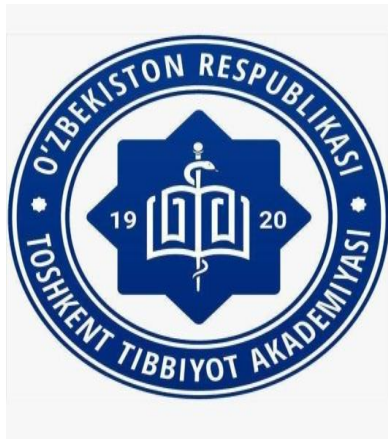


Klinik laborator diagnostikada innovatsion texnologiyalardan foydalanish, muammolar va yechimlar, 2023



**KLINIK LABORATOR
DIAGNOSTIKADA INNOVATSION
TEXNOLOGIYALARDAN
FOYDALANISH, MUAMMOLAR VA
YECHIMLAR**
**xalqaro ilmiy-amaliy
anjuman**
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2. FREQUENCY OF STEROID DIABETES ON PROGRAM POLYCHEMOTHERAPY AT CHILDREN WITH THE LIMFOBLASTNY LEUKOSIS I. I. Spichak 1, 2, M. V. Bogacheva 1, D. I. Bilyalutdinova 2, K. B. Volkova 2, E. V. Basharova 2 1 SBHCI CRPCH, Chelyabinsk, Russia 2 SUSMU, Chelyabinsk, Russia (2014)

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THE RESULTS OF CLINICAL AND LABORATORY STUDIES IN PATIENTS WITH DISSEMINATED PULMONARY TUBERCULOSIS

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Introduction Currently. The tuberculosis remains one of the most significant public health problems. Disseminated forms of tuberculosis are becoming an increasingly alarming problem for the whole world. In the Republic of Uzbekistan, the incidence of tuberculosis in recent years remains at a high level. In this regard, the study of the incidence, clinical manifestations and treatment of disseminated pulmonary tuberculosis is an urgent task of TB.

Aim. To study the results of clinical and laboratory studies in patients with various clinical and radiological manifestations of disseminated pulmonary tuberculosis in order to control the course of the process, as well as the timely detection of side effects of drugs, correction of homeostasis disorders.

Materials and methods. Thirty patients with various clinical and radiological manifestations of disseminated pulmonary tuberculosis were examined, who underwent inpatient treatment at the City Clinical Hospital No. 1 and at the Republican Specialized Scientific and Practical Center of Phthisiology and Pulmonology. Materials for research are clinical and laboratory tests: a general analysis of blood, urine, sputum examination with microscopic methods for mycobacteria. Biochemical blood tests, coagulogram, bacteriological studies (Ziehl-Neelsen microscopy).

Results. The study revealed that 18 (60%) patients were women, 12 (40%) were men. Most often disseminated tuberculosis affects patients aged 38-54. Bacterial excretion is observed in 22 (73%) patients. When taking anti-TB drugs in 19 (63%) patients there was an increase in blood biochemical parameters - ALT, AST, alkaline phosphatase. This is due to the cytological syndrome, an increase in these indicators relative to the norm indicates the death of hepatocytes. Accordingly, there is an increase in the level of bilirubins, cholesterol, lipoproteins due to cholestatic syndrome. In 26 (86%) patients, changes in hematological

parameters are noted: a decrease in hemoglobin (47%), erythrocyte (13%), leukocytosis (83%), an increase in eosinophils (23%), an increase in lymphocytes (30%), a increase in ESR (90%). There is a decrease in blood anticoagulation activity (57%).

Conclusions. Systematic monitoring of analyzes of laboratory data obtained is of great importance for assessing the clinical condition of the patient, the dynamics of the process and the effectiveness of the treatment used. Microbiological diagnosis is necessary when monitoring chemotherapy and evaluating treatment.

LABORATORY EXAMINATION OF HEMOGLOBIN
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Hemoglobin is a protein that binds oxygen that localizes oxygen in erythrocyte sites that have passed from the tumor to the lungs. Each hemoglobin molecule is a tetramer that has been stung from four polypeptide globin chains. Each globin site contains a pearl moiety formed from an organicoporphyrin ring and in the Iron state (Fe²⁺) from the name of the central iron. The Iron molecule in each pearl part can bind and separate oxygen, providing the possibility of transporting oxygen in the organization. The most common type of adult hemoglobin is HBA, which includes the absence of two alpha globins and two beta globins. The HOR XYL globin genes encode a Hor type of globin subunit (Hafen BB, Sharma S;2017).

Hemoglobin, HB (Greek. Haima-blood and globus-balloon) is a blood-breathing pigment. It gives the blood a red hue, supplies oxygen from the respiratory organs to the tissues, and carbon dioxide from the tissues to the respiratory organs. The protein moiety consists of globin and iron porphyllingham. Hemoglobin is added with oxygen, forming an unstable compound. In the case of capillaries, where the porsial pressure of oxygen is slightly higher, the oxygen is supplied to the cells and appendages. A healthy person has 120-160 g/l hemoglobin in 1000 g of his hands (in men 130-170 g / l; in women 120— 160 g/l). The amount of hemoglobin in the hands of women will be less than in men. The hemoglobin property in the organization changes throughout life. The amount of hemoglobin is determined by a special tool-a hemometer. Determining the amount of hemoglobin under normal conditions, it is important to determine the function of blood breathing and how many diseases. A lot of hemoglobin in the blood is called keti hemoglobinemia, a decrease in which keti is more often observed in anemia. The physiology of the amount of hemoglobin in the blood is different for newborn mosquitoes. Children born with Chala have low hemoglobin levels.

Conclusion. Determination of hemoglobin clinical-diagnostic significance: the amount of hemoglobin in the blood is obtained from laboratory instructions on the basis of anemia. The amount of hemoglobin varies with anemia and depending on whether it is expressed. Deep and complete examinations should be carried out when hemoglobin levels decrease: determination of erythrocyte count, color