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CORRELATION OF THE KIMMERLE ANOMALY WITH THE OSTEOCHONDROSIS OF THE CERVICAL SPINE

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Introduction. In combination with osteochondrosis, many anomalies of the cervical spine have a physiologically negative effect on the general condition of the body. Congenital structural disorders, as a rule, do not appear before the formation of a concomitant pathology. One of these diseases is Kimmerle's anomaly (KA).

Objective. To determine if there is a correlation between Kimmerle's anomaly and osteochondrosis of the cervical spine.

Methods. Компьютерную томографию шейного отдела позвоночника провели 85 пациентам и выявлен остеохондроз шейного отдела позвоночника. Возрастные группы: 1 группа — 20–29 лет; 2 группа — от 30 до 39; 3 группа — 40–49 лет; 4 группа — 50–59 лет; 5 группа — 60–69 лет; 6 группа — 70 год и старше. Компьютерную томографию шейного отдела позвоночника проводили на аппарате фирмы GE — Revolution Evo.

Results. Of 85 CT scans of the neck region, a bony bridge

of the first cervical vertebra (C1) was detected in 16.5% of cases — Kimmerle's anomaly (14 patients). The first group included 11 patients, one of whom had Kimmerle's anomaly, i.e. 9%. In the second group there were 26 people, 5 with the presence of Kimmerle's anomaly — that is 19.2%. Group 3 — 17 patients, 3 had a C1 bone bridge — 17.6%. In the 4th group, 3 out of 16 had a C1 bone bridge, i.e. 18.8%. In the 5th group — in 1 of 8 patients with KA, it was 12.5%. In the older group, KA was also found in 1 out of 7 people examined, i.e. 14.3%. Only in 3 out of 14 cases was the anomaly unilateral.

Conclusions. In percentage terms, Kimmerle's anomaly is found in the same age groups as osteochondrosis of the cervical spine (most of the working population), which to some extent confirms the correlation of these diseases, and it is likely that their joint presence can aggravate the patient's condition health.

CT EXAMINATION OF THE LUNGS IN PATIENTS WITH CORONAVIRUS PNEUMONIA (COVID-19) SEVERE AND EXTREMELY SEVERE STAGE

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Objective. To evaluate CT signs in coronavirus pneumonia (COVID-19) among patients with severe and extremely severe clinical stage of the disease.

Materials and methods. CT scan of the lungs was assessed in 33 patients who were in the intensive care units of the City Clinical Hospital No. 52 of the Department of Health. CT was performed on GE Revolution EVO 128 multislice tomographs, with image reconstruction, in 1 mm increments 1–2 days before death. The work included persons with a pathoanatomical study.

Result. The average age of the deceased was 54.1 ± 14.3 years. Men accounted for 43.7%, women — 56.3%. The average duration from the onset of the disease was 11 ± 9 days, the average duration of stay in intensive care was 4 ± 0.5 days. The average time of the last CT examination of the lungs before death was 23 ± 12 hours. At CT, the following signs were observed: ground glass — 33 (100%); cobblestone pavement — 24 (72.7%); consolidation — 22 (66.7%); thickening of the pleura — 17 (51.5%); reticulation — 13 (39.4%); pleurisy — 12 (36.4%); lymphadenopathy — 9 (27.3%); emphysema — 5 (15.1%); calcifications — 3 (9.0%); atelectasis — 3 (9.0%); nodular formations — 2 (6.0%); fibrosis — 1 (6.0%); bronchiectasis — 1 (6.0%). More than half of the patients' lungs were affected in 60.6%. In macroscopic examination, 51.7% of patients in the lumen of the trachea, lobar and segmental bronchi contained a different

amount of mucus. The mucus had a foamy character — 46.6% and in 53.4% it was not foamy, cloudy. The density of the lung tissue was changed in 100% and manifested itself in the form of total compaction — 34.5%, uneven compaction — 31.0%, or a homogeneous mass of doughy consistency — 27.6%. Normal lung density was not observed. All 5 shares were involved in the process. The presence of fluid on the surface of the lung during tissue incision was recorded in 100%. The liquid had two varieties- foamy — 58.6%) and non-foamy — 41.4%. Foamy liquid had three varieties: bloody — 82.5% of observations; cloudy — 5.8% of observations and pink — 11.7% of observations. Non-foamy liquid had three varieties: bloody — 16.6% of observations, cloudy red — 50.0% of observations, pink-yellow — 33.4%. CT data are consistent with pathological data.

General conclusions. CT examination of the lungs in severe and extremely severe COVID-19 reveals a group of signs: ground glass; cobblestone pavement; consolidation; the presence of which allows assessing the severity of the disease. CT studies are consistent with macroscopic data obtained during pathomorphological examination.

Relevance. COVID-19 can lead to acute respiratory failure and death as soon as possible from the onset of the disease. CT of the lungs is the most important clinical method for assessing the severity of the disease in vivo.

DETERMINATION OF BREAST CANCER VIA MAGNETIC RESONANCE IMAGING

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Actuality: Over the past 10 years, there has been a marked increase in the use of magnetic resonance imaging (MRI) of the breast. Numerous studies have confirmed the improvement in cancer detection, diagnosis and assessment of response to therapy with breast MRI compared to mammography and ultrasound. Advances in technology, targeted work on optimal scanning protocols, appropriate clinical applications and image interpretation are needed. Both potential benefits and harms need to be assessed in order to optimize the use of this imaging technique in individual cases.

Aim. Evaluation of the sensitivity of magnetic resonance imaging in the diagnosis of breast cancer when used after mammography and ultrasound examination of the mammary glands.

Methods. The study group included 42 patients with non-palpable mammary gland masses, in whom mammography and ultrasound examination were performed and changes in the mammary gland were revealed. Magnetic resonance imaging was performed on a Philips device with a magnetic field power of 1.5 Tesla.

Results. The most frequently non-palpable lesions were diagnosed in the age group 48–63 years (63.0%), somewhat less often in the age group 34–47 years (24.9%), in patients in the age group 64–70 years old at 12.1%. All non-palpable breast tumors detected for the first time were subjected to morphological verification. With the complex use of mammography, sonography, magnetic resonance imaging and biopsy data, the diagnosis was established in 100% of patients. Magnetic resonance imaging with contrast

enhancement did not reveal the dependence of sensitivity, specificity and accuracy on the density of breast tissue.

Conclusion. Magnetic resonance imaging is a highly sensitive diagnostic method for detecting changes detected by X-ray mammography and ultrasound examination of the mammary glands.

Key words: breast cancer, diagnostics, magnetic resonance imaging, X-ray mammography, sensitivity.

DIAGNOSIS OF CERVICAL CANCER IN PREGNANT WOMEN

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Abstract. Cervical cancer (CC) is the most common type of cancer during pregnancy and occurs during the reproductive phase of a woman's life. The prevalence of cervical intraepithelial lesions (CIN) in pregnant women is quite high, ranging from 0.16 to 7.2%. According to the literature, the 7-year survival rate of patients with cervical cancer associated with pregnancy is 56.8–81% of cases in the early stages (stages I–II), in the stages late (stages III–IV) — 42–58%.

Purpose of the study. Pregnancy-associated malignancies are an extraordinary and complex combination that forces the doctor and the patient to choose between the risk to the life of the mother and the risk to the unborn child, and the clinical principle of obstetrics is «mother to child» also the mother for the child is preserved” is not always present. The only chance to save the life of the mother and the unborn child in such situations is to prevent cervical cancer in pregnant women.

It should be noted that there are no medical contraindications to cervical cancer screening during pregnancy. There is no risk for a pregnant woman when taking a smear for cytological examination.

Material and methods. Pregnancy-related gynecological cancer occurs at a rate of 1 in 1,000 pregnancies. Among the malignant gynecological tumors associated with pregnancy, cervical cancer ranks first and is detected with a frequency of 1/10,000 pregnancies. The average age of patients with pregnancy-related cervical cancer is 35 years. Most doctors recommend limiting biopsies to multiple needles, which cause few or no complications, but are widely misunderstood. During pregnancy, the transition zone of the cervical epithelium usually shifts to the vaginal part, so a cone depth of 1.5–2 cm (instead of 3–3.5 cm) is sufficient. However, a cone-shaped biopsy during pregnancy, especially at the beginning and after 34 weeks of gestation, can be accompanied by serious complications: heavy bleeding, miscarriage, premature birth (from 4 to 27%).

Research results. Controversy has raised the question of which method – biopsy or conization – is better for early detection of cervical cancer in pregnancy. This led to

articles comparing the results of multiple biopsies followed by conization. Studies have shown that colposcopy-guided targeted biopsy is an appropriate method for detecting cervical cancer in pregnant women. Tissues for histological examination should have a volume of 1–5 mm³ and take at least 2–5 samples. Biopsy during pregnancy is acceptable and safe, and the risk of major bleeding is extremely low.

In this case, one of the main diagnostic methods is colposcopy, which makes it possible to identify the proposed zone of invasion. If there are colposcopic signs of invasion (notably atypical vascularization), they must be confirmed histologically and their depth assessed. In such cases, an excisional biopsy is indicated. The volume of tissue to be removed is determined individually under colposcopic control. According to the world literature, atypia is detected cytologically in 1.5–2.7% of obstetrical patients. During pregnancy, under the influence of hormonal factors on the cervical mucosa, the colposcopic and cytological picture changes due to hyperplasia and metaplasia of the epithelium, stromal decidualis.

Besides the possible overdiagnosis of malignant processes on the cervix in pregnant women during cytological screening, underdiagnosis can be no less dangerous due to the skepticism of clinicians and morphologists about possible malignant intraepithelial changes in pregnant women.

Conclusions. For a long time there has been an opinion that the detection of Ca in situ during pregnancy is erroneous because. Often regresses after childbirth and abortion, and therefore proliferative changes during pregnancy mimic the malignant process.

Currently, it is considered expedient to treat pre-invasive lesions of the cervix found during pregnancy in the postpartum period, when it is possible to completely exclude the invasive process, which causes the greatest difficulties diagnostic, because micro-invasion is possible not available. Biopsy specimens are available. Basis for prevention and early detection cervical cancer in young women, which should further reduce morbidity and mortality rates in women in older age groups.

DIAGNOSTIC CAPABILITIES OF MRI FOR BICEPS LONGUS TENDON INJURY

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Relevance. According to WHO, 5–30% of the world's adult population suffer from pain and dysfunction shoulder joint dysfunction. Injuries of the biceps tendon are the source of shoulder pain and dysfunction of the shoulder joint, either alone or in combination with injuries of the rotator cuff, alone or in combination with injuries of rotator cuff, lip and other structures.

Objective: to specify the information value of magnetic resonance imaging (MRI) in diagnosing injuries of the tendon of the biceps long head tendon.

Material and methods: Material of the research was 15 patients aged 25 to 70 years old with clinical manifestations of pain and Clinical manifestations of pain and instability in the shoulder joint were studied in the hospital. Among them, 10 men (66.7%) and 5 Women (33.3%). the results of MRI of shoulder joints on «SIGNA EXPLORER» 1.5 Tl machine (GE).

Results: MRI examination of shoulder joints in 6 patients (40%) showed the complete rupture of tendon biceps long head, in 5 (33.3%) — tendon dislocation, in 5 (33.3%) —

СОДЕРЖАНИЕ

About the causes of recurrence of inguinal hernias after lichtenstein hernioplasty <i>Usarov Sh.N., Ikromov Sh.U., Narzikulov A.S.</i>	4
Application of implants with antimicrobial effect in hernioplasty <i>Abdurakhmanov D.Sh., Isomiddinov S.B., Aliboev B.Zh.</i>	4
Bosh miya yopiq shikastlanishlarida kraniografiyalar samaradorligini baholash <i>Raxmonov F.A., Xoshimov I.S.</i>	5
Clinical experience in surgical treatment of ventral hernias in overweight and obesity patients <i>Abdurakhmanov D.Sh., Davlatov S.S., Isamiddinov S.B.</i>	5
Correlation of the kimmerle anomaly with the osteocondrosis of the cervical spine <i>Khamidov O.A., Umarmkulov Z.Z., Khurramov M.A.</i>	6
CT examination of the lungs in patients with coronavirus pneumonia (COVID-19) severe and extremely severe stage <i>Ataeva S.Kh., Yakubov D.J., Mamatov R.M.</i>	6
Determination of breast cancer via magnetic resonance imaging <i>Ismailova M.Kh., Ochilova S., Khaydarova G.B.</i>	6
Diagnosis of cervical cancer in pregnant women <i>Yakubov D.J., Niyazov Sh.T.</i>	7
Diagnostic capabilities of mri for biceps longus tendon injury <i>Akhmedov Y.A., Umarmkulov Z.Z., Khaidarov S.S.</i>	7
Differential diagnosis of osteoarthritis and arthritis of the knee joint on magnetic resonance imaging tomography <i>Khamidov O.A., Gaybullayev S.O., Khusanov O.J.</i>	8
Efficiency of surgical treatment of postoperative ventral hernias in combination with prevention of abdominal adhic disease <i>Abdurakhmanov D.Sh., Abdusamadov A.U., Isamiddinova S.B.</i>	8
Evaluation of the effectiveness of the ultrasound research method in the diagnosis of hip dysplasia <i>Shirov B.F., Mardieva G.M.</i>	9
Evolution of surgical technologies in the treatment of patients with liver echinococcosis at the botkinsk hospital <i>Anarboev S.A., Makhramkulov Z.M., Rakhmanov K.E.</i>	9
Experience in using laparoscopic transperitoneal preperitoneal hernioplasty (tapp) in the treatment of inguinal hernias <i>Usarov Sh.N., Sultanov F.M., Shamsutdinov S.B.</i>	10
Gravitational approach in laparoscopic surgery for echinococcosis of the post-liver segments <i>Rakhmanov K.E., Salokhiddinov Zh.S., Anarboev S.A.</i>	10
Hayotning birinchi 6 oyida son-chanoq bo'g'imi kasalliklarini ultratovush tekshiruvda tashxislash imkoniyatlari <i>Buriyev M.N., Karimov Sh.Sh., Norbekova G. M.</i>	11
Hepatic-pancreatic msct with reduced radiation load: practical experience <i>Otakulov Z.S., Ametov E.S., Yuldashev N.Kh.</i>	11
Imaging methods for respiratory tuberculosis <i>Khamidov O.A., Ataeva S.Kh., Karshiev B.O.</i>	12
Jigar kasalliklarida zamonaviy ultratovush tekshiruvlarining dolzarb muommolari va ularning ilmiy yechimlari <i>Yakubov D. J., Parmonova N.A.</i>	12
Kimmerle anomalyasining bo'yin umurtqalari osteoxondrozi bilan bog'liqligi <i>Salohiy I.O., Yanova E.U.</i>	13
Magnetic resonance imaging in the determination of breast cancer <i>Ochilova S.I., Khaydarova G.B.</i>	13
Magnetic resonance imaging in the differential diagnosis of liver tumors in children <i>Akbarov S.I., Yusufzoda X.T., Atayeva S.X. (scientific supervisor)</i>	14
Magnetic resonance picture of prostate cancer <i>Rakhmanov Kh.A., Islamov S.E., Rakhimov N.M.</i>	14