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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 α) 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.

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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.