



MINISTRY OF HEALTH OF THE  
REPUBLIC OF UZBEKISTAN



Tashkent Medical  
Academy



Young Scientists



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KOFIH  
KOREAN FOREIGN INVESTMENT PROMOTION AGENCY

## Only English “Advances in Medical Research and Practice Conference”

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**ENGLISH**

Tashkent  
May 23, 2023





Ministry of Health of the Republic of Uzbekistan



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# International Scientific-Practical Conference

*“Only English: Advances in Medical Research and Practice Conference”*

**Tashkent**  
**May 23, 2023**

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ported the association between occupational disease and HHD. Data were extracted and analyzed using a narrative synthesis approach.

**Results:**The systematic review identified 15 studies that investigated the association between occupational disease and HHD. The studies were conducted in various countries, including the United States, Japan, China, and European countries. The results showed that occupational exposure to certain hazards, such as noise, chemicals, and physical stress, was associated with an increased risk of developing HHD. The studies also found that certain occupations, such as mining, construction, and transportation, were associated with a higher risk of HHD.

**Discussion:**The results of this systematic review suggest that occupational exposure to certain hazards and working in certain occupations is associated with an increased risk of developing HHD. The mechanisms underlying this association are not fully understood, but it is thought that exposure to workplace hazards can lead to chronic inflammation, oxidative stress, and endothelial dysfunction, which can contribute to the development of HHD. The findings of this study highlight the need for targeted prevention strategies to reduce the risk of HHD among workers exposed to occupational hazards.

**Conclusion:**In conclusion, occupational exposure to certain hazards and working in certain occupations is associated with an increased risk of developing HHD. The findings of this study emphasize the importance of preventive measures to reduce the risk of HHD among workers exposed to occupational hazards. Occupational health and safety measures should be implemented to minimize exposure to workplace hazards and reduce the risk of developing HHD. Further research is needed to understand the mechanisms underlying the association between occupational disease and HHD and to develop effective prevention strategies.

## RESULTS BY USING OUR ADVANCED METHODS IN BARIATRIC SURGERY

M.Sh. Khakimov, O.T. Sattarov, S.I. Fayziev, M. Akhadov

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**Aim:**Analysis of bariatric surgery outcomes, risk factors, and prevention of possible complications.

**Materials and methods:** At the multidisciplinary clinic of the Tashkent medical academy 120 patients underwent bariatric surgery during 2021-2023. Retro- and prospective methods were used.

**Results:** Operation were performed to patients between the ages of 18 and 60. By gender, females 77 (64.2%) and males 43 (35.8%). According to BMI, 32-35 kg/m<sup>2</sup> is 22 (18.3%), 36-40 kg/m<sup>2</sup> is 33 (27.5%), 41-45 kg/m<sup>2</sup> is 46 (38.3%), and 47 kg/m<sup>2</sup> and above is 19 (15.9%). From them 96 (80%) patients were undergoing Laparoscopic sleeve gastrectomy and 24 (20%) patients MGB. Used an improved technique of laying linear stapler cassettes and applying auxiliary equipment in LSR. The duration of LSR was longer, the higher the excess weight, the more diabetes mellitus type 2. If BMI is 35-40 kg/m<sup>2</sup>, 60±5 min if there is no DM 2nd type, 80±5 min. if there is DM2. BMI 40-50 kg/m<sup>2</sup> if there is no DM2 90±5 min., if there is DM2 type 100±5 min. In patients with BMI above 50 kg/m<sup>2</sup>, it was 100±5 minutes without QD2, and 110±5 minutes if QD2 was present. Early and late complications were significantly reduced after the use of improved techniques. Dyspeptic conditions decreased from 17.3% to 4.5, Stenosis from 5.7 to 2.27%, metabolic acidosis from 9.6 to 2.27%, gastroesophageal reflux from 15.4 to 9.1%, stapler line leakage and bleeding were not observed.

**Conclusion:** First of all, the use of high technologies in the implementation of LSR creates a wide opportunity to prevent its intraoperative complications. Early and late complications - metabolic acidosis, carrying out new scientific researches predicting the development of stenoses in advance and developing treatment tactics will avoid uncorrectable complications in the postoperative period.

## NEW APPROACHES TO THE MANAGEMENT OF ACUTE ADHESIVE SMALL BOWEL OBSTRUCTION

M.Sh. Khakimov, S.Ya. Kamalova.

*Tashkent medical academy*

**Aim:** of our study was to improve the surgical treatment results of patients with ASBO by a differentiated approach to the choice of surgical treatment depending on the intraoperative assessment of the clinical situation severity.

**Material and methods:** This is a single-center study of 272 patients with acute ASBO within the period from 2005 to 2021. Patients were divided into two groups: group I – 148 patients admitted in the period from 2005 to 2012, whose treatment results were analyzed retrospectively; group II – 124 patients who sought surgical care in 2013-2021 and whose treatment efficiency was evaluated prospectively. Different approaches of treatment was applied for those groups. In Group I standard acute ASBO treatment tactics was used. In group II, the meaning of surgical intervention and intraoperative prevention of adhesive obstruction were carried out according to our proposed system for assessing the severity of the adhesive process.

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**Results:** The time from hospitalization to the start of surgery ranged from 2 to 36 hours. Majority of patients (236 (86.8%)) were performed dissection of adhesions: in 5 (1.8%) cases the surgery was performed laparoscopically; in 23 (8.5%) cases along with dissection of adhesions, resection of the small bowel was performed with the imposition of entero-enteroanastomosis; in 7 (2.6%) observations an enterostomy was imposed due to the presence of peritonitis after resection of the small bowel; in 1 (0.4%) case, a bypass interintestinal anastomosis was performed. In 250 (91.9%) cases surgical intervention was supplemented with nasoenteral intubation of the small bowel. Depending on the adhesive process severity, degree I was detected in 6 (4.8%) patients of Group II, in 69 (55,6%) – degree II, in 41 (33,1%) – degree III, in 7 (5,6%) – degree IV and in 1 (0,8%) – degree V of the adhesive process severity. According to our proposed algorithm, all patients were performed surgical treatment. We obtained a significant decrease in the incidence of postoperative complications from  $20.3 \pm 3.3\%$  (in Group I) to  $8.9 \pm 2.6\%$  (in Group II) ( $t = 2.730$ ). Postoperative mortality decreased by 1.9 times - from  $6.1 \pm 2.0\%$  to  $3.2 \pm 1.6\%$ , but no significant difference was achieved ( $t = 1.131$ ).

**Conclusion:** An improved enteral tube and a differentiated approach to choosing a method for preventing adhesions can reduce the incidence of such terrible complications as intestinal suture failure and interintestinal anastomoses, reduce the development of early acute ASBO and relapses of adhesive disease, as well as the associated mortality.

**Key words:** small bowel obstruction, adhesive disease, enteral tube.

## OPHTHALMOTONUS DISORDERS IN EDEDEMATIC FORM OF ENDOCRINE OPHTHALMOPATHY

R.Sh. Makhmudov, R.A. Zakirkhodzhaev

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**Aim:** To study the degree of ophthalmotonus disorders in patients with edematous form of endocrine ophthalmopathy.

**Material and methods:** The study included 54 patients with EOP, 41 women (75.9%) and 13 men (24.1%), mean age  $52.4 \pm 5.8$  years. The distribution of patients in the study groups was based on clinical classification. According to the classification of Brovkina A.F., 2 study groups were formed:

- the main group, patients with edematous exophthalmos,  $n = 28$  (56 orbits), 21 women (75%) and 7 men (25%), mean age  $59.4 \pm 4.7$  years;

- comparative group, patients with thyrotoxic exophthalmos,  $n = 26$  (52 orbits), 20 women (76.9%) and 6 men (23.1%), mean age  $48.7 \pm 5.2$  years.

Ophthalmological examination included visometry, biomicroscopy, direct and indirect ophthalmoscopy, exophthalmometry according to Hertel, tonometry according to Maklakov and tonography according to Nesterov.

**Results:** The study showed that in patients of the main group, the average IOP was 25.1 mm Hg. (the median was calculated at a maximum value of 28 mm Hg and a minimum value of 17 mm Hg, with different IOP values in 2 eyes of the patient, the largest was taken into account). In patients of the comparative group, the mean IOP was 19.4 mm Hg. (the median was calculated at a maximum value of 25 mm Hg and a minimum value of 16 mm Hg, with different IOP values in 2 eyes of the patient, the largest was taken into account).

A similar picture was observed with regard to the indicator of true intraocular pressure (P0). The average indicators of the main group were significantly higher than those of the comparative group. When comparing the outflow ease factor (C,  $\text{mm}^3/\text{min}$ ), no statistically significant differences were found between the studied groups. In a comparative analysis of the median of the Becker coefficient (KB), it was found that the indicator of the main group was significantly higher than the indicator of the comparative group. When comparing the minute volume of secretion of aqueous humor (F,  $\text{mm}^3/\text{min}$ ), there were no statistically significant differences between the studied groups.

**Conclusion:** In cases of sub- and decompensation of the pathological process in the edematous form of endocrine ophthalmopathy, there is a symptomatic increase in ophthalmotonus and a violation of hydrodynamics, which requires a deeper study of this phenomenon and its relationship with the development of visual dysfunction.

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