

ISSN 2181-7812

TOSHKENT TIBBIYOT AKADEMIYASI
AXBOROTNOMASI



ВЕСТНИК
ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

№3(2)
2023

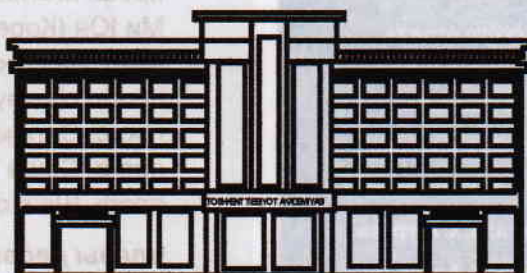
TOSHKENT

ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

2023 №3/2

2011 йилдан чиқа бошлаган

TOSHKENT TIBBIYOT AKADEMIYASI АХВОРОТНОМАСИ



ВЕСТНИК ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

Тошкент



ISSN 2181-7812



9 772181 781009

Выпуск набран и сверстан на компьютерном
издательском комплексе

редакционно-издательского отдела
Ташкентской медицинской академии

Начальник отдела: М. Н. Аслонов

Редактор русского текста: О.А. Козлова

Редактор узбекского текста: М.Г. Файзиева

Редактор английского текста: А.Х. Жураев

Компьютерная корректура: З.Т. Алюшева

Учредитель: Ташкентская медицинская академия

Издание зарегистрировано в Ташкентском Городском
управлении печати и информации

Регистрационное свидетельство 02-00128

Журнал внесен в список, утвержденный приказом №
201/3 от 30 декабря 2013 года

реестром ВАК в раздел медицинских наук

Рукописи, оформленные в соответствии

с прилагаемыми правилами, просим направлять

по адресу: 100109, Ташкент, ул. Фароби, 2,

Главный учебный корпус ТМА,

4-й этаж, комната 444.

Контактный телефон: 214 90 64

e-mail: rio-tma@mail.ru

rio@tma.uz

Формат 60x84 1/8. Усл. печ. л. 9,75.

Гарнитура «Cambria».

Тираж 150.

Цена договорная.

Отпечатано на ризографе
редакционно-издательского отдела ТМА.

100109, Ташкент, ул. Фароби, 2.

Вестник ТМА № 3/2, 2023

РЕДАКЦИОННАЯ КОЛЛЕГИЯ

Главный редактор

проф. А.К. Шадманов

Заместитель главного редактора

проф. О.Р.Тешаев

Ответственный секретарь

проф. Ф.Х.Иноятова

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ

акад. Аляви А.Л.

проф. Билалов Э.Н.

проф. Гадаев А.Г.

проф. Жае Вук Чои (Корея)

акад. Каримов Ш.И.

проф. Татьяна Силина (Украина)

акад. Курбанов Р.Д.

проф. Людмила Зуева (Россия)

проф. Метин Онерчи (Турция) проф.

Ми Юн (Корея)

акад. Назыров Ф.Г.

проф. Нажмутдинова Д.К.

проф. Саломова Ф.И.

проф. Саша Трескач (Германия)

проф. Шайхова Г.И.

Члены редакционного совета

проф. Акилов Ф.О. (Ташкент)

проф. Аллаева М.Д. (Ташкент) проф.

Хамдамов Б.З. (Бухара) проф.

Ирискулов Б.У. (Ташкент) проф.

Каримов М.Ш. (Ташкент) проф.

Маматкулов Б.М. (Ташкент) проф.

Охунов А.О. (Ташкент)

проф. Парпиева Н.Н. (Ташкент)

проф. Рахимбаева Г.С. (Ташкент)

проф. Хамраев А.А. (Ташкент) проф.

Холматова Б.Т. (Ташкент) проф.

Шагазатова Б.Х. (Ташкент)

Келдиёрова З.Д. СОСТОЯНИЕ КЛЕТОЧНОГО ИММУНИТЕТА У ДЕТЕЙ С ИНФЕКЦИОННЫМ МОНОНУКЛЕОЗОМ	Keldierova Z.D. THE STATE OF CELLULAR IMMUNITY IN CHILDREN WITH INFECTIOUS MONONUCLEOSIS	49
Маматкулов И.Х., Саъдинов П.О., Мустаева Г.Б. КЛИНИКО-ИММУНОЛОГИЧЕСКИЕ ПОКАЗАТЕЛИ ИНВАЗИВНОЙ ДИАРЕИ У ДЕТЕЙ РАННЕГО ВОЗРАСТА	Mamatkulov I.Kh., Sadinov P.O., Mustaeva G.B. CLINICAL AND IMMUNOLOGICAL INDICATORS OF INVASIVE DIARRHEA IN INFANTS	53
Машарипов С.М., Юсупов Ш.Р., Машарипова Ш.С., Матякубова О.У. КЛИНИЧЕСКОЕ ТЕЧЕНИЕ ТУБЕРКУЛЕЗА У БОЛЬНЫХ ГЕПАТИТОМ В	Masharipov S.M., Yusupov Sh.R., Masharipova Sh.S. Matyaqubova O.U. CLINICAL COURSE OF TUBERCULOSIS IN PATIENTS WITH HEPATITIS B	57
Мирзакаримова Д.Б., Юлдашев Ё.М. КЛИНИКА И ДИАГНОСТИКА КОРОНАВИРУСНОЙ ИНФЕКЦИИ В АНДИЖАНСКОЙ ОБЛАСТИ	Mirzakarimova D.B., Yuldashev Y.M. PROBLEMS OF CLINIC AND DIAGNOSTICS OF NEW CORONAVIRUS INFECTION IN ANDIJAN REGION	59
Мирзакаримова Д.Б. ОСТРЫЕ ВИРУСНЫЕ ГЕПАТИТЫ У ДЕТЕЙ	Mirzakarimova D.B. ACUTE VIRAL HEPATITIS IN CHILDREN	63
Мулладжанова К.А. ИЛК ЁШДАГИ БОЛАЛАРДА ИНВАЗИВ ВА СЕКРЕТОР ДИАРЕЯЛАРНИНГ КОМПЛЕКС ДАВОЛАШ ТАМОЙИЛЛАРИ	Mulladjanova K.A. PRINCIPLES OF COMPLEX TREATMENT OF INVASIVE AND SECRETARY DIARRHEA IN YOUNG CHILDREN	66
Мухторова Ш.А. ПАРАЗИТАР КАСАЛЛИКЛАР АНИҚЛАНИШ КЎРСАТКИЧЛАРИ ТАҲЛИЛИ	Mukhtorova Sh.A. ANALISIS OF PARASITIK DISEASE DETECTION INDICATORS	69
Нарзуллаев Н.У., Раджабов А.Х., Мирзоева М.П. ФУНКЦИОНАЛЬНОЕ СОСТОЯНИЕ МЕСТНОГО ИММУННОГО СТАТУСА ПРИ ВОСПАЛИТЕЛЬНОМ ПРОЦЕССЕ В ВЕРХНИХ ДЫХАТЕЛЬНЫХ ПУТЯХ У БОЛЬНЫХ, ЗАРАЖЕННЫХ COVID-19	Narzullaev N.U., Radjabov A.Kh. FUNCTIONAL STATE OF THE LOCAL IMMUNE STATUS DURING THE INFLAMMATORY PROCESS IN THE UPPER RESPIRATORY WAY IN PATIENTS INFECTED WITH COVID-19	73
Облокулов А.Р. ОПТИМИЗАЦИЯ ТЕРАПИИ БОЛЬНЫХ ХРОНИЧЕСКИМ ЛЯМБЛИОЗОМ	Oblokulov A.R. OPTIMIZATION OF THERAPY IN PATIENTS WITH CHRONIC GIARDIASIS	76
Razzakova Sh.O., Axmedova X.Yu., Urunova D.M. KORONAVIRUS INFEKSIYASIDA AYRIM IMMUNOLOGIK KO'RSATKICHLARNING KO'PLAB A'ZOLAR ZARARLANISHINI TASHXISLASHDAGI O'ZARO BOG'LIQLIGI	Razzakova Sh.O., Axmedova X.Yu., Urunova D.M. CORRELATIONS OF SOME IMMUNOLOGICAL INDICATORS IN THE DIAGNOSIS OF MULTIORGAN LESIONS IN CORONAVIRUS INFECTION	79
Raximberganov S.R., Ulliyeva N.Yu. SITOKINLARNING BIOKIMYOVIY TARKIBI VA BIOSINTEZINING O'ZIGA XOSLIGI. KORONAVIRUS INFEKSIYASI BILAN ZARARLANGANDA KO'PAYADIGAN SITOKINLARNING TA'SIR MEKANIZMLARI	Raximberganov S.R., Ulliyeva N.Yu. BIOCHEMICAL COMPOSITION AND INDIVIDUALITY OF CYTOKINES' BIOSYNTHESIS. MECHANISMS OF EFFECT OF CYTOKINES WHICH ARE INCREASED WHEN DAMAGED BY CORONAVIRUS INFECTION	84
Рашидов Ф.А., Мирисмоилов М.М., Умаров Т.У., Рихсиева Г.М., Алимов М.М. ДИАРЕЙНЫЕ ИНФЕКЦИИ У ДЕТЕЙ РАННЕГО ВОЗРАСТА НА ФОНЕ КАНДИДОЗНОЙ ИНФЕКЦИИ	Rashidov F.A., Mirismoilov M.M., Umarov T.U., Rikhsieva G.M., Alimov M.M. DIARRHEAL INFECTIONS IN YOUNG CHILDREN ON THE BACKGROUND OF CANDIDA INFECTION	88
Рузибаев Р.Ю., Якубов Ф.Р., Сапаев Д.Ш., Маткурбанов Н.О., Якубов Р.Ф. ПРИМЕНЕНИЕ МИНИИНВАЗИВНЫХ ХИРУРГИЧЕСКИХ МЕТОДОВ В ЛЕЧЕНИИ ЭХИНОКОККОЗА ПЕЧЕНИ	Ruzibaev R.Yu., Yakubov F.R., Sapaev D.Sh., Matkurbanov N.O., Yakubov R.F. THE USE OF MINIMALLY INVASIVE SURGICAL METHODS IN THE TREATMENT OF LIVER ECHINOCOCCOSIS	91

CLINICAL COURSE OF TUBERCULOSIS IN PATIENTS WITH HEPATITIS B

Masharipov S.M., Yusupov Sh.R., Masharipova Sh.S. Matyayubova O.U.

КЛИНИЧЕСКОЕ ТЕЧЕНИЕ ТУБЕРКУЛЕЗА У БОЛЬНЫХ ГЕПАТИТОМ В

Машарипов С.М., Юсупов Ш.Р., Машарипова Ш.С., Матякубова О.У.

GEPATIT B BILAN KASALLANGAN BEMORLARDA SIL KASALLIGINING KLINIK KECISHI

Masharipov S.M., Yusupov Sh.R., Masharipova Sh.S. Matyayubova O.U.

Tashkent Medical Academy, Tashkent, Uzbekistan.

Аннотация: В данной работе исследована, проблема гепатита «В» у больных лекарственно устойчивым туберкулёзом лёгких имеет в настоящее время большое практическое значение. Продолжает нарастать заболеваемость гепатита «В» и туберкулеза, а эпидемиологическая опасность данной возрастной группы остается высокой. Фактором, обуславливающим своеобразное течение процесса, является снижение функциональной активности иммунной системы.

Ключевые слова: туберкулез, вирус, печень, легкие, микобактерия.

Annotatsiya: Ushbu ishda giyohvand moddalarga chidamli o'pka tuberkulyozi bo'lgan bemorlarda gepatit "B" kasalligi katta amaliy ahamiyatga ega ekanligi o'rganildi. Gepatit B va sil kasalligi tobora ko'payib bormoqda va ushbu yosh guruhining epidemiologik xavfi yuqori bo'lib qolmoqda. Jarayonning o'ziga xos yo'nalishini belgilovchi omil immunitet tizimining funksional faolligining pasayishi hisoblanadi.

Kalit so'zlar: sil, virus, jigar, o'pka, mikobakteriyalar.

The liver is an important organ that makes up the immune system. In hepatitis B, due to the cytolysis of liver cells, its functions weaken, all this leads to serious disorders in the immune system. With the joint course of hepatitis "B" and pulmonary tuberculosis, serious changes occur in the mucous membrane of the respiratory tract, the number of pulmonary alveoli decreases, and the vital volume of the lungs decreases. The growing prevalence of drug-resistant forms of tuberculosis around the world forces a new look at the study of the liver. Currently, the effectiveness of chemotherapy not only does not increase, but tends to decrease. One of the leading causes is the spread of drug-resistant Mycobacterium tuberculosis. This fact makes it necessary to simultaneously prescribe from 3 to 9 chemotherapy drugs daily and carry out treatment for a long time - 6-8 months. This creates a high drug load on the patient, and most of all it is experienced by the liver, carrying out the metabolism of tuberculostatics and pathogenetic agents. The incidence of lesions of the liver and hepatobiliary system, according to different authors, ranges from 5.0% to 72.8%. Anti-tuberculosis treatment in this category of patients is largely hampered by poor tolerance of anti-tuberculosis drugs, especially in the presence of liver lesions with hepatitis B. In this aspect, early detection and treatment of liver lesions is relevant. Literature data and our experience show that the prognosis in patients with drug-resistant pulmonary tuberculosis with concomitant pathology of the hepatobiliary system is unfavorable, and the possibilities of chemotherapy are limited. That is why the problem of timely diagnosis of liver lesions in patients with drug-resistant pulmonary tuberculosis retains its practical significance.

The purpose of our study: was the study of the state of the hepatobiliary system of patients with drug-resistant pulmonary tuberculosis.

Materials and methods of research: 263 patients with pulmonary tuberculosis were subjected to a comprehensive examination in the Kharezmi regional anti-tuberculosis dispensary. Among these patients, 163 patients were diagnosed with a drug-resistant form of pulmonary tuberculosis, and 100 patients had a drug-susceptible form of pulmonary tuberculosis. Patients with drug-resistant pulmonary tuberculosis were aged 18 to 67 years. There were 107 men (65.6±3.7%) and 56 women (34.4±3.7%). In 114 (69.9±3.5%) patients, fibrous-cavernous pulmonary tuberculosis was diagnosed, in 37 (22.7±3.2%) - infiltrative, in 12 (7.4±2.0%) disseminated pulmonary tuberculosis. All patients showed resistance of mycobacterium tuberculosis to anti-tuberculosis drugs, including secondary resistance in 132 patients, and primary resistance in 31 patients. Patients with drug-susceptible pulmonary tuberculosis ranged in age from 19 to 88 years. There were 66 men (66.0±4.7%), 34 women (34.0±4.7%). In patients with drug-resistant form of pulmonary tuberculosis, the fibrous-cavernous form was detected 2.3 times more often (69.9±3.5%; 30.0±4.5%, respectively). On the contrary, among these groups of patients, the infiltrative form of pulmonary tuberculosis was detected 2.7 times less frequently (22.7±3.2%; 62.0±23.6%, respectively). Clinical echographic studies of the liver and gallbladder made it possible to detect liver pathology in 89 (54.6±3.8%) patients with drug-resistant pulmonary tuberculosis, and in 51 (31.3±3.6%) patients - gallbladder pathology. In 33 (20.2±3.1%) patients with drug-resistant pulmonary tuberculosis, a combination of liver and gallbladder pathology was detected. In 32

CLINICAL COURSE OF TUBERCULOSIS IN PATIENTS WITH HEPATITIS B

Masharipov S.M., Yusupov Sh.R., Masharipova Sh.S. Matyaqubova O.U.

КЛИНИЧЕСКОЕ ТЕЧЕНИЕ ТУБЕРКУЛЕЗА У БОЛЬНЫХ ГЕПАТИТОМ В

Машарипов С.М., Юсупов Ш.Р., Машарипова Ш.С., Матякубова О.У.

HEPATIT B BILAN KASALLANGAN BEMORLARDA SIL KASALLIGINING KLINIK KECCHISHI

Masharipov S.M., Yusupov Sh.R., Masharipova Sh.S. Matyaqubova O.U.

Tashkent Medical Academy. Tashkent, Uzbekistan.

Аннотация: В данной работе исследована, проблема гепатита «В» у больных лекарственно устойчивым туберкулёзом лёгких имеет в настоящее время большое практическое значение. Продолжает нарастать заболеваемость гепатита «В» и туберкулеза, а эпидемиологическая опасность данной возрастной группы остается высокой. Фактором, обуславливающим своеобразное течение процесса, является снижение функциональной активности иммунной системы.

Ключевые слова: туберкулез, вирус, печень, легкие, микобактерия.

Annotatsiya: Ushbu ishda gilyohvand moddalarga chidamli o'pka tuberkulyozi bo'lgan bemorlarda gepatit "B" muammosi katta ahamiyatga ega ekanligi o'rganildi. Gepatit B va sil kasalligi tobora ko'payib bormoqda va ushbu yosh guruhining epidemiologik xavfi yuqori bo'lib qolmoqda. Jarayonning o'ziga xos yo'nalishini belgilovchi omil immunitet tizimining funksional faolligining pasayishi hisoblanadi.

Kalit so'zlar: sil, virus, jigar, o'pka, mikobakteriyalar.

The liver is an important organ that makes up the immune system. In hepatitis B, due to the cytolysis of liver cells, its functions weaken, all this leads to serious disorders in the immune system. With the joint course of hepatitis "B" and pulmonary tuberculosis, serious changes occur in the mucous membrane of the respiratory tract, the number of pulmonary alveoli decreases, and the vital volume of the lungs decreases. The growing prevalence of drug-resistant forms of tuberculosis around the world forces a new look at the study of the liver. Currently, the effectiveness of chemotherapy not only does not increase, but tends to decrease. One of the leading causes is the spread of drug-resistant Mycobacterium tuberculosis. This fact makes it necessary to simultaneously prescribe from 3 to 9 chemotherapy drugs daily and carry out treatment for a long time - 6-8 months. This creates a high drug load on the patient, and most of all it is experienced by the liver, carrying out the metabolism of tuberculostatics and pathogenetic agents. The incidence of lesions of the liver and hepatobiliary system, according to different authors, ranges from 5.0% to 72.8%. Anti-tuberculosis treatment in this category of patients is largely hampered by poor tolerance of anti-tuberculosis drugs, especially in the presence of liver lesions with hepatitis B. In this aspect, early detection and treatment of liver lesions is relevant. Literature data and our experience show that the prognosis in patients with drug-resistant pulmonary tuberculosis with concomitant pathology of the hepatobiliary system is unfavorable, and the possibilities of chemotherapy are limited. That is why the problem of timely diagnosis of liver lesions in patients with drug-resistant pulmonary tuberculosis retains its practical significance.

The purpose of our study: was the study of the state of the hepatobiliary system of patients with drug-resistant pulmonary tuberculosis.

Materials and methods of research: 263 patients with pulmonary tuberculosis were subjected to a comprehensive examination in the Kharezmi regional anti-tuberculosis dispensary. Among these patients, 163 patients were diagnosed with a drug-resistant form of pulmonary tuberculosis, and 100 patients had a drug-susceptible form of pulmonary tuberculosis. Patients with drug-resistant pulmonary tuberculosis were aged 18 to 67 years. There were 107 men (65.6±3.7%) and 56 women (34.4±3.7%). In 114 (69.9±3.5%) patients, fibrous-cavernous pulmonary tuberculosis was diagnosed, in 37 (22.7±3.2%) - infiltrative, in 12 (7.4±2.0%) disseminated pulmonary tuberculosis. All patients showed resistance of mycobacterium tuberculosis to anti-tuberculosis drugs, including secondary resistance in 132 patients, and primary resistance in 31 patients. Patients with drug-susceptible pulmonary tuberculosis ranged in age from 19 to 88 years. There were 66 men (66.0±4.7%), 34 women (34.0±4.7%). In patients with drug-resistant form of pulmonary tuberculosis, the fibrous-cavernous form was detected 2.3 times more often (69.9±3.5%; 30.0±4.5%, respectively). On the contrary, among these groups of patients, the infiltrative form of pulmonary tuberculosis was detected 2.7 times less frequently (22.7±3.2%; 62.0±23.6%, respectively). Clinical echographic studies of the liver and gallbladder made it possible to detect liver pathology in 89 (54.6±3.8%) patients with drug-resistant pulmonary tuberculosis, and in 51 (31.3±3.6%) patients - gallbladder pathology. In 33 (20.2±3.1%) patients with drug-resistant pulmonary tuberculosis, a combination of liver and gallbladder pathology was detected. In 32

(19.6±3.1%) patients, pathology of the hepatobiliary system was not detected. These studies in patients with drug-sensitive form of pulmonary tuberculosis made it possible to identify liver pathology in 25 (25.0±4.3%) patients and gallbladder pathology in 6 (6.0±2.3%) patients. In 2 (2.0±1.4%) patients with drug-sensitive form of pulmonary tuberculosis, a combination of pathology of the hepatobiliary system and gallbladder was detected. In 44 (44.0 ± 4.9%) patients, pathology of the hepatobiliary system was not detected.

The main symptoms characteristic of liver pathology were expressed in 44 patients with a stable form of tuberculosis. So, asthenovegetative syndrome was noted in 25 patients, dull pain in the liver area - in 14, dyspeptic disorders - in 18, liver enlargement - in 33, spleen enlargement - in 17, spider veins on the skin of the abdomen - in 8, "hepatic palms" - in 24, ellowness of the skin - in 7, skin itching - in 12 patients. These symptoms are less pronounced in persons with a sensitive form of pulmonary tuberculosis. So, astheno-vegetative syndrome was noted only in 5, dull pains in the liver area - in 3, dyspeptic disorders - in 6, liver enlargement - in 21, spleen enlargement - in 1, spider veins on the skin of the abdomen - in 1, "hepatic palms" - in 6, ellowness of the skin - in 1, skin itching - in 3 patients.

Diagnosis of the pathology of the hepatobiliary system was carried out on the basis of clinical and laboratory studies, including echography on the INTERSCAN device (Germany), operating in real time, with sensors of 3.5 and 5.0 MHz.

When performing echography of the hepatobiliary system, the dimensions, contours and shape of the edges of the liver, its elasticity and mobility, sound conductivity and echostructure of the parenchyma, the pattern of the intrarenal vascular network, the gallbladder, its contours, wall thickness and the presence of stones were determined. Statistical processing of research results was carried out on an IBM compatible computer using the software package for statistical calculations "Microsoft Excel".

Results and discussions: With the help of clinical, laboratory and echographic studies of the hepatobiliary system, previously unrecognized liver diseases were diagnosed. When studying the comparative frequency of detection of pathology of the hepatobiliary system in patients with drug-resistant form and with drug-sensitive form of pulmonary tuberculosis, it was found that pathological changes in the hepatobiliary system are detected more often in patients with drug-resistant form of pulmonary tuberculosis. Thus, liver pathology in the form of hepatitis B in patients with drug-resistant form of pulmonary tuberculosis occurs 2.1 times more often, gallbladder pathology - 5.2 times more often than in patients with drug-sensitive form of pulmonary tuberculosis (54.6% and 25.0%, 31.3% and 6.0% respectively, $P<0.001$, $P<0.01$). The combination of liver and gallbladder pathology was detected 10 times more often in patients with drug-resistant form than in patients with drug-sensitive form of pulmonary tubercu-

losis (20.2% and 2.0%, respectively, $P<0.001$). Patients without pathology of the hepatobiliary system were detected 2.2 times less often among patients with a stable form of pulmonary tuberculosis than among those with a sensitive form of pulmonary tuberculosis (19.6% and 44.0%, respectively, $P<0.001$).

Conclusions: In patients with drug-resistant form of pulmonary tuberculosis, liver pathology in the form of hepatitis "B" by 2.2 times, gallbladder pathology by 5.2 times were detected more often than in patients with drug-sensitive form of pulmonary tuberculosis. Complex clinical and echographic studies of the liver and gallbladder allowed 89 (54.6±3.8%) patients to detect liver pathology hepatitis "B" and 51 (31.3±3.6%) - pathology of the gallbladder. Echography of the hepatobiliary system expands the possibilities of early diagnosis of this pathology in patients with drug-resistant pulmonary tuberculosis. In chronic hepatitis and cirrhosis of the liver, liver echography allows you to obtain additional criteria for the disease (dilation of the portal vein, enlargement of the spleen, detection of foci of high echogenicity) with an accuracy of up to 100%.

Literature.

1. Yamamoto Y., Hayashi M., Ogawa K. Risk factors for side effects due to the use of antituberculosis drugs in elderly patient // *Kekkaku*. - 2008. - Vol. 83, №6. - P. 457-463.
2. Zarubina I.V. Biochemical mechanisms of hypoxic cell damage// *Molecular Pharmacology antihypoxants*. Publisher H-L. 2007, p. 17-82.
3. Ershov F.I. Viral hepatitis // *Antiviral drugs*. - Directory. Second Edition. - MA - 2006 - p. 269-287.
4. Ershov F.I., Romantsov M.G. Viral hepatitis // *Medicines used in viral diseases*. - MA - 2007 - p. 84-106.
5. Sologub T.V., Romantsov M.G., Ershov F.I. The effectiveness of immunomodulators in the treatment of chronic viral hepatitis // *Medicines used in viral diseases*. - M., - 2007. - p. 158-163
6. Sukhanov D.S. Antioxidant Activity remaxol model drug liver damage // *Bulletin of St. Petersburg State Medical Academy. Mechnikov*. 2008. 4. p. 127-132.

CLINICAL COURSE OF TUBERCULOSIS IN PATIENTS WITH HEPATITIS B

Masharipov S.M., Masharipova Sh.S.

Annotation. *In this study, the problem of hepatitis "B" in patients with drug resistant tuberculosis of the lungs is currently of great practical importance. The incidence of hepatitis «B» and tuberculosis continues to increase, and the epidemiological danger of this age group remains high. The factor that determines the peculiar course of the process is a decrease in the functional activity of the immune system.*

Keywords: tuberculosis, virus, liver, lungs, mycobacterium.