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**Xulosa.** Tadqiqot natijalari sifatida immunitet holati ko'rsatkichlari va gemosideroz ko'rsatkichlari o'rtasidagi bog'liqlik aniqlandi, barcha ko'rsatkichlarda sezilarli farq bor, IgA darajasi kamaygan, IgG va IgM ko'tarilgan.  $\beta$ -talassemiya kasalligi mavjud bolalar gumoral immuniteti ko'rsatkichlarining o'zgarishlari etiologik xilma xilligiga qaramay, ushbu ko'rsatkichlarning normallashuviga, bemorlarning immune resistantlikni oshishiga erishishda xelator terapiyadan davomli foydalanish orqaligina erishish mumkin.

### **Adabiyotlar.**

1. Асатрян Т.Т. Клинико-лабораторный профиль наследственного сфероцитоза / Т. Т. Асатрян, М. Н. Зенина, Н. Ю. Черныш, Л. Б. Гайковая // Вестник Северо-Западного государственного медицинского университета им. И.И. Мечникова. – 2019. – Т. 11. – № 1. – С. 65-72.
2. Барановская, И. Б. Наследственные гемолитические анемии в практике не специализированной клинико-диагностической лаборатории / И. Б. Барановская, Л. И. Напсо, И. П. Сысоева // Поликлиника. – 2017. – № 4-1. – С. 10-14.
3. Белов А.И. Наследственная гемолитическая анемия, связанная с дефицитом активности глюкозо-6-фосфатдегидрогеназы эритроцитов / А. И. Белов, М. В. Евдокимова, А. Н. Мотина [и др.] // Современные проблемы науки и образования. – 2020. – № 2. – С. 173.

## **LABORATORY DIAGNOSIS OF HEMOTRANSMISSIVE INFECTIONS IN BLOOD COMPONENTS**

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The safety of blood components is an integral part of transfusiology, which includes measures for the selection of donors, technologies that increase the safety of donor blood, quality laboratory diagnostics of hemotransmissible infections, as well as rational clinical use of blood components. The main causative agents of parenterally transmitted infections are human immunodeficiency virus (HIV) types 1 and 2, as well as hepatitis B (HBV) and hepatitis C (HCV) viruses.

Almost 40 million people are living with HIV infection [1, 2], 248 million people are chronically infected with HBV [3], and 110 million people have antibodies against HCV, of which 80 million have actively replicating viruses [4]. Compared to HIV infection, viral hepatitis B is 6-7 times more common, and viral hepatitis C is 3 times more common. Despite their similar clinical manifestations,

hepatitis B (HBV) and hepatitis C (HCV) viruses have a number of fundamental differences. Acute hepatitis is characterized by symptoms of acute liver damage and poisoning, the appearance of jaundice, severe clinical manifestations of the disease, and a sharp increase in the activity of aminotransferase in blood serum [5].

**The purpose of the study.** Retrospective analysis of infectious diseases in blood components during 2019.

**Materials and research methods.** In 2019, blood components were tested for HIV, hepatitis B and C, wounds and brucellosis on a national scale.

**Research results.** During the study, 200,444 blood components were examined. The obtained results showed that 275 (0.14%) components were infected with HIV, 6963 (3.4%) were infected with hepatitis B virus, 1465 (0.73%) were positive for hepatitis C virus. wound disease was 2115 (1.05%), brucellosis disease was 813 (0.40%).

The obtained results show that 11,631 out of 200,444 blood components were found to be infected with hemotransmissible infections and were destroyed in the established order.

**Summary:** In short, there is a possibility of transmission of hemotransfusion infections through donor blood and its components, because there is no guarantee of complete elimination of infectious diseases. At the same time, there are a number of measures to improve the infectious safety of blood transfusion. The activities carried out at different stages differ significantly in nature and in terms of resources and labor costs. At the same time, all existing measures do not negate each other, but complement each other and create a general system of increasing the infectious safety of transfusion of blood and its components.

### **References:**

1. Global health sector response to HIV, 2000-2015: focus on innovations in Africa: progress report. Geneva: World Health Organization; 2016.
2. Stover J., Andreev K., Slaymaker E. et al. Updates to the Spectrum model to estimate key HIV indicators for adults and children. AIDS.2014; 28: 427-34. <https://doi.org/10.1097/QAD.0000000000000483>.
3. Schweitzer A., Horn J., Mikolajczyk R.T. et al. Estimations of worldwide prevalence of chronic hepatitis B virus infection: a systematic review of data published between 1965 and 2013. Lancet.2015; 386: 1546-55. [https://doi.org/10.1016/S0140-6736\(15\)61412-X](https://doi.org/10.1016/S0140-6736(15)61412-X).
4. Blach S., Zeuzem S., Manns M. et al. Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. Lancet Gastroenterol Hepatol. 2017; 2(3): 161-76. [https://doi.org/10.1016/S2468-1253\(16\)30181-9](https://doi.org/10.1016/S2468-1253(16)30181-9).

5. Yushchuk N.D., Klimova E.A., Znoiko O.O. i dr. Protokol diagnostiki i lecheniya bol'nykh virusnymi hepatitami V i S. Ros zh gastroenterol, hepatol, koloproktol. 2010; 20(6): 4-60.

**ALLERGIK REAKSIYALARDA DAVOLASHNING  
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Allergik reaksiyalarda qonda eozinofillar miqdori va IgE oshqdi. Eizinofillar 12-16 mkm diametrda yiyumaloq hujayralar bo'lib, yadro sitoplazmatik nisbati 1:1. Yadrosi to'q binafsha rang, odatda ikkita segmentdan iborat, xromatin strukturasi notejis, yirik bo'lakchali. Sitoplazma oksifil, yirik sariq-pushti rangli maxsus granulalarga ega. Eizinofillar qonda 6-12 soat bo'ladi, keyin to'qimalarga o'tadi. Eizinofillar 4 - 30 soat yashaydi. Normada leykoformulada 0-5% eizinofillar bo'ladi.

Eozinofillarning funksyasi: allergik reaksiyalarni cheklash, antigelment immunitetni hosil qilish, fagositoz, yallig'lanish jarayonida ishtirok etish, qon ivishida ishtirok etish.

**Tadqiqot maqsadi:** Allergiyada dezloratadin samaradorligini baholash.

**Materiallar va metodlar. Tadqiqotlar** TTA ko'p tarmoqli klinikasida 25 ta bemorda olib borildi. Bemorlar venoz qonida eozinofillar Mindray 5000 (Xitoy) gematologik analizatorida va sitologik usulda Human (Germaniya) reagentlarini qo'llab tekshirildi, Ig E miqdori immunoferment analiz usulida Mindray MR 96A analizatorida Human (Germaniya) reagentlarini qo'llab tekshirildi

**Tadqiqot natijalari.** Tadqiqotlar davomida dezloratadin bilan terapiyani 10 kun davomida turli allergiyasi mavjud bemorlarda olib borildi. Davolash samarasini qondagi eozinofillar sonining va Ig E miqdorining kamayiahi bilan baholandi. Bemorlarning 86% ida davolash fonida eozinofillar soni  $12,4 \pm 1,3\%$  dan  $1,1 \pm 0,7\%^{***}$  gacha, Ig E  $221 \pm 18$  B/ml dan  $36 \pm 2,4$  B/ml $^{***}$  gacha kamaygan bo'lsa, 14% bemorlarda davolash natijalari samarasiz bo'ldi: eozinofillar soni  $13,8 \pm 1,4\%$  dan  $11,5 \pm 1,2\%$  ga, Ig E  $234 \pm 21$  B/ml dan  $216 \pm 2,2$  B/ml ga o'zgardi.

**Xulosa.** Allergiyasi mavjud bemorlarda dezloratadin bilan terapiya 86% hollarda samarali bo'lib, bemorlarda kuzatiladigan turli asoratlarni oldini olishga yordam beradi. Shu bilan birga, bu vosita qancha erta muddatda qabul qilinsa, uning samaradorligi shuncha oshadi.

**Adabiyotlar.**

1. Курбонова З.Ч., Бабаджанова Ш.А. Цитологик ташхисга кириш: ўқув кўлланма. Тошкент, 2022. 137 б.
2. Kurbonova Z.Ch., Babadjanova S.A. Sitologik tashxis asoslari: o'quv – uslubiy qo'llanma. Toshkent. - “TTA nashriyoti”, 2022. -47 b.
3. Kurbonova Z.Ch., Babadjanova S.A. Sitologik tashxisiga kirish: o'quv qo'llanma. Toshkent, “Hilol nashr”, 2021. 152 b.