan tasdiqlangan O'zbekiston Respublikasi Yagona interaktiv davlat xizmatlari portali to'g'risidagi nizomga muvofiq shakllantirilgan elektron hujjatning nusxasi hisoblanadi.

№ 7 (09), 2023

«Yosh olimlar tibbiyot jurnali» jurnali O'zbekiston Respublikasi Oliy ta'lim, fan va innovatsiyalar vazirligi huzuridagi Oliy attestatsiya komissiyasi Rayosatining 2023 yil 5 maydagi 337/6-son karori bilan tibbiyot fanlari buyicha dissertatsiyalar asosiy ilmiy natijalarini chop etish tavsiya etilgan milliy ilmiy nashrlar ruyxatiga kiritilgan.

Решением Президиума Высшей аттестационной комиссии при Министерстве высшего образования, науки и инноваций Республики Узбекистан от 5 мая 2023 г. № 337/6 «Медицинский журнал молодых ученых» внесен в перечень национальных научных изданий, рекомендованных для публикации основных научных результатов диссертаций по медицинским наукам

Отажонов И.О., Уринов А.М. / Применение новых экспериментальных моделей цирроза печени на лабораторных животных	143
--	-----

НАУЧНЫЕ ОБЗОРЫ

Mirkhamidova S.M., Aashikaa Juslee J.K., Ilyasova M.M., Israilov J.D. / Results of the survey on awareness of medical students about lung cancer	147
Mirkhamidova S.M., Paresh R.K., Ilyasova M.M., Israilov J.D. / Public awareness about blood cancer in adults	156
Mirkhamidova S.M., Gokul R.S., Ilyasova M.M., Israilov J.D. / Results of the population awareness about dengue fever.....	166
Куранбаева С.Р., Мусаева Ю.А., Жураев З.З., Каландарова С.Х., Маткаримов Х.С., Мажидов Л.Н. / Судорожный синдром при хронической ишемии головного мозга	171
Qarshiyeva Sh.M., Muminova Z.A. / Menapauza davridagi ayollarda semizlikning rivojlanishi va uning oqibatlari	175
Rakhimov B.B., Shayhova G.I. / Prevalence of obesity among children and adolescents in Uzbekistan.....	179
Неъматова Н.Ў., Бегимкулова С.А., Алматова У.А., Мирахматова М.Н. / Шифохона ичи ОИВ-инфекциясининг эпидемиологияси ва профилактикаси	183
Хаджимуратова М.Х., Юлдашев Б.С. / Аёлларда сут бези касалликларининг пролиферацияланишининг клинико-морфологик ўзига хослиги	187
Shermuhamedova F.K., Daminova X.M., Mamajonov F.E., Kutlimuratova M.B. / Oddiy va assotsirlashgan migren rivojlanish patogeneziga zamonaviy qarashlar	193
Эрматов Н.Ж., Абдулхаков И.У., Шукуров А.Н., Насирдинов М.З., Ишматов Ш.Р. / Эндокрин тизим касалликларини ривожланишида овқатланиш тартибини ўрни ва аҳамиятини ижтимоий гигиеник хусусиятлари	200
Шермухамедова Ф.К., Муратов Ф.Х. / Семизлик жараёнида ривожланган ишемик инсульт клиникаси ва кечув хусусиятлари.....	209
Дадаходжаева М.Р. / Изучение кислородосодержащих органических соединений с помощью интерактивных методов	214
Юлдашев Б.С., Каримов Р.Х., Бекчанов А.Ж. / Пандемия даврида пневмония касаллиги билан касалланган чақалоқларда ўлим сабаблари.....	220
Шайхова Г.И., Отажонов И.О., Азизова Ф.Л. / Сурункали буйрак касаллигида кам оксилли парҳезнинг аҳамияти.....	224

PUBLIC AWARENESS ABOUT BLOOD CANCER IN ADULTS

Mirkhamidova Sevara Mirmakhmudovna - assistant
Paresh Ramesh Kasaram - 2 course student
Ilyasova Munisa Mirvaliyevna - assistant
Israilov Jaxongirxon Djamshidxonovich - assistant
Tashkent Medical Academy. Tashkent, Uzbekistan

Annotation. As outcomes have improved across the hematologic malignancy population, candidacy for ICU (Intensive care unit) admission has increased. This complex population may develop a variety of complications related to their treatment or underlying disease that can result in critical illness necessitating ICU support. This review highlights common causes of critical illness associated with hematologic malignancies, including the following

- neutropenic sepsis
- hyperleukocytosis and leukostasis across patients with acute myeloid
- leukaemia,
- complications of acute promyelocytic leukaemia
- tumour lysis syndrome.
- critical care complications that can arise following hematopoietic stem cell
- transplantation

Keywords: acute myeloid leukaemia, allogeneic stem cell transplant, febrile neutropenia, leukostasis, tumour lysis syndrome.

ОСВЕДОМЛЕННОСТЬ НАСЕЛЕНИЯ О РАКЕ КРОВИ У ВЗРОСЛЫХ

Мирхамидова Севара Мирмахмудовна - ассистент
Paresh Ramesh Kasaram - студент 2-го курса
Илясова Муниса Мирвалиевна - ассистент
Исраилов Жахонгирхон Джамшидхонович - ассистент
Ташкентская Медицинская Академия. Ташкент, Узбекистан

Аннотация. По мере улучшения исходов в популяции гематологических злокачественных новообразований число кандидатов на госпитализацию в ОИТ (отделение интенсивной терапии) увеличилось. У этой сложной популяции могут развиваться различные осложнения, связанные с их лечением или основным заболеванием, которые могут привести к критическим заболеваниям, требующим поддержки в ОИТ. В этом обзоре освещаются распространенные причины критических состояний, связанных с гематологическими злокачественными новообразованиями, включая следующие:

- нейтропенический сепсис
- гиперлейкоцитоз и лейкостаз у пациентов с острым миелоидным
- лейкемия,
- осложнения острого промиелоцитарного лейкоза
- синдром лизиса опухоли.
- осложнения интенсивной терапии, которые могут возникнуть после введения гемопоэтических стволовых клеток
- трансплантация

Ключевые слова: острый миелоидный лейкоз, аллогенная трансплантация стволовых клеток, фебрильная нейтропения, лейкостаз, синдром лизиса опухоли

KATTALARDA UCHRAYDIGAN QON SARTONI HAQIDA AHOLINING BILIM DARAJASI

Mirkhamidova Sevara Mirmakmudovna - assistent
Paresh Ramesh Kasaram – 2 bosqich talabasi
Ilyasova Munisa Mirvaliyevna - assistent
Israilov Jaxongirxon Djamshidxonovich - assistent
Toshkent Tibbiyot Akademiyasi. Toshkent, O'zbekiston

Annotatsiya. *Natijalar gematologik malignite populyatsiyasi bo'ylab yaxshilanganligi sababli, ITB (intensiv terapiya bo'limi) qabul qilish uchun nomzodlar ortdi. Ushbu murakkab populyatsiya ularni davolash yoki asosiy kasallik bilan bog'liq turli xil asoratlarni rivojlanishi mumkin, bu esa ITB yordamini talab qiladigan jiddiy kasalliklarga olib kelishi mumkin. Ushbu sharh gematologik malign o'simtalar bilan bog'liq bo'lgan jiddiy kasallikning umumiy sabablarini, jumladan, quyidagilarni ta'kidlaydi*

- *neytropenik sepsis*
- *o'tkir miyeloidli bemorlarda giperleykotsitoz va leykostaz*
- *leykemiya,*
- *o'tkir promiyelotsitik leykemiyaning asoratlari*
- *o'sma lizis sindromi.*
- *gematopoetik ildiz hujayralaridan keyin paydo bo'lishi mumkin bo'lgan jiddiy parvarishlash asoratlari*
- *transplantatsiya*

Kalit so'zlar: *o'tkir miyeloid leykemiya, allogenik ildiz hujayralari transplantatsiyasi, febril neytropeniya, leykostaz, o'simta lizis sindromi.*

Introduction. Cancers arise from multiple acquired mutations, which presumably occur over many years. Early stages in cancer development might be present years before cancers become clinically apparent [1]

The majority of blood cancers occur in the elderly. This fact conspires with an aging population in many countries to make rigorous assessment for frailty increasingly important for hematologic oncologists. In this review, we first define frailty and its relevance for patients with hematologic malignancy. Next, we review current data regarding the effect of domains of frailty on outcomes for blood cancers including myelodysplastic syndromes, acute leukemia non-Hodgkin lymphomas such as chronic lymphocytic leukemia, and multiple myeloma. Finally, after presenting assessment and treatment options for the practicing hematologist, we propose elements of a new research agenda for geriatric haematology: the exchange of age limits for rigorous frailty screening, development of disease-specific measures, and inclusion of functional and patient-reported outcomes alongside survival.[2]

Large cohorts of patients with active cancers and COVID-19 infection are needed to provide evidence of the association of recent

cancer treatment and cancer type with COVID-19 mortality [3]

Brief measures of physical function such as gait speed may be useful to optimize treatment intensity for older adults who have blood cancer, however, little is known about whether such assessments are already captured within oncologists' "gestalt" assessments. [4]

To describe the current literature and future directions of survivorship care for the adult blood cancer population including unique features, identification of needs, practice guidelines, care models and the implications for nursing [5]

The link between chemotherapy treatment and cardiotoxicity is well established particularly for adults with blood cancers. However, it is less clear for children

This analysis aimed to compare the trajectory and mortality of children and adults who received chemotherapy for blood cancers and were subsequently hospitalized for heart failure [6]

Material and methods.

I choose both countries India and Uzbekistan. India's population in 2021 as per world bank is 1.39 billion. Being the world's second-most-populous country and one of its fastest-

growing economies, India experiences both challenges and opportunities in context of public health. India is a hub for pharmaceutical and biotechnology industries; world-class scientists, clinical trials and hospitals yet country faces daunting public health challenges like child undernutrition, high rates of neonatal and maternal mortality, growth in noncommunicable diseases, high rates of road traffic accidents and other health related issues. The city of Tashkent was chosen as the capital of the economically developed Republic of Uzbekistan for research. As of December 15, 2020, the population of the Republic of Uzbekistan was 34,550,623. Tashkent is an economically developed "industrial center. Tashkent has large treatment and prevention, specialized, diagnose and private medical institution. The city has a population of 2,510 800 in 2019 and a population density of 7.380 people per km². At the national level, this figure is on average 100 times higher than in other regions. I considered the citizens of India through online with the help of social media like Telegram, WhatsApp, etc., Given that the level of medical care in the capital and the level of health literacy of the population should be high, we selected the population of Tashkent for the study. Thus, in terms of key demographic, social and economic characteristics, Tashkent is one of the

most industrialized regions of Uzbekistan, and the scientific results based on it are areas with an epidemic situation comparable in terms of blood cancer and the level of development of can be used for medical care. This work is a complex organizational, socio-hygienic and medical-statistical research. It provided for the solution of a number of tasks that would allow developing recommendations for nurses on the implementation of an innovative direction for the prevention of blood cancer among the population. The choice of research objects was determined in accordance with the tasks and stages of work. The search for literary sources was carried out using the bibliographic databases Web of Science, Scopus, DBLP, Medline. When selecting sources, they paid attention to experimental articles, literary reviews, the number of their citations over the past year.

The search for literary sources was carried out using the bibliographic databases Web of Science, Scopus DBLP, Medline When selecting sources, they paid attention to experimental articles, literary reviews, the number of their citations over the past year

Results.

The survey were conducted using information and online technologies The PIECHART below show the results of the survey.

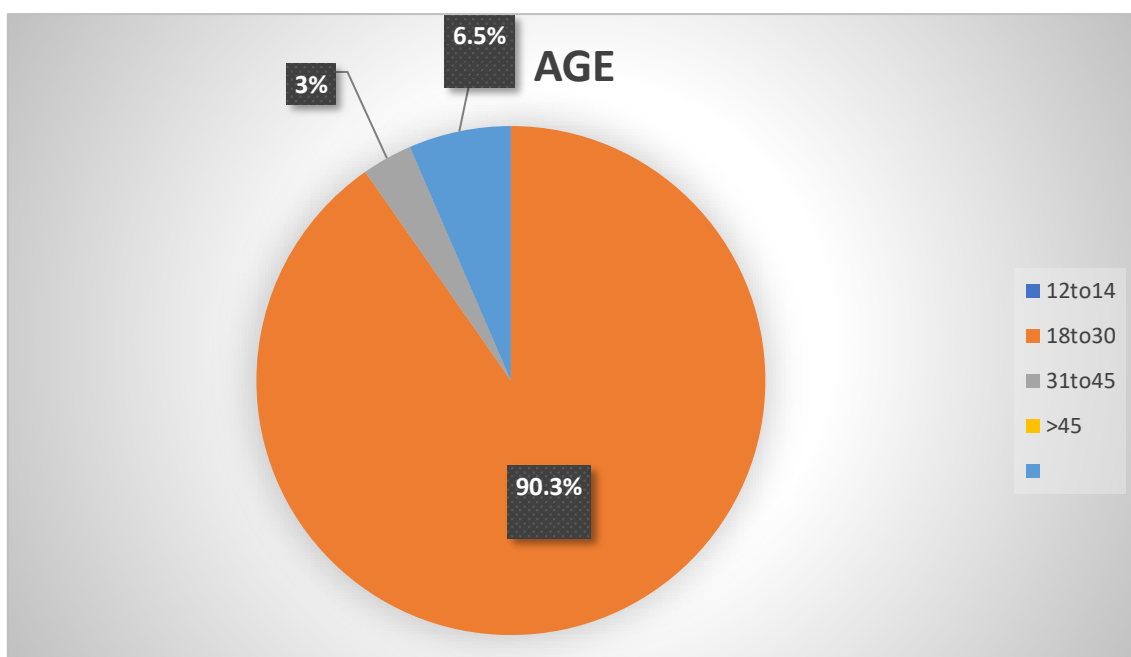


Diagram №1. What is the age of the participants?
Age of participants was from 18-30 is (90.3%) and 14-17 is (6.5%)
So, this proves that most of the young people responded my survey.

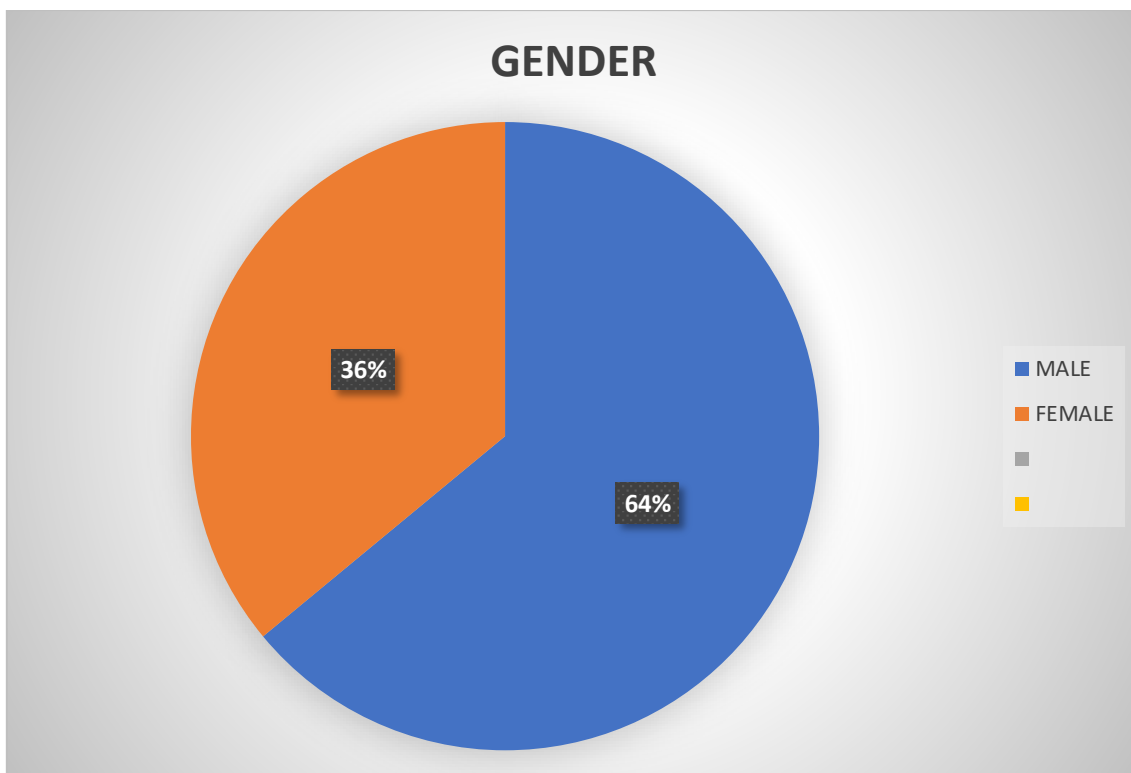


Diagram №2. Gender?
The people who attended my survey is male more nearly [64%]
And the female was 36%

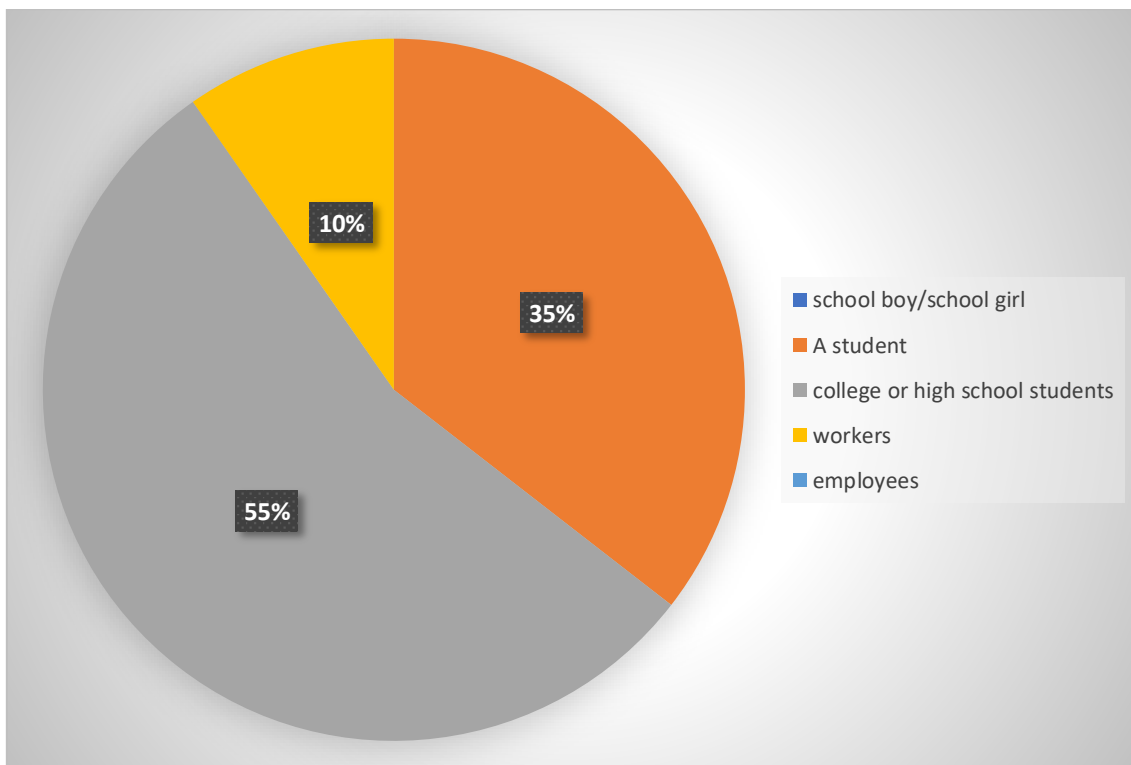


Diagram №3. At the moment.
College or high school student who attended my survey was nearly 55% and the workers was nearly 10% and a student was nearly 35%

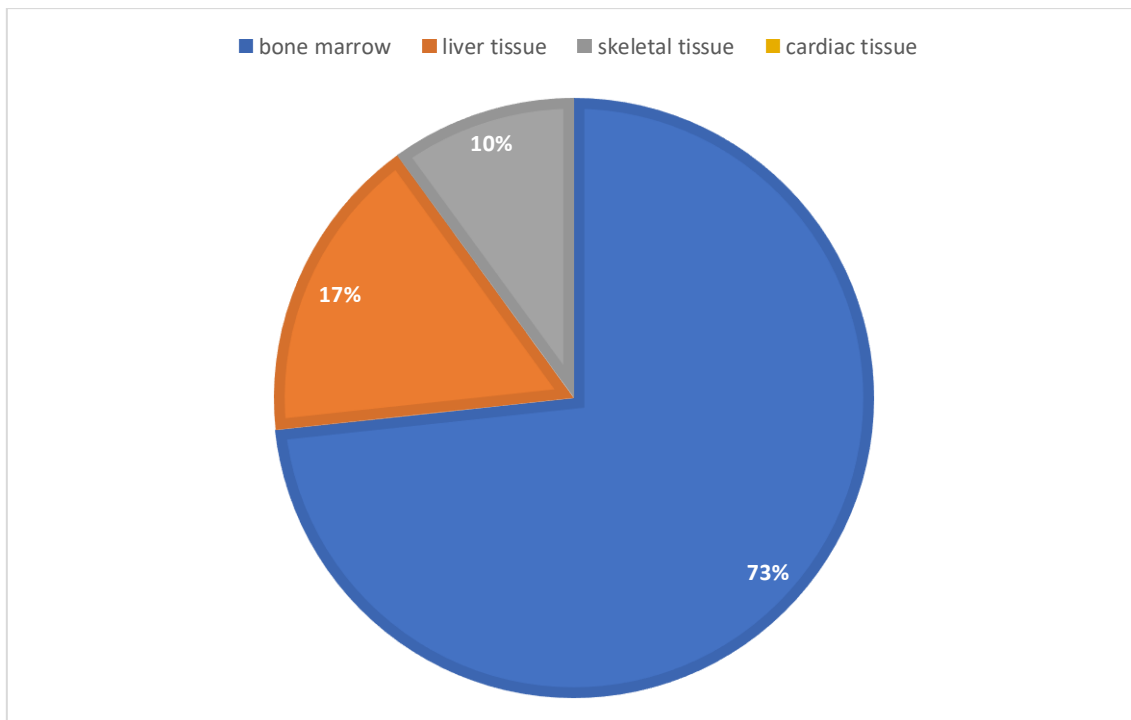


Diagram №4. Where do blood cancer start?

Most of the people selected bone marrow was nearly 73% and liver tissue was nearly 17% and skeletal tissue was nearly 10%

Most of my respondents correctly said the type of disease so this shows that they are aware of this disease

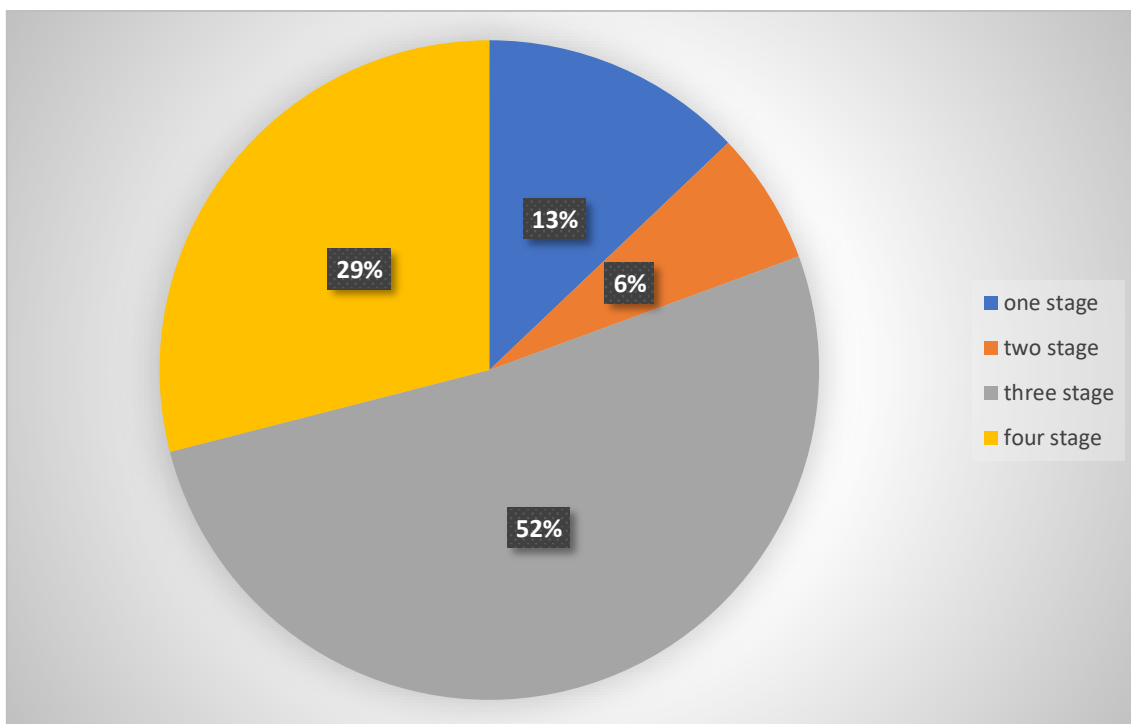


Diagram №5. How many stages are there in blood cancer?

Most of the people selected three stages was nearly 52% and four stages was nearly 29% AND 6% people selected two stage but the correct answer was four stage.

Most of the participant thought that 3 stage is only in the blood cancer.

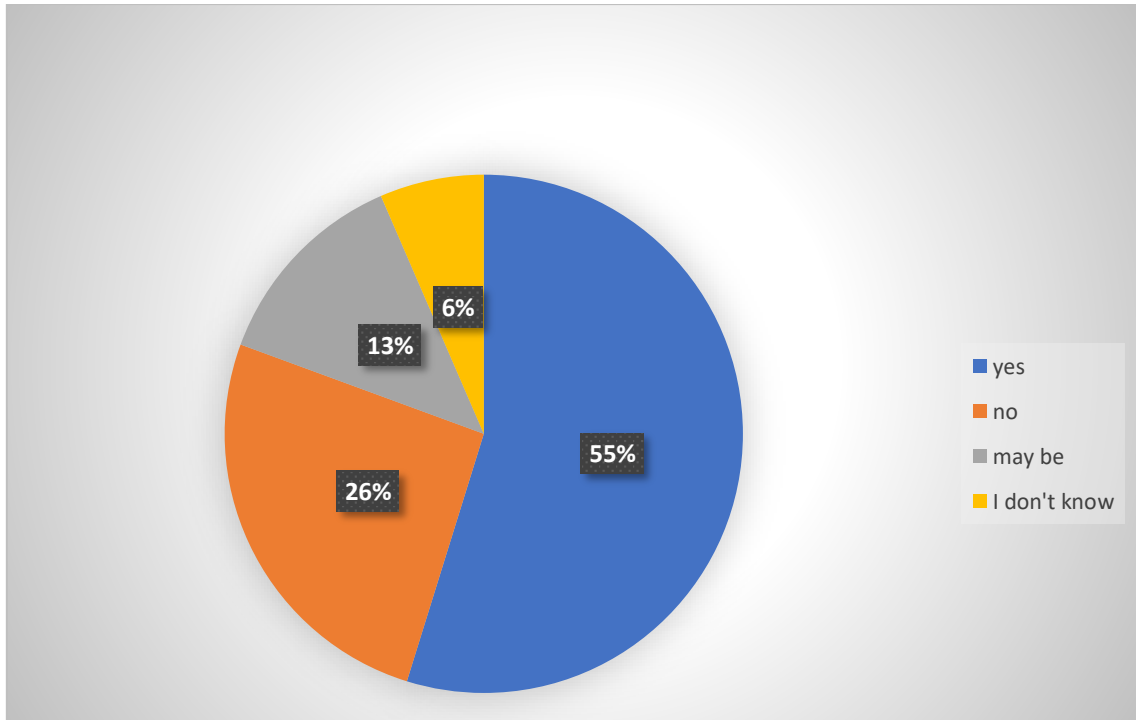
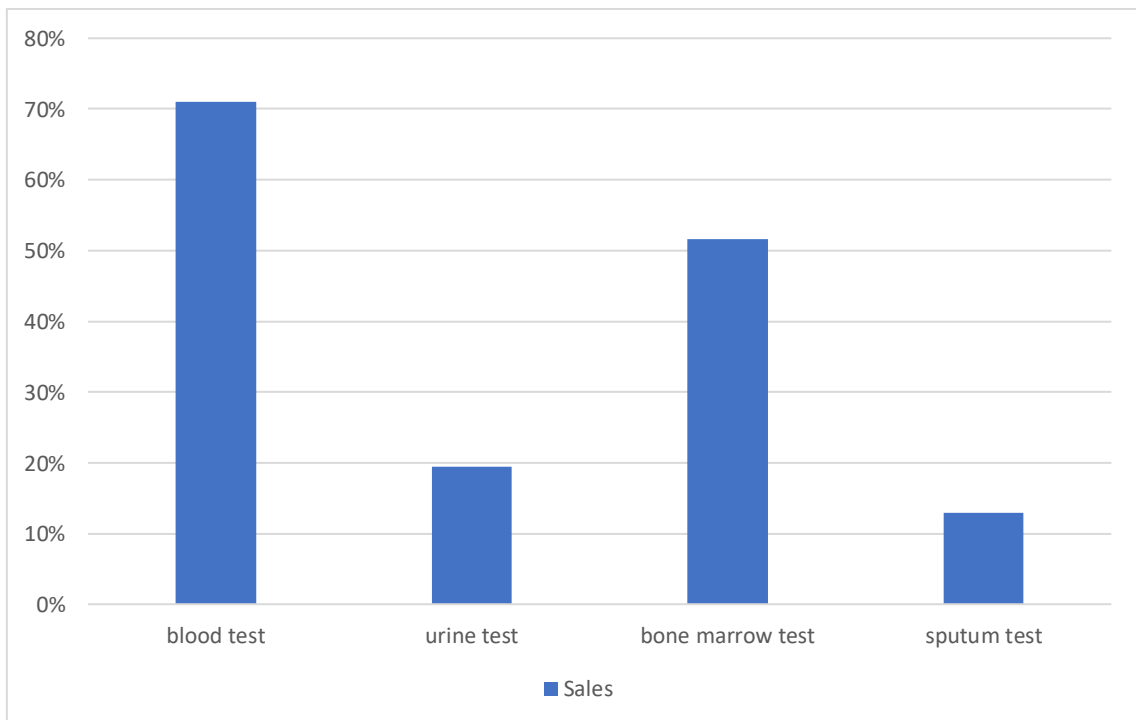


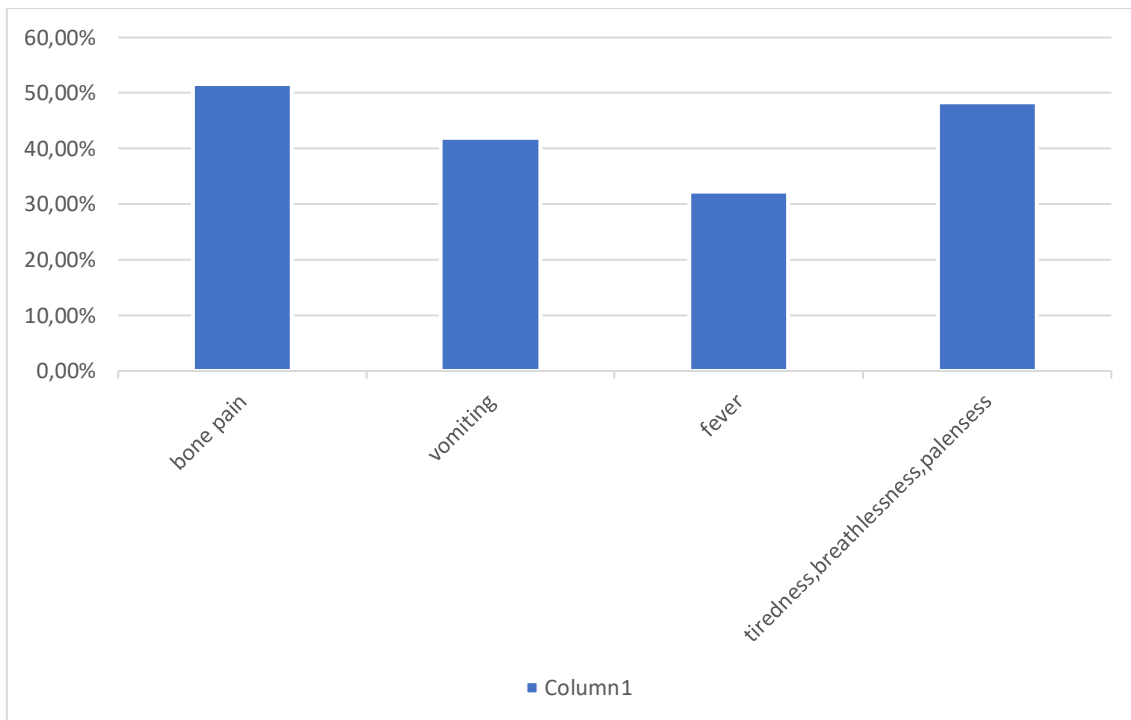
Diagram №6. Can blood cancer transmitted through blood transfusion?
 Most of the people selected yes 55% and no was 26% and maybe was 13% and I don't know was 6%

[4] How do you diagnose blood cancer?



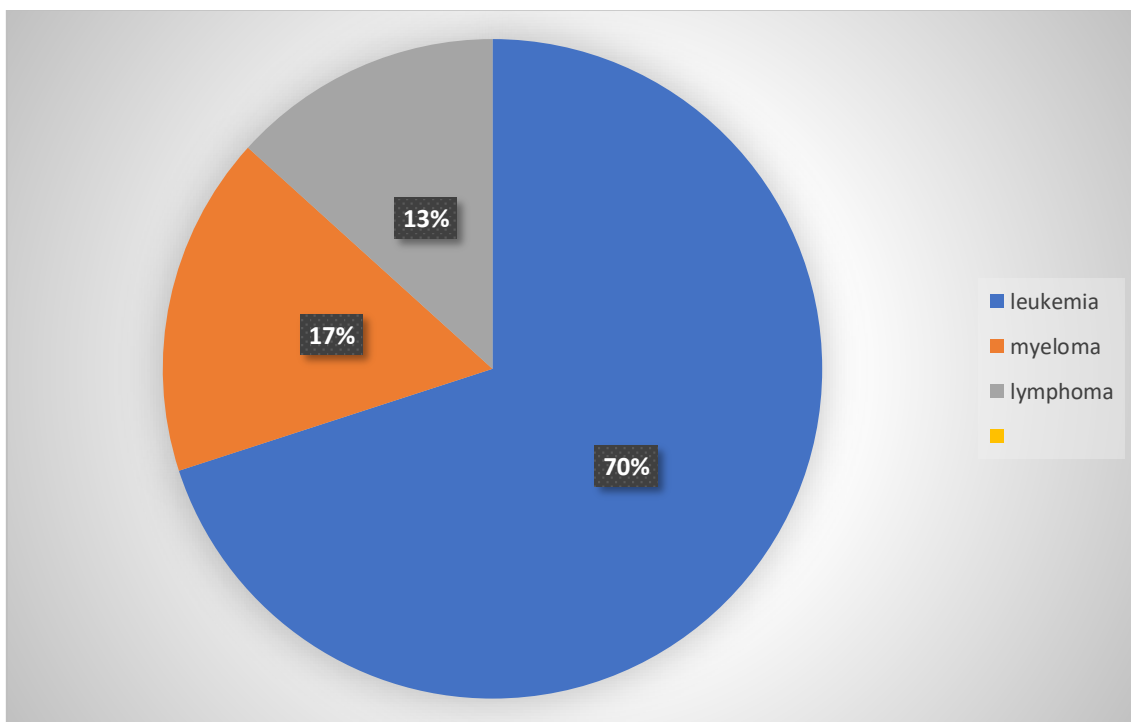
The people who choose the correct answer were blood test (71%) and bone marrow (51.6%). Through this we can say most of the people are aware about the diagnose of blood cancer

[5] What are the initial symptoms of blood cancer?

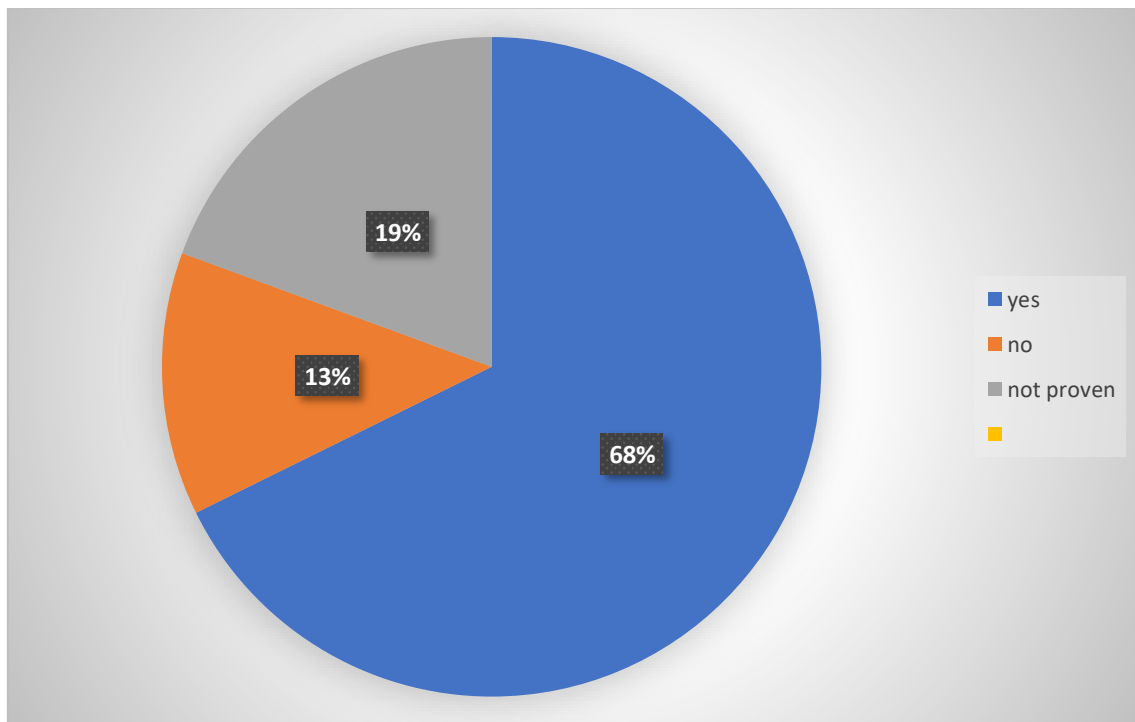


The people who choose the correct answer were: bone pain (51.6%), fever (32.3%) and tiredness, breathlessness, paleness (48.4%)
 Through this we can say most of the participants are aware about leukemia is also a secondary cause of blood cancer

[6] What kind of blood cancer can be cured?



(70%) choose the correct answer
 Chemotherapy is the major form of treatment for leukemia. This drug treatment uses chemicals to kill leukemia cells.

[7] Can alcohol increase the risk of blood cancer?

(19.4%) choose the correct answer

Alcohol consumption is linked to an increased risk of several types of cancer. however, there is no proven link between alcohol and increases risk of any type of leukemia.

-most of the people knew about blood cancer where it is started (73.3%)

Cancer that forms in the blood-forming stem cells of the bone marrow (soft sponge-like tissue in the center of most bones). Bone marrow cancer includes leukaemia's and multiple myeloma.

-most of the people thought that stages of blood cancer are three stages (51.6%) but actual stage are four stages (29%)

Stage I: The cancer is localized to a small area and hasn't spread to lymph nodes or other tissues. Stage II: The cancer has grown, but it hasn't spread. Stage III: The cancer has grown larger and has possibly spread to lymph nodes or other tissues. Stage IV: The cancer has spread to other organs or areas of your body.

-most of the people aware about blood cancer can transmitted through transfusion (54.8%) If you aren't sure if you are well enough to give blood, talk with your cancer care team before you try to donate. While cancer has very rarely been transmitted through

transplants of solid organs such as kidneys, there have been no reports of cancer transmission by blood transfusion.

-some people thought that urine test (19.4%), sputum test (12.9%) can diagnose the blood cancer

-most of the people thought that symptoms of blood cancer is vomiting

Common blood cancer symptoms explained

Tiredness, breathlessness, paleness.

Unexplained rash, bruising or bleeding.

Infections or unexplained fever.

Lumps and swellings.

Bone pain.

Drenching night sweats.

Itchy skin.

Unexplained weight loss.

-leukemia can be cured but some people thought that the myeloma can be cured

Multiple myeloma is a particularly challenging malignancy in which to define cure because of its often indolent nature that leads to an alternating pattern of disease response and progression," explained the researchers.

Chemotherapy is the major form of treatment for leukemia. This drug treatment uses

chemicals to kill leukemia cells. Depending on the type of leukemia you have, you may receive a single drug or a combination of drugs. These drugs may come in a pill form, or they may be injected directly into a vein.

-alcohol increase the risk of blood cancer it is not proven but most of the people thought yes.

Alcohol consumption is linked to an increased risk of several types of cancer. However, there is no proven link between alcohol and an increased risk of any type of leukemia, including AML

Discussion.

When analysing the efficiency of knowledge assimilation, the compared options, in contrast to the analysis of minimizing costs are characterized by greater or lesser, but not equivalent, efficiency.

In this regard, it is important to assess the degree of feasibility of the analysis, depending on the level of reliability of the data. The test results were expressed in points Participants' results were calculated using Microsoft Excel software. The assessment of the effectiveness of the assimilation of knowledge was calculated based on the application of the proposed methodological recommendation in practice Thus, each participant of the survey, on average. Increased his theoretical and practical level of knowledge in the field of blood cancer and its prevention by almost half.

Conclusion.

A plan for the diagnosis and treatment of cancer is a key component of any overall cancer control plan. Its main goal is to cure cancer patients or prolong their life considerably, ensuring a good quality of life. In order for a diagnosis and treatment programme to be effective, it must never be developed in isolation. It needs to be linked to an early detection programme so that cases are detected at an early stage, when treatment is more effective and there is a greater chance of cure. It also needs to be integrated with a palliative care programme, so that patients with advanced cancers, who can no longer benefit from treatment, will get adequate relief from their physical, psychosocial and spiritual suffering. Furthermore, programmes should include a awareness-raising component, to educate patients,

family and community members about the cancer risk factors and the need for taking preventive measures to avoid developing cancer.

Where resources are limited, diagnosis and treatment services should initially target all patients presenting with curable cancers, such as breast, cervical and oral cancers that can be detected early. They could also include childhood acute lymphatic leukaemia, which has a high potential for cure although it cannot be detected early. Above all, services need to be provided in an equitable and sustainable manner. As and when more resources become available, the programme can be extended to include other curable cancers as well as cancers for which treatment can prolong survival considerably.

Recommendation.

Consider these lifestyle tips to help prevent cancer:

- Don't use tobacco.
- Eat a healthy diet.
- Maintain a healthy weight and be physically active.
- Protect yourself from the sun.
- Get vaccinated.
- Avoid risky behaviours.
- Get regular medical care.

Reference.

1. Genovese G, Kähler AK, Handsaker RE, Lindberg J, Rose SA, Bakhoun SF, Chambert K, Mick E, Neale BM, Fromer M, Purcell SM, Svantesson O, Landén M, Höglund M, Lehmann S, Gabriel SB, Moran JL, Lander ES, Sullivan PF, Sklar P, Grönberg H, Hultman CM, McCarroll SA. Clonal hematopoiesis and blood-cancer risk inferred from blood DNA sequence. *N Engl J Med.* 2014 Dec 25;371(26):2477-87. doi: 10.1056/NEJMoa1409405. Epub 2014 Nov 26. PMID: 25426838; PMCID: PMC4290021. <https://pubmed.ncbi.nlm.nih.gov/25426838/>
2. Mirkhamidova S. et al. Results and surveys on awareness of the population about brain tumor // Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 6. – С. 5-15.
3. Abel GA, Klepin HD. Frailty and the management of hematologic malignancies. *Blood.* 2018 Feb 1;131(5):515-524. doi:

10.1182/blood-2017-09-746420. Epub 2017 Nov 15. PMID: 29141942. <https://pubmed.ncbi.nlm.nih.gov/29141942/>

4. Мирхамидова С. М., Динмухаммадиев Н. А. Особенности распространенности онкологических заболеваний // Молодой ученый. – 2016. – №. 20. – С. 84-87.

5. Várnai C, Palles C, Arnold R, Curley HM, Purshouse K, Cheng VWT, Booth S, Campton NA, Collins GP, Hughes DJ, Kulasekararaj AG, Lee AJX, Olsson-Brown AC, Sharma-Oates A, Van Hemelrijck M, Lee LYW, Kerr R, Middleton G, Cazier JB; UKCCMP Team. Mortality Among Adults With Cancer Undergoing Chemotherapy or Immunotherapy and Infected With COVID-19. *JAMA Netw Open*. 2022 Feb 1; 5(2): e220130. doi: 10.1001/jamanetworkopen.2022.0130. Erratum in: *JAMA Netw Open*. 2022 Apr 1;5(4):e2210276. PMID: 35188551; PMCID: PMC8861846. <https://pubmed.ncbi.nlm.nih.gov/35188551/>

6. Alat Stephen J., Mirkhamidova S. M. An innovative approach in the surgery of pediatric oncology: дис. – ANDIJON, 2023.

7. Hantel A, DuMontier C, Odejide OO, Luskin MR, Sperling AS, Hshieh T, Chen R, Soiffer R, Driver JA, Abel GA. Gait speed, survival, and recommended treatment intensity in older adults with blood cancer requiring treatment. *Cancer*. 2021 Mar 15;127(6):875-883. doi: 10.1002/cncr.33344. Epub 2020 Nov 25. PMID: 33237587; PMCID: PMC7946649. <https://pubmed.ncbi.nlm.nih.gov/33237587/>

8. Bugos KG. Issues in adult blood cancer survivorship care. *Semin Oncol Nurs*. 2015 Feb;31(1):60-6. doi: 10.1016/j.soncn.2014.11.007. Epub 2014 Dec 3. PMID: 25636396. <https://pubmed.ncbi.nlm.nih.gov/25636396/>

9. Sánchez-Ramón S, Bermúdez A, González-Granado LI, Rodríguez-Gallego C, Sastre A, Soler-Palacín P; ID-Signal Onco-Haematology Group. Primary and Secondary Immunodeficiency Diseases in Oncohaematology: Warning Signs, Diagnosis, and Management. *Front Immunol*. 2019 Mar 26;10:586. doi: 10.3389/fimmu.2019.00586. PMID: 30984175; PMCID: PMC6448689. <https://pubmed.ncbi.nlm.nih.gov/30984175/>