



TOSHKENT TIBBIYOT AKADEMIYASI

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TOSHKENT TIBBIYOT AKADEMIYASI

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**THE ROLE OF ANTIBACTERIAL THERAPY IN THE TREATMENT OF COVID-19****Akhmedov Sh.M., Abduganieva E.A., Akhmedova Z.A.**

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The aim of the work was to evaluate the frequency and nature of the prescription of antibiotics in hospitalized patients with confirmed COVID-19, as well as to determine the significance of various biomarkers for diagnosing a bacterial infection.

**Materials and methods** A retrospective analysis of randomly selected hospital records of patients (n = 190) with confirmed COVID-19 was performed. 2 groups were formed: group 1 (n = 30) - patients with COVID-19 and exacerbation of chronic infectious diseases who underwent acute or elective surgery; 2nd group (n = 160) - persons with only manifestations of COVID-19.

**Results.** Upon admission to the hospital, ABPs were administered to almost all patients, except for 1 patient. The most commonly prescribed ABPs were macrolides (63.5%), respiratory fluoroquinolones (49.7%), and third or fourth generation cephalosporins (57.1%). Antibiotics were prescribed on the 1st day upon admission to the hospital, therapy continued until the moment of discharge. The range of ABPs used was slightly different in patients of both groups. Patients of the 2nd group were more often prescribed respiratory fluoroquinolones and less often - III-IV generation cephalosporins, while macrolides were used in the treatment regimens of patients in both groups. It was noted that the courses of respiratory fluoroquinolones received by patients of the 2nd group were longer compared to those in the 1st group ( $p < 0.05$ ), while a trend towards longer macrolide therapy was established. In patients with signs of a bacterial infection on admission, a more pronounced leukocytosis with a neutrophilic shift was observed, an increase in the erythrocyte sedimentation rate (ESR)  $> 20$  mm/h was more common, and the level of procalcitonin increased  $> 0.5$  ng/ml.

**Conclusion.** It was found that ABPs at the inpatient stage were prescribed to the vast majority of patients in the absence of clear indications. The most informative markers of a bacterial infection in patients with COVID-19 are leukocytosis with a neutrophilic shift, an increase in ESR  $> 20$  mm/h, and a procalcitonin level  $> 0.5$  ng/ml.

**EFFICIENCY OF OZONE THERAPY IN COMPLEX TREATMENT OF PATIENTS WITH BRONCHIAL ASTHMA WITH DISORDERS OF CARBOHYDRATE METABOLISM.****Ahmedov Sh.M., Liverko I.V., Akhmedova F.Sh., Gafner N.V.**

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**Purpose:** to study the effectiveness of ozone therapy in the complex treatment of patients with bronchial asthma with carbohydrate metabolism disorders.

**Methods:** In 34 BA patients with concomitant disorders of carbohydrate metabolism, who are being treated at the pulmonology department of the Research Institute of Physical and Physical Problems of the Ministry of Health of the Republic of Uzbekistan, the ozone therapy method was used, including various methods of its administration for 10 days. The effectiveness of ozone therapy was assessed by the dynamics of indicators of pentose phosphate shunt (erythrocyte G-6-PDG) and glycolytic shunt (2,3-diphosphoglycerate).

**Results:** Synchronous disturbances in the glycolytic and pentose cycles were found in 36.7% of asthma patients with concomitant disorders of carbohydrate metabolism, manifested by a decrease in the activity of erythrocyte G-6-PDG or glycolysis product -2,3 diphosphoglycerate. This causes deeper disturbances of redox processes, aggravating the state of tissue hypoxia, and does not provide adequately the necessary energy consumption of the body. The inclusion of ozone therapy in the complex treatment of BA patients with associated disorders of carbohydrate metabolism causes stimulation of the pentose phosphate shunt and aerobic glycolysis, which is characterized by an increase in the activity of erythrocyte G-6-PDG from  $106.8 \pm 11.9$  units to  $156.7 \pm 9.25$  units and increased formation of 2,3-diphosphoglycerate from  $4.12 \pm 0.29$   $\mu\text{mol/ml}$  to  $5.92 \pm 0.24$   $\mu\text{mol/ml}$ . An increase in the formation of 2,3 DPG under the action of ozone contributes to a shift in the dissociation curve of oxyhemoglobin to the right and contributes to a better return of oxygen to tissues and a decrease in tissue hypoxia.

**Conclusion:** under the influence of ozone therapy, the pentose-phosphate shunt and aerobic glycolysis are stimulated, leading to the suppression of gluconeogenesis processes and the improvement of the redox processes of tissue respiration.

### STUDYING THE RELATIONSHIP OF HYPERHOMOCYSTEINEMIA AND LIPID PEROXIDATION IN THE PROGRESSION OF DIABETIC POLYNEUROPATHY IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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**Relevance.** One of the most common and severe chronic complications of diabetes mellitus (DM) is diabetic polyneuropathy (DPN). In 90% of cases, DPN complicates the course of type 1 and type 2 diabetes, causing a decrease in working capacity, disability, and mortality in patients. There is not enough information indicating the role of hyperhomocysteinemia in the development and progression of DPN.

Therefore, the study of the relationship between hyperhomocysteinemia and the process of free radical lipid oxidation in the development of diabetic polyneuropathy in patients with type 2 diabetes mellitus and the correction of impaired parameters with pharmacological drugs is an urgent task of modern diabetology..

**The aim of the study** was to study the relationship between hyperhomocysteinemia and lipid peroxidation (LPO) in the progression of DPN in patients with type 2 diabetes.

**Materials and research methods** The study involved 64 patients (female and male), complicated DPN stage 1 (classification Dyck P.J., 1988), aged 40 to 55 years, and disease duration from 2 to 5 years.

The patients were divided into two groups. Group 1 included patients (n-26) who received combined hypoglycemic therapy in combination with metformin at a dose of 1700 mg/day; the second group (n-38) received a dose of 2550 mg/day. Patients were included in the study only if they consistently achieved satisfactory blood glucose compensation. The control group consisted of 15 persons.

The diagnosis of diabetic polyneuropathy was made on the basis of the severity of the pain syndrome (TSS scale), and neurological testing. Biochemical methods were used for the determination of homocysteine, cyanocobalamin, and LPO (acyl hydroperoxides, AGP, and malondialdehyde, MDA) in blood serum. The level of homocysteinemia was determined by enzyme immunoassay using ELISA kits.

A statistical analysis of the results was carried out using the statistical software package SPSS for Windows. The criterion of statistical significance was a level of  $p < 0,05$ .

**Research results.** As a result of the 6-month treatment of patients, the level of cyanocobalamin in the first group decreased by 13,3% and in the second group by 34,7% compared with the control group. In contrast, there was an increase in homocysteine values – in the 1st group

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