

PLACENTAL DYSFUNCTION IN PREGNANT WOMEN AT RISK FOR THE DEVELOPMENT OF 53   PRE-ECLAMPSIA FRE-BCLAMPSIA   Sh. Egamberdiev, M.U. Mamirova, N.M. Ummatalieva. THE USE OF A VIRTUAL 54   HYSTEROSCOPE SIMULATOR IN TEACHING STUDENTS AND MASTERS IN SURGICAL 54   GYNECOLOGY. 54   SN. Egamova, A.Kh. Karimov. EVALUATION OF THE EFFECTIVENESS OF TREATMENT ON 54   SN. Egamova, A.Kh. Karimov. EVALUATION OF THE EFFECTIVENESS OF TREATMENT ON 54   BLIARY SLUDGE IN FETOPLACENTAL INSUFFICIENCY 54   DO. Ibrahimova, G.N. Bekbaulieva. TO THE QUESTION OF DEFICIENCY OF SEXUAL 56   S.Kh. Ishandjanova, M.E. Makhmudjonova. EFFECTS OF CHRONIC DRUG EXPOSURE ON 56   I.A. Karimathanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY 57   G.O. kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL 57   HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF 58   RELAPSES OF OVARIAN ENDOMETRICISIS (EO) AFTER SURGICAL TREATMENT 58   N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY 59   GLANDS A.B. Khidirova, Sh.O. Khalilova, D.Kh. Imazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN 59   N.J. Minavarova. THE STATE OF MATE MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE 60		
HYSTEROSCOPE SIMULATOR IN TEACHING STUDENTS AND MASTERS IN SURGICAL 54   GYNECOLOGY. SN. Egamova, A.Kh. Karimov. EVALUATION OF THE EFFECTIVENESS OF TREATMENT ON   THE STATE OF UTERO-PLACENTAL CIRCULATION OF BLOOD OF WOMEN WHO HAVE 54   BILIARY SLUDGE IN FETOPLACENTAL CIRCULATION OF BLOOD OF WOMEN WHO HAVE 56   DEVELOPMENT IN ADOLESCENT GIRLS 56   S.Kh. Ishandjanova, M.E. Makhmudjonova. EFFECTS OF CHRONIC DRUG EXPOSURE ON 56   I.A. Karimathanov, M.Sh. Madaminava. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY 57   DAMAGE 57   G.O. Kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL 57   HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF 58   N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY 59   GLANDS 59 59   N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY 59   N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE 60   K. Mustafaqulova, M. Khunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE 60   RHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA 61   M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER 61   SA. Mukhtarova, D.J. Kayumova, I.A. Kamilova. ASSESSMENT EFFIC	D.M. Davletova. IMPROVEMENT OF DIAGNOSTICS, TACTICS AND PREVENTION OF PLACENTAL DYSFUNCTION IN PREGNANT WOMEN AT RISK FOR THE DEVELOPMENT OF PRE-ECLAMPSIA	53
THE STATE OF UTERO-PLACENTAL CIRCULATION OF BLOOD OF WOMEN WHO HAVE BILIARY SLUDGE IN FETOPLACENTAL INSUFFICIENCY54BILIARY SLUDGE IN FETOPLACENTAL INSUFFICIENCY56DEVELOPMENT IN ADOLESCENT GIRLS56S.Kh. Ishandjanova, M.E. Makhmudjonova. EFFECTS OF CHRONIC DRUG EXPOSURE ON THE MOTHER'S ORGANISM57LA. Karimdzhanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE57G.O. kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING58N.M. Kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING RELAPSES OF OVARIAN ENDOMETRIOSIS (EO) AFTER SURGICAL TREATMENT58A.B. Khidirova, Sh.O. Khalilova, J.Kh. Irrazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN 	I.Sh. Egamberdiev, M.U. Mamirova, N.M. Ummatalieva. THE USE OF A VIRTUAL HYSTEROSCOPE SIMULATOR IN TEACHING STUDENTS AND MASTERS IN SURGICAL GYNECOLOGY.	54
DEVELOPMENT IN ADOLESCENT GIRLS56S.Kh. Ishandjanova, M.E. Makhmudjonova. EFFECTS OF CHRONIC DRUG EXPOSURE ON THE MOTHER'S ORGANISM56LA. Karimdzhanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE57G.O. Kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING57KYM. Kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING BLEEDING58RELAPSES OF OVARIAN ENDOMETRIOSIS (EO) AFTER SURGICAL TREATMENT58N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY GLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN 	S.N. Egamova, A.Kh. Karimov. EVALUATION OF THE EFFECTIVENESS OF TREATMENT ON THE STATE OF UTERO-PLACENTAL CIRCULATION OF BLOOD OF WOMEN WHO HAVE BILIARY SLUDGE IN FETOPLACENTAL INSUFFICIENCY	54
THE MOTHER'S ORGANISM56I.A. Karimdzhanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE57G.O. kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING57W.K. kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING RELAPSES OF OVARIAN ENDOMETRIOSIS (EO) AFTER SURGICAL TREATMENT58N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY GLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN SP59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN 	N.O. Ibrahimova, G.N. Bekbaulieva. TO THE QUESTION OF DEFICIENCY OF SEXUAL DEVELOPMENT IN ADOLESCENT GIRLS	56
DAMAGE57G.O. Kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING57V.M. Kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING BLEAPSES OF OVARIAN ENDOMETRIOSIS (E0) AFTER SURGICAL TREATMENT58N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY GLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN SOMEN OF REPODUCTIVE AGE IN PRIMARY CARE59N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA61M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61SA. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES D.K. Najmutdinova, D.A. Gadoyeva. 'ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR GAI63A.A. Numonova. BREASTFEEDING A BABY IS AN ART N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE GF65	S.Kh. Ishandjanova, M.E. Makhmudjonova. EFFECTS OF CHRONIC DRUG EXPOSURE ON THE MOTHER'S ORGANISM	56
HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING57BLEEDINGS7N.K. Kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING RELAPSES OF OVARIAN ENDOMETRIOSIS (EO) AFTER SURGICAL TREATMENT58N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY OLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN WOMEN OF REPRODUCTIVE AGE IN PRIMARY CARE59N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA60M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES D.K. Najmutdinova, D.A. Gadoyeva. 'ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY63R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA A.A. Numonova. BREASTFEEDING A BABY IS AN ART N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTELOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE EFFODUCTIVE AGE WITH LOW OVARIAN RESERVE.65 <td>I.A. Karimdzhanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE</td> <td>57</td>	I.A. Karimdzhanov, M.Sh. Madaminova. JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE	57
RELAPSES OF OVARIAN ENDOMETRIOSIS (E0) AFTER SURGICAL TREATMENT58N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY GLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN WOMEN OF REPRODUCTIVE AGE IN PRIMARY CARE59N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE 	G.O. Kulmatov. OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING	57
GLANDS59A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN WOMEN OF REPRODUCTIVE AGE IN PRIMARY CARE59N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA60M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES62D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA 	Y.M. Kuzieva, D.D. Saidjalilova. IMPROVING METHODS FOR DIAGNOSING AND PREVENTING RELAPSES OF OVARIAN ENDOMETRIOSIS (EO) AFTER SURGICAL TREATMENT	58
WOMEN OF REPRODUCTIVE AGE IN PRIMARY CARE59N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA60M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF 	N.SH. Khudoyberganova, Z.X. Niyozova. MASTITIS. INFLAMMATION OF THE MAMMARY GLANDS	59
AND WAYS TO IMPROVE THEM60K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA60M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY 	A.B. Khidirova, Sh.O. Khalilova, D.Kh. Irnazarova. DIAGNOSIS OF BACTERIAL VAGINOSIS IN WOMEN OF REPRODUCTIVE AGE IN PRIMARY CARE	59
REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA60M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES62D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY63R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA64N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.65	N.J. Minavarova. THE STATE OF MEDICAL EXAMINATIONS OF MARRIED YOUNG PEOPLE AND WAYS TO IMPROVE THEM	60
IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME61Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES62D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR 	K. Mustafaqulova, M. Okhunova, Mnajov Kuat. USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA	60
PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS61S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES62D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY63R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA63A.A. Numonova. BREASTFEEDING A BABY IS AN ART64N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.65	M.A. Mirzayeva. THE ASSOCIATION BETWEEN BODY MASS INDEX AND BREAST CANCER IN THE PRE- AND POSTMENOPAUSAL WOMEN WITH METABOLIC SYNDROME	61
INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES62D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY63R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA63A.A. Numonova. BREASTFEEDING A BABY IS AN ART64N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE 	Sh.K. Muftaydinova, Z.A. Muminova, M.U. Abdullajonova. CLINICAL CHARACTERISTICS OF PREMENSTRUAL SYNDROMES IN ADOLESCENT GIRLS	61
ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY63R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA63A.A. Numonova. BREASTFEEDING A BABY IS AN ART64N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.65	S.A. Mukhtorova, D.T. Kayumova, I.A. Kamilova. ASSESSMENT EFFICACY AND SAFETY INDUCTION OF LABOR IN PATIENTS WITH PREMATURE RUPTURE OF MEMBRANES	62
PREECLAMPSIA63A.A. Numonova. BREASTFEEDING A BABY IS AN ART64N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE 	D.K. Najmutdinova, D.A. Gadoyeva. ESTIMATE OF POST-SURGERY AREA ACCORDING TO REEDA SCALE AFTER ANTERIOR COLPORRHAPHY AND POSTERIOR COLPOPERINEOLEVATOROPLASTY	63
N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.65	R.M. Nabieva. THE MODE AND TIMING OF DELIVERY IN PATIENTS WITH LATE-ONSET PREECLAMPSIA	63
INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD64TO BODY SENSITIVITY64K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.65	A.A. Numonova. BREASTFEEDING A BABY IS AN ART	64
CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE 65 REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.	N.F. Nurmatova, F.X. Irsaliyeva, A.A. Khoshimov. NEW CORRECTION METHODS OF THE INTESTINAL DYSBACTEIOSIS IN CHILDREN WITH CHRONIC HEPATITIS B WITH REGARD TO BODY SENSITIVITY	64
Z.A. Rakhimova, Z.A. Muminova. ADENOMYOSIS AND INFERTILITY 66	K.J. Olimova, F.I. Shukurov. EVALUATION OF THE EFFECTIVENESS OF CLOMIPHENE CITRATE CONTAINING SUBSTANCES IN OVULATION STIMULATION IN WOMEN OF LATE REPRODUCTIVE AGE WITH LOW OVARIAN RESERVE.	65
	Z.A. Rakhimova, Z.A. Muminova. ADENOMYOSIS AND INFERTILITY	66

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## JUVENILE IDIOPATHIC ARTHRITIS AND KIDNEY DAMAGE

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*Aim:* Juvenile idiopathic arthritis (JIA) is a destructive and inflammatory disease of the joints with unknown etiology, complex immunoaggressive pathogenesis, which is characterized by symmetrical chronic arthritis, systemic damage to internal organs, leading to disability in sick children [1]. Kidney damage in JIA occupies a special place among other systemic manifestations of this disease and has a huge impact on the prognosis of the disease, approaches to its therapy and outcome. According to various authors, renal pathology occurs in 20-75% of patients with this disease [2]. The structure of rheumatoid nephropathy is diverse and includes changes that are either pathogenetically associated with the disease itself, or as an extra-articular manifestation, or associated with drug therapy [3].

In this regard, the problem of improving the efficiency of correction optimization in JIA remains extremely relevant, both from the point of view of scientific and practical pediatrics.

*Materials and methods:* To achieve this goal, a study was conducted, within the framework of which an in-depth clinical-immunological and laboratory-instrumental examination of children with JIA was carried out on the basis of the cardio-rheumatological department of the TMA multidisciplinary clinic.

**Results:** Of the 85 patients, 46 (54.1%) girls and 39 (45.9%) boys aged 3 to 16 years (mean age 10 years). The first signs of the disease occur at the age of 1 to 3 years (35%), to a lesser extent in children 4–6 years old (20%), 7–10 years old (20%), over 10 years old (25%). The articular form of JIA was 75%, the systemic form was 25%. The involvement of the kidneys in the pathological process was 27.8%, namely tubulointerstitial nephritis (27.9%), chronic pyelonephritis (20.9%), secondary glomerulonephritis (14%). Dysmetabolic nephropathy was detected in 37.2% of cases. 3 patients developed secondary amyloidosis. Kidney damage in the form of nephritis was observed in 60.5%, microalbuminuria was detected in 13.2%, in 68% an increase in the concentration of creatinine in the blood.

Pro-inflammatory cytokines (IL-6, IL-17A, TNF $\alpha$ ) were determined to determine the immunological state of patients. During the analysis, the highest levels of cytokines, especially IL-17, were revealed in the systemic variant than in the articular variant by 2 times.

*Conclusion:* Thus, the analysis of the clinical variants and course of juvenile idiopathic arthritis indicates the aggressiveness and progressive nature of the course of the disease, which reflects the modern age evolution of the disease, as well as damage to internal organs, especially the kidneys, which dictates the need to find effective methods for optimizing treatment and preventing toxic effects. medicines for the kidneys. An increase in pro-inflammatory cytokines (IL-17) in the blood serum by more than 2 times can be used for early diagnosis of JIA, with the preventive purpose of complications and disability of patients.

#### Literature:

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# OPTIMIZATION OF SURGICAL TECHNIQUES FOR SUBTOTAL AND TOTAL HYSTERECTOMY PERFORMED IN OBSTETRIC CASES WITH LARGE QUANTITIES OF BLEEDING

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*Aim:* Massive obstetric hemorrhage with hemorrhagic shock, disseminated intravascular coagulation, and polyorgan failure are major causes of maternal mortality and morbidity worldwide. In this scientific work, detailed information was given about the improvement of the technique of performing subtotal and total hysterectomy and conservative treatment in order to improve the results of surgery in obstetric cases with a large amount of bleeding.