

**YOUNG SCIENTIST DAY**

**TOPICAL ISSUES**

**IN MEDICINE**

**Materials of**

**The 6th scientific-practical**

**Conference**

***Part I***

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## DEAR PARTICIPANTS OF THE CONFERENCE, GUESTS, COLLEAGUES!

The process of integration of various levels and organizational forms of education and science is a trend that gradually covers all countries of the world including Uzbekistan. This is not a coincidence that there has been a lot of talk in recent years about creating forms that can unite scientific and educational potential. It is important to realize that training of highly qualified specialists is not the task of an individual educational institution, but of the entire educational system. That is why Tashkent Medical Academy is called upon to unite people around the common cause, thereby forming a field for exchange of opinions, knowledge and cooperation. The VI conference of young scientists "Actual issues of medicine" should be considered in line with the solution of these important tasks.

It is well known that the process of education in the university is closely connected with science, where student science has a special role. Student science in its true meaning is not just a formal participation of young people in scientific research, which, of course, is an important component of the professional training of a modern specialist. It is also the development of competencies that allow a young person to present a modern picture of the world on the basis of in-depth and holistic study of the subject area that is often located at the intersection of various scientific fields and directions. In the modern world, the demands and expectations of students and employers for higher education are steadily increasing. With absolute certainty, it is possible to state that the role and importance of university science will grow every year. At the same time, from the point of scientific value - this is another side of the coin - the foreground will present not the amount of new knowledge produced, but the results of scientific researches.

In other words, the demand will mostly consist of depth and quality of scientific researches and developments, both from the point of recognition by the professional scientific community and their practical importance. Therefore, in the broadest sense, it is possible to name student science as the "beginning of the beginnings", on which the development of the entire scientific and cadre potential of the country depends.

It should be noted that Tashkent Medical Academy conducts student scientific work covering all stages of educational process and all organizational levels. Over the years of the conference, it has become not only an integral and significant part of scientific and educational process, but also the largest student event in terms of the number of participants. Since this year, the conference has gained international status. This means the necessity to expand the participation of students from near and far abroad, which, of course, will have a qualitative impact on its results and will give a new impetus to interuniversity interaction.

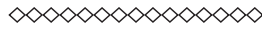
The main goal of this conference that we see and set is the involvement of student youth in science, the awakening of the young people's interest in new scientific knowledge that goes beyond basic educational programs. This is the exchange of experience of the best practice of scientific researches. These are discussions and disputes, which inevitably arise from the results of the reports. All this together creates the most nutritious environment from which true young talents grow.

No one is able to make a person become a genius. However, it is in our power to help students to spend university years talented. The conference of young scientists, in my opinion, is precisely the platform that helps and facilitates the discovery of young scientific talents.

I express my gratitude to all participants of the conference and guests who took their time to visit the capital of Uzbekistan. I wish you fruitful discussions and new achievements!

Rector of Tashkent medical academy,  
Professor Tuychiev L.N.

# UROLOGY



## RESIDENT MICROBIOTA OF THE URINARY BLADDERMAY POSSESS ANTI-INFECTIVE ABILITIES

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**Background.** Urinary tract infections (UTI) are very common and are usually presented by symptomatic episodes of acute and recurrent cystitis in the female population. It has been recently discovered that urine of subjects not suffering from UTI may contain different fastidious microbial species called “urinary microbiota” (UM). The exact role of UM is still unclear. We aim to isolate UM from urine of healthy subjects and investigate their possible protective role against common causative uropathogens (UPs).

**Materials and Methods.** Expanded qualitative urine culture was used for the isolation of UM from mid-stream urine samples of healthy subjects. Overnight cultures of UM were added into artificial urine (AU) containing clinical isolates of UPs. AU samples containing overnight cultures of (a) UPs; (b) UM were used as nonblank controls. AU containing no isolate was used as blank control. Growth curve analysis was performed for assessment of multiplication rates of isolates.

**Results.** More than 27 different UM were isolated from 7 samples of urine. Growth curves of the samples containing both, UPs and UM, did not differ significantly from those of samples containing UPs. The same problem: However, these two were significantly higher than samples containing UM only.

**Conclusions.** The main “disadvantage” of UM possibly decreasing their potential protective role is their slower division and multiplication compared to UPs. Faster multiplication of UPs allows them to conquer nutrient sources of the urine faster leaving no chance for UM to survive in urine.

## TREATMENT OF MEN WITH STRICTURE OF BULBAR URETHRA

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**Purpose.** Stricture of urethra is usually caused by trauma of urethra. Most often stricture localized in the bulbar urethra. The most widespread techniques are end to end anastomosis and the anastomotic urethroplasty with augmentation using various biological tissues. Significant progress in the results of reconstructive operations on the urethra occurred in the nineties of the last century, when it was again «created» again method of urethroplasty using oral mucosal proposed by K. Sapezhko in 1886.

**Materials and Methods.** A retrospective study of urethroplasty outcomes in patients with bulbar urethral stricture performed in our department for the period from January 1996 to December 2006 was carried out. 352 Surgeries were performed in same amount of men, 324 (92%) of them subsequently were re-exam-

ined. The average age of patients was  $42,9 \pm 8,6$  years (from 21 to 65 years), the length of urethral stricture was  $2,6 \pm 0,5$  cm.

**Results.** Urethroplasty by creation of anastomosis was performed in the majority of cases (242 patients, 74.7%) while 68% of them underwent intervention before 2002. The length of the stricture length of these patients was not more than 2.5 cm. In patients operated in the period 2002 - 2006, the average length of urethral stricture length of patients increased from  $1,9 \pm 0,6$  to  $2,8 \pm 0,5$  cm ( $<0,05$ ), accompanied by increase in the number of complications (3.2% to 5.5%,  $<0.02$ ). Augmentation anastomatic urethroplasty using buccal mucosa was performed in 82 (25.3%) patients. Mucosal flap was placed at the ventral surface of the urethra in 54 (65.8%) men. However, due to poor results in this group of treatment (chordee in 3 patients, recurrent stricture formation of urinary fistula failure due to the welds fixing the urethra anastomosis in 20 cases) subsequently abandoned this technique. Augmentation urethroplasty with buccal mucosa graft located on the dorsal surface of the urethra performed in 28 (34.2%) cases. The number of complications that required re-treatment was reduced significantly (from 26.8% to 14.3%,  $<0.02$ ). After resection of strictures and performing end to end anastomosis urinary fistulas to perineal cutaneous were revealed in two (0.8%) cases. The complete failure of the created anastomosis was detected in two (0.8%) cases, which required re-intervention. The failure of the anastomosis was detected in 17 (7.1%) patients. After augmentation urethroplasty when flap was placed on the ventral surface of the urethra, the urinary cutaneous fistulas were formed in 20 (24.3%) patients. There was no urinary fistulas in patients who underwent installation of mucosal flap on the dorsal surface of the urethra.

**Conclusions.** The method of choice in case of strictures of the bulbar urethra is anastomotic urethroplasty, however, with sufficient experience of the surgeon the ability to use augmentation urethroplasty should also be considered, especially in patients with a length of stricture more than 2 cm of the pathological site. When the augmentation urethroplasty is advisable it is necessary to place flap on the dorsal surface of the urethra.

## ENDOSCOPIC SURGERY AND EVALUATION OF ITS EFFECTIVENESS IN THE TREATMENT OF UROLITHIASIS

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**Introduction.** Urolithiasis is very widespread urological diseases, inflammatory diseases, then the second place. The wide dissemination of Urolithiasis contribute to conditions of modern life: lack of exercise due to technical progress, the abundance of purines in the diet, various environmental violations, etc. (Тиктинский О.Л., Александров В.П., 2000; Лопаткин Н.А., Дзеранов Н.К., 2007; Menezes P., 2000). Prevalence of Urolithiasis is not less than 4% of the total population. Morbidity rate of urolithiasis has grown significantly in the last 20 years, if its rate increases with the speed, in the near future, the frequency of disease will rise 2 times. Until 80 years of the last century, the open surgical operations were the main method of treatment of urolithiasis. Nowadays, in urolithiasis less invasive surgical methods are used widely.

**Purpose of the study:** improvement the wider use less invasive endoscopic surgical method in treatment of urolithiasis

**Material and Methods.** We analyzed the results of endoscopic surgery in 84 pa-

tients with urolithiasis. The average age of patients was  $40,4 \pm 1,8$  (8 to 76) years. Of them 53 men (63.1%), 31 women (36.9%). In 50 (59.5%) patients stone or stones located in the urinary tract of the left, in 33 (39.3%) - on the right, in 1 (1.2%) from two sides. The average size of the stone was  $22,7 \pm 1,7$  (4 to 76) mm. Of them «simple stone» was in 39 (46.4%) patients, with an average size of  $14,5 \pm 0,6$  mm, «complex» - in 45 (53.6%), with a size of  $29,7 \pm 2,0$  mm ( $P < 0,05$ ), respectively. In 75 (89.3%) of patients stones were removed by percutaneous access in a patient of prone position, in 9 (10.7%) - by transurethral, in the supine position. Anesthetic risk of intervention was evaluated according to ASA classification. In 18 patients the risk of surgery was ASA I, in 38 - ASA II, in 28 - ASA III. In 82 patients the operation carried out by spinal anesthesia (SA), in 2 - SA in conjunction with endotracheal anesthesia. Treatment efficacy was assessed by the frequency of intra - and postoperative complications, the degree of stone free, length of hospital stay in the postoperative period.

**Results.** It should be noted, among the 9 patients in whom transurethral stones removed had no complications, completeness stone removal was 100%. Of the 75 patients operated percutaneously in 63 (84%) the operation was no blood loss, only 12 (16%) observed blood loss of  $125 \pm 23,7$  (10 to 800) ml. Patients, who need blood transfusions were not. In 5 (6.7%) patients in the postoperative period was observed infectious-inflammatory complications of pyelonephritis.

In 1 (1.3%) patients experienced bleeding on the 5th day after the operation, which required the implementation renephrostomy. In 2 (2.7%) patients were followed by soaking in urine nephrostomy drainage within 3 - 7 days.

The duration stay nephrostomy drainage was  $3,4 \pm 0,6$  (min - 1, max - . 48) days, postoperative hospital stay amounted to  $3,2 \pm 0,1$  (min 1, max 8.). Residual stone was found in 26 (34.7%) patients with «complex» stones ( $P < 0,01$ ). The duration of the operation of all 84 patients was  $70,4 \pm 2,3$  (30 to 130) minutes.

**Conclusions.** Thus, minimally invasive endoscopic removal of stones is safe even in patients with a high anesthetic risk according to ASA. The rate of postoperative complications, residual stones and trauma due to intervention was significantly higher among patients with «complex» stone, and observed mainly when accessed through the renal parenchyma. Consequently, patients with «complex» stones often require multistage treatment due to rate of residual stone.

## EVALUATING THE EFFECTIVENESS TREATMENT OF PREMATURE EJACULATION AND ERECTILE DYSFUNCTION

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**Actuality.** Premature ejaculation (PME) and erectile dysfunction (ED) are directly interrelated. PME may lead to ED and erectile dysfunction is able cause premature ejaculation. Each problem of PME and ED are the most intimidating challenges in the field of sexology. Determining the cause and effect relationship among the two is the great clinical importance for adequate treatment. That's way in our study we treated and observed patients who suffered meanwhile dual problem such as PME and ED.

**Objective** - optimization of treatment of premature ejaculation and erectile dysfunction.



**Research sources and methods.** Investigation included 78 patients with symptoms of sexual dysfunction. The age of patients ranged from 21 to 59 (average age  $43,6 \pm 1,8$ ). Patients were treated with combination therapy (fluoxetine + Tadalafil). «Fluoxetine» assign per os 20 mg (1 pill) 1 time per day in the afternoon, after 6 pm, 1 hour after meals, every day, for 2 months. «Tadalafil» administered 20 mg (1 pill) every other day during the second half of a day, for 1 hour before coitus, within 2 months. The initial state of the patient and the treatment results were evaluated by using the index of the symptoms on the questionnaire IIEF-5. Index of symptoms on the questionnaire CIPE-5; intravaginal ejaculation latency time (IELT), as measured by the patient alone with a stopwatch (in seconds). Results. Initial rates were on scale CIPE-5 was  $8,0 \pm 0,3$  points, IIEF-5 was  $22,1 \pm 0,2$  points. Duration (IELT), at the time of treatment ranged from 8 to 170 seconds ( $76,0 \pm 4,6$  seconds). After the treatment, according to the IIEF-5, there is a obviously positive trend, both on points and on the quality of the responses. The mean value of points on the IIEF-5 was  $25,3 \pm 0,3$ , which 3,2 points higher than the initial. All responders noted lengthening sexual intercourse, CIPE-5 score increased by 16,7 points ( $R \leq 0,001$ ). As a result of the dynamics of the indicator (IELT), its duration is 2 months after the initiation of therapy was clinically significant, and averaged  $478,8 \pm 17,3$  seconds ( $R \leq 0,001$ ). All patients suffered therapy satisfactorily. At the beginning of therapy in 2 patients experienced some short-term side effects such as nausea, dyspepsia, headache, libido weakening.

**Conclusions.** Combined use of fluoxetine and tadalafil significantly lengthened the duration of sexual intercourse, improve the ability to extend the time of sexual intercourse, sexual satisfaction increased, both the patient and his partner, reduced anxiety and depression during sexual activity. Combined therapy in patients' erectile function is not impaired in fact, there is a noticeable positive trend, both the mean values of points, and quality of the responses to the questionnaires IIEF- 5 and CIPE-5.

## SIMULTANEOUS ENDOSCOPIC TREATMENT OF PATIENTS WITH BILATERAL URETERAL STONES

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**Objective.** Urolithiasis is one of the common disease of the urinary tract in Uzbekistan. In 2-6% of cases, stones can be located in both ureters. This condition may cause of kidney failure. Therefore, it is necessary in the short term to relieve the patient from the stones. In this case, stones can be extracted from the ureter in two stages at different times or simultaneously in a single step by one procedure.

**Purpose.** To compare the results of simultaneous endoscopic treatment on patients with bilateral ureteral stones with the results of a two-stage treatment.

**Materials and Methods.** During the period from April 2010 to January 2015 in RSCU were examined and treated 32 simultaneous bilateral endoscopic (10 PCNL, 7 TULT, 15 mixed (PCNL+TULT)) operations. From these, were performed relocation of ureteral stones in pelvis and percutaneous nephrolithotripsy or extraction (PCNLT) in 10 (31.2%) patients, transurethral lithotripsy or lithoextraction (TULE) in 7 (21.9%) and 15 (46.9%) PCNLT in a combination with TULE.

The average age of the patients was  $43.8 \pm 7.9$  years, 24 from them (75%) male and 8 (25%) were female. The average size of stones ware  $11.2 \pm 4.0$  mm. Results

of treatment of 32 patients (group 1) were compared with the results of treatment of 32 other patients who previously undergone a two-stage treatment (group 2). Treatment efficacy was assessed by the duration of operational time (in minutes), duration of postoperative hospital stay (in days), blood loss volume (in ml), frequency of blood transfusion, stone / free frequency and expenses (in total).

**Results.** The completeness of removal of stones in both groups reached 100%. The duration of the operation time in first group was  $78,18 \pm 7,5$  min, in the second group a total time of two operations was  $128.6 \pm 8.5$  minutes ( $P < 0.01$ ). Accordingly, the duration of hospital stay after operation amounted to  $5.5 \pm 0.94$  (range from 4 to 7 days) and  $8.42 \pm 1.25$  days (range 6 to 14 days) ( $P < 0.01$ ). Intraoperative hematuria was observed in each group are equally 3 (9.3%), the amount of blood loss did not exceed 100 mL, and the patients did not require a blood transfusion. Expenses based on hospital stay, taking into account in the 1st group  $1040395,3 \pm 155887,63$  sum, in the 2nd -  $1736500,2 \pm 154399$  sum. ( $P < 0.01$ )

**Conclusion.** Bilateral simultaneous endoscopic treatment is appropriate, safe and effective method, which avoids the need to re-anesthesia associated with psychological stress and two-step intervention. Consequently, significantly reduces the duration of the patient's stay in hospital with obvious economic benefits at the same effective results.

## RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH BPH COMBINED A DIVERTICULUM OF BLADDER

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The urgency of the problem. Benign prostatic hyperplasia (BPH), bladder outlet obstruction is the cause in 86% of men over the age of 50 years. More than half of these patients require surgical treatment. Until now, the method of choice (the gold standard) in the treatment of men with BPH is transurethral resection of the prostate. Given the fact that approximately 20% of cases, BPH can lead to the formation of diverticula of the bladder in various sizes, before the doctor raises an important question about the choice of the optimal method of surgical treatment of the patient.

**Purpose of the study.** To make a retrospective analysis of patients with bladder diverticula, combined with BPH.

**Materials and methods.** During the period from January 2012 to August 2016 in Republican specialized center of urology (RSCU) performed examination and surgical treatment of 64 patients with BPH in conjunction with a single false diverticulum of the bladder. Based on the size of adenomatous nodes performed or transurethral resection of the prostate, or transvesical adenectomy with or without diverticulectomy. Operations were performed under spinal anesthesia and in some cases under intubation anesthesia. The risks of surgery were evaluated according to the ASA classification. The average age of patients was  $64 \pm 10,2$  years.

**Results.** All patients were divided into five groups. In group I carried the 34 patients who underwent TUR of BPH without diverticulectomy (diameter diverticulum of the bladder was  $2,1 \pm 1,2$  cm, volume BPH  $52,0 \pm 13,3$  ml.) In group II carried 16 patients who underwent only transvesical adenectomy, also without diverticulectomy (diverticulum diameter  $2,8 \pm 1,3$  cm, volume BPH  $93,0 \pm 14,2$  ml). In Group III - 4 patients who had undergone transvesical adenectomy combined with diverticulectomy (diverticulum

diameter  $9,6 \pm 5,4$  cm and the volume of BPH  $96,0 \pm 13,4$  ml). In the IV group - 6 patients, which in the first stage was carried out diverticulectomy and cystostomy, then after a certain time conducted TUR BPH (diameter diverticulum  $10,4 \pm 8,4$  cm and a volume of BPH  $44,0 \pm 11,0$  mL). In group V 4 patients with diverticular diameter  $12,4 \pm 7,6$  cm and a volume of BPH  $94,0 \pm 14,6$  ml. remained with cystostomy drainage due to low bladder contractility results in urodynamic studies. Patients of the first group at baseline was max urine flow: Q max  $8,4 \pm 2,4$  ml/sec, after the operation -  $18,4 \pm 5,6$  ml / s,  $P < 0,05$  (marked improvement at 120%). In the second group figure was -  $6,8 \pm 3,2$  ml/s after -  $17,3 \pm 6,3$  ml/s, respectively, improved by 160% ( $P < 0,05$ ). The third group -  $7,4 \pm 3,8$  ml /sec and  $15,3 \pm 5,4$  ml/s after the flow has increased by 107% ( $P < 0,05$ ). In the fourth group -  $6,6 \pm 2,3$  ml/sec, postoperative  $16,4 \pm 7,6$  ml /sec, 148% improvement ( $P < 0,05$ ).

**Conclusion.** Thus, the presence of false diverticulum of the bladder against the backdrop of BPH and low Q max is a sign of the severity of IVO (infravesical obstruction), which in turn is an indication for adenomectomy. But this clinical situation should not be regarded as perform diverticulectomy. In our clinical experience in patients groups I and II after adenomectomy without diverticulectomy (dimensions diverticulum  $2,1 \pm 1,2$  cm and  $2,8 \pm 1,3$  cm, Q max increased on average by 140%

## COMPARISON OF CHRONIC RENAL FAILURE DEVELOPMENT IN MALE AND FEMALE WITH AUTOSOME DOMINANT POLYCYSTIC KIDNEY DISEASE

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Frequency occurrence of autosome dominant polycystic kidney disease (ADPKD) is 1:1000 and it's one of the widespread diseases among population. ADPKD is reason of 5% of all terminal renal failure. Among some of patients till 30 years it's detected some cysts, but in patients older than 50 years number of cysts may be hundreds, which means more older patient so well is disease progressed. After that chronic renal failure (CRF) is developed. At the last stages of ADPKD is terminal renal failure developed. In spite of many researches this problem is still not solved totally. Additionally, it's not deeply learned differences between progress of CRF according to gender.

**Objective:** To study a differences between development of chronic renal failure in male and female with autosome dominant polycystic kidney disease.

**Material and methods:** From January till December 2015 in specialized center of Urology 97 patients with autosome dominant polycystic kidney disease were investigated. From them 44 males, 53 are females. Males aged 16-65 (mean age was  $40,5 \pm 7,0$ ), females are 15-68 (mean age was  $41,5 \pm 6,0$ ). To all patients were taken blood, biochemical analyses, ultrasound scan and MRI if it was necessary.

**Results.** In 26 of 97 patients were registered chronic renal failure. 17 from 26 were male patients (65,4%) and 9 patients were females. Mean age of patients with CRF was in males  $39,5 \pm 7,0$  years, in females mean age was  $53 \pm 6,0$  years.

**Conclusion.** The analyses of research showed that, in male patients with ADPKD the chronic renal failure occurred more early than in females, which means that complications of CRF become more early and quality of life will be decreased more earlier than in female.



# PROGNOSTICATION OF THE EFFICIENCY OF THE ENDOSCOPIC TREATMENT ON UROLITHIASIS

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**Actuality of theme.** Urinary stone disease is one of the most widespread urological disease. Urinary stone disease occurs in 4,5-12,0% of the population of the world and each year in 1500-2000 cases per 1 million of the population occur primary infection. The absolute number of patients registered in the Russian Federation grew by 9.2% during the 2002-2012 years. Spread urolithiasis in Uzbekistan 45.0 per 1000 population (Arustamov D. L. et al., 2003). Urinary stone disease occurs 70% of the 20-50 year-old population with ability to work and at the urological hospital 30-40% of the beds of patients with urinary stone disease is increasing economic importance of this disease.

**Purpose:** developing of criteria for forecasting of effectiveness of endoscopic operations of urolithiasis.

**Material and methods.** The research carried out on 60 patients aged 16 to 60 with urinary stone disease ( $29.7 \pm 2.1$ ). Patients were divided into 2 groups. Group 1: 35 patients for whom was performed percutaneous nephrolithotripsy. Stone size was 13-64 ( $33.2 \pm 1.7$ ) mm. Group 2: 25 patients for whom was performed transurethral intraoptical ureterolithotripsy. Stone size was 5-19 ( $9.7 \pm 0.8$ ) mm. At the research was meant following criteria: completely removal of stone (stone-free rates, SFR), interoperative blood loss, urinary tract perforation, pyelonephritis attacks after operation.

**Results:** stone-free rates (SFR) in 1 group achieved to 33 (91.4%), in 2 group - 21 (84%), ( $P > 0,05$ ) Interoperation loss of blood in 1 group was in 4 (11.4%) patients, the average volume loss of blood was 20-50 ml ( $28.2 \pm 1.7$ ). In 2nd group loss of blood was not ( $P < 0,01$ ). Upper urinary tract perforation in 1 group was 2 (8.6%) and in 2 group was 3 (12.0%), ( $P > 0,05$ ). Pyelonephritis attacks after operation in 1 group was in 13 (37.2%), in 2 group was in 3 (12.0%) patients ( $P < 0,05$ ).

**Conclusion:** according to our research percutaneous nephrolithotripsy has more common complications compared with transurethral intraoptical ureterolithotripsy. At the same time, the size of stones for the percutaneous nephrolithotripsy and operating equipment in most attention the fact that the above two methods are methods of choice in patients with urinary stones. Endoscopic treatment to minimize common complications, urinary tract inflammation and elimination of the consequences of changes to reduce the patients' hospital stay, endoscopic operation techniques and practices needed to improve the management system. In accordance the duration of the disease in patients with urolithiasis, the size of the stones, localization based on the physical and chemical properties should choose of endoscopic treatment method.

## MODERN DIAGNOSIS OF RADIOLUCENT URETERIC STONES

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**Actuality.** In some cases, it is impossible to detect radiolucent stones in ureter by using traditional imaging studies due to the renal excretory dysfunction. In 80% of cases infusion urography does not reveal sufficient information about the stone in the ureter. Logically, radiolucent stones are not visible on abdominal plain radiography (KUB). Though ultrasonic scanning is considered to be a highly effective method to detect the stones, this method also loses its effectiveness if stones are located in the ureter. Explanation for this could be that ureters lies among heterogeneous echotexture.

**Objective.** Determining the essence of multi-slice computer tomography to diagnose Radiolucent stones located in the ureter.

**Research sources and methods.** The study was conducted at the Republican Specialized Center of Urology within 2014-2016 years. During the research 95 patients with radiolucent stones in the ureter have been examined, including 69 (72.6%) male and 27 (27.4%) female patients. The age-group has ranged from 20 to 76 (average  $51 \pm 9.6$ ). Patients with radiopaque stones have been excluded from investigation. All the patients have undergone through the standard diagnostic procedures such as ultrasound scanning, KUB and excretory urography and computed tomography. 16 patients undergone by retrograde pyelography.

**Outcomes.** Since the whole group consists of patients with radiolucent stones, the ureteral stone has not been revealed in any patient by KUB. Therefore, the specificity and sensitivity of this method equals to 0%. The stone has been discovered by ultrasound scanning in only 32 patients from 95 (sensitivity =33,6%;) In 41(43.1%) patients ureteric stones diagnosed as a filling defects by using excretory urography (sensitivity=48,2%). Results that obtaining from retrograde pyelography coincide in 9 (56.3%) cases with CT and post operating results. (sensitivity=56,2%; ). After using non enhanced CT, ureteric stones have been found in 94 patients. Sensitivity of CT were 100%.

**Conclusion.** Computed tomography is the most effective method for detecting Radiolucent stones in the ureter. In addition, this method shows not only the location of the obstruction, but also equips with the data about the relative density and size of the calculus.

## COMPARISON OF CLINICAL EFFICACY OF FINASTERIDE AND DUTASTERIDE AS 5-ALPHA REDUCTASE INHIBITOR

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Benign prostatic hyperplasia (BPH) is a senile disease that is usually accompanied by annoying and might give rise to acute urinary retention (AUR) and BPH related surgery. It is also known that lower urinary tract symptoms affect quality of life in the majority of those who reach average life expectancy.

**Purpose.** To compare the clinical therapeutic efficacy of finasteride and dutasteride as 5-alpha reductase inhibitor (5-ARI) in the medical treatment of benign prostate hyperplasia.

**Materials and methods.** Patients were excluded if they were receiving any treatment known to affect vesico-urethral function. In the end, 31 BPH patients were enrolled retrospectively. We initially measured International Prostate Symptom Score (IPSS), quality of life (QoL) score, prostate specific antigen (PSA), maximal flow rate (Qmax), and post-void residual urine (PVR). Each eligible patient was asked to fill in the IPSS questionnaire. The Qmax was measured by uroflowmetry. PVR was measured using diagnostic ultrasound. After routine initial baseline studies, these patients were classified into a finasteride medication group (I group) and dutasteride medication group (II group). All of the patients kept the initial prescription without any kind of drug regimen alteration. After at least twelve months of medication, we rechecked the clinical parameters described above. To evaluate the efficacy of the two groups' treatments after more than a eight month period, a comparative analysis was performed for PSA, Qmax, PVR, and IPSS, and Qol score. The mean patient ages were 62,3 and 63,1 years and the average follow-up periods were 9,2 and 9,5 months for I group and II group respectively. I group (n=17) and II group (n=14) showed no differences in baseline characteristics for age, IPSS, QoL score, PSA, Qmax, or PVR.

**Results.** In the II group and I group the mean PSA levels were 1.9 ( $\pm 1.3$ ) and 2.0 ( $\pm 1.4$ ) ng/ml, respectively. The decrease in PSA (0.83 ng/ml [43.6%] versus 0.74 ng/ml [39.2%], respectively). In the II and I groups the mean IPSS scores were 19,1 and 18,9. After approximately 9 monthes the IPSS scores declined dramatically (4.6 versus 3.5, respectively). Therefore, the IPSS score was also higher in the II group than the I group. There were no significant differences in the changes of QoL score, Qmax increment, or PVR reduction between the two groups.

**Conclusions.** Dutasteride showed greater efficacy in reduction of PSA and in symptomatic improvement by IPSS score than finasteride.

## EFFECTIVENESS OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY IN ADOLESCENT

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**Introduction.** The upper urinary tract stone disease in adolescent is rare in comparison to adults but is still challenging. Adolescent may comprise up to 20% of patients with urinary stones in endemic countries. Since its introduction for pediatric urinary stone disease in 1986 the extracorporeal shock wave lithotripsy (ESWL) has become the primary treatment of choice in adolescent with upper urinary system stones due to its low complication and high success rates. Despite the fact that ESWL is a relatively noninvasive, effective and safe procedure for adolescent the complications and rehospitalizations may take place and parents should be informed about the potential risks.

Therefore the purpose of this study was to assess the effectiveness of ESWL in adolescent for the last 8 years.

**Materials and Methods.** A total of 50 boys and 60 girls 13 years to 18 years old (mean 15.5 years) were treated with low energy ESWL using the Lithostar lithotripter between January 2013 and December 2016 years. Radiological evaluation included excretory urography and urinary system ultrasound to define the stone

burden and locate the stone. Of the stones 40 were ureteral and 70 were in the kidney. Adolescent with a known UTI received culture specific antibiotics before ESWL and prophylactic antibiotics from the day before to 3 days after ESWL.

**Results.** A total of 110 adolescent with urinary stones were treated. Overall success rate was 90% (100 of 110 patients) at postoperative month. However, overall stone-free rate was 86.3% (95 patients). A total of 15 adolescent (13.7%) had residual stones after ESWL, of which 5 (4,5%) were 5 mm or smaller and 10 (9.2%) were larger than 5 mm. A total of 15 patients (13, 7%) had complications of ESWL during postoperative week 1 but only 3 ( 2 boys and 1 girl) were rehospitalized at that time. Of 12 children (80%) with steinstrasse complications were identified only at regular office visits with no symptoms. General complaints were nausea/vomiting/intolerance of oral intake (10 children, 66.6%), pain in treated side/renal colic (2, 13%), gross hematuria (12, 80%) and fever (3, 20%). Three children with fever pain were rehospitalized. Patients were treated with intravenous hydration, antiemetics, analgesics and antibiotics (in case of fever) until they were pain-free and able to tolerate oral intake.

**Conclusions.** ESWL in adolescent with upper urinary tract stones smaller than 25 mm seems effective and safe even when an ungated technique is used. Although the rehospitalization rate following ESWL is low (20%), parents should be warned about this possibility and the higher rate of ancillary procedures required, particularly in adolescent with a known metabolic risk factor.

## EFFECTIVENESS OF TREATMENT OF VARICOCELE IN PATIENTS

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**Introduction.** According to the WHO, the etiology of male infertility is currently represented almost 30 reasons. At the same time in the idiopathic form accounts for up to 16-25% of all cases. It is believed that varicocele causes infertility in 10-40% of patients. Such large differences in these indicators testifies to the discussion of the provision. The prevalence of varicocele in adolescents aged 14-18 years is 19%. Early identification of varicocele allows for correction of impaired fertility and preserve the reproductive function of childbearing age. The literature debated questions about the effectiveness of surgical correction of a varicocele, and the impact of the disease on the level of spermatogenesis and fertility in boys ejaculate.

Aim of our research was to evaluate effectiveness of treatment of varicocele in our clinic to determine correctly treatment tactics of male infertility in patients.

**Materials and methods.** The first group included 50 patients which were examination and treatment of with a diagnosis of varicocele degree I-II appealed to the «Republican Specialized Center of Urology» in the period from 2014 to 2016. Diagnosis by palpation and doplerography examination of the scrotum. The age of patients ranged from 16 to 35 years (mean age  $25.5 \pm 3,5$  years). Before the operation period revealed the following average in adolescents: Volume (ml)  $2,4 \pm 0,1$ ; concentration (million \ ml)  $55 \pm 4,3$ ; Live sperm (%)  $60 \pm 3\%$ ; Active mobility  $11,7 \pm 1,2$ ; Low mobility of  $30 \pm 1,5$ ; Normal morphology (%)  $41 \pm 1,5$ ; Cells spermatogenesis (%)  $3,7 \pm 0,3$ ; Fructose  $150 \pm 25$  mg%; Testicular volume of  $14 \pm 4$  ml; 38 (95%) patients carried Inguinal deligation veins of the spermatic cord from the left, and the remaining 2 (5%) patients made Inguinal deligation veins of the spermatic cord on both sides.



The second group included 30 patients with the same diagnosis. The age of patients ranged from 17 to 36 years (mean 24.5 years).

**Results.** The first group patients: The patients returned to the visual inspection after 6 months. Repeated survey operated patients, we found the following results: Volume (ml)  $2,1 \pm 0,1$  ( $P < 0.01$ ) [WHO standards 2.0-6.0]; concentration (million \ ml)  $65 \pm 5,3$  ( $P < 0.01$ ) [WHO standards more than 20]; Live sperm (%)  $70 \pm 5\%$  ( $P < 0.01$ ) [WHO standards more than 50]; Active mobility  $37,7 \pm 3,2$  ( $P < 0.01$ ) [WHO standards more than 25]; Low mobility of  $26 \pm 1,8$  ( $P < 0.01$ ) [WHO standards more than 25]; Normal morphology (%)  $54 \pm 2,5$  ( $P < 0.01$ ) [WHO standards more than 50]; The cells of spermatogenesis (%)  $2,3 \pm 0,5$  ( $P < 0.01$ ) [WHO standards 1-2]; Fructose  $75 \pm 20$  mg% ( $P < 0.01$ ) [WHO standards more than 13]; Testicular volume of  $14 \pm 4$  ml ( $P < 0.01$ ) [WHO standards 12-17]; Repeated palpation of the scrotum and dopplerography examination revealed no pathology. The second group results: The patients returned to the visual inspection after 6 months. Repeated survey operated patients, we found the following results: Volume (ml)  $2,2 \pm 0,1$ ; concentration (million \ ml)  $51 \pm 4,2$ ; Live sperm (%)  $55 \pm 3,5\%$ ; Active mobility  $10,5 \pm 1,2$ ; Low mobility of  $35 \pm 1,5$ ; Normal morphology (%)  $41 \pm 1,5$ ; Cells spermatogenesis (%)  $3,7 \pm 0,3$ ; Fructose  $155 \pm 25$  mg%; Testicular volume of  $14 \pm 4$  ml;

**Conclusion.** From the above data it can be concluded that, the level of the basic parameters of semen fertility characterizing the mobility and the number of normal sperm forms, shows a significant decrease in their in the varicocele in adolescents surveyed preoperative stage. However, postoperative semen analysis patients shows a beneficial effect on corrections varicocele, which allowed to raise the level of preoperative subfertility above the lower limit fertility. The second group with no operation and treatment we can not found any change.

## TREATMENT OUTCOMES OF PATIENTS WITH ACUTE ORCHO-EPIDIDIMITIS IN DEPENDENCE OF CAUSAL FACTORS OCCURRENCE

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**Introduction and objectives.** Epididymo-orchitis is a disease that may affect males at all ages. Acute scrotal pain sometimes requires prompt surgical intervention and therefore accurate diagnosis of different etiologies of acute scrotal pain has great therapeutic and prognostic significance. The aim of this investigation was to determine a treatment approach for acute orcho-epididimitis based on a patient's examination results.

**Material and methods.** We studied 86 patients with acute orcho-epididimitis treated between December of 2010 and January of 2014 years. The cause of orcho-epididimitis in 22 (18,6%) patients was chronic infection of urethra, in 26 (31,7%) ones chronic prostatitis, in 24 (29%) cases surgery on the urethra (urethroplasty), in 10 (12,2%) cases adenomectomy, including attempt to urethral catheterization on acute urinary retention in 4 (4,8%) cases. Patients were divided into two groups. The 1st group ( $n=38$ ) included patients who underwent any intervention on urinary tract, the 2nd group ( $n=48$ ) included men who did not undergo any surgery.

**Results.** The average age of the first group of patients was  $52,6 \pm 2,8$  years old, whereas mean age of the second group of patients was  $23,6 \pm 1,7$  years ( $p < 0,02$ ).

In the first group of patients duration of disease was  $24,7 \pm 1,6$  hours, in the second -  $26,8 \pm 2,6$  hours ( $p > 0,1$ ). In all cases, urine culture was positive. All patients underwent magnetic - resonance imaging (MRI) of scrotum organs. Destruction of testicular tissue (from the lesion) was detected in 38 (46.3%) patients, and they underwent testicle removing surgery. In cases of absence of destructive phenomena in the testicle at MRI and improvement of patient's condition during antibiotic therapy the surgery was not performed. Such cases were in 48 (58.5%) patients. Orchiectomy was performed in 32 (84.2%) patients of 38 ones of the 1st group, whereas in the 2nd group of patients orchiectomy was performed only in 6 (12.5%) patients of 48 ones. During comparison we revealed that the frequency of orchiectomy was 7 times more in patients who was carried out any intervention on the lower urinary tract organs ( $p > 0,02$ ). Furthermore, the diabetes mellitus was revealed in 25 patients (65%) who were within group undergone orchiectomy.

**Conclusions.** Thus, the presence of urinary tract infection is a predisposing moment for the development of acute orcho-epididimitis. However, the risk factor of development of destructive changes in the testis, which are the indication for orchiectomy, is the surgical interventions on the lower urinary tract organs. Diabetes mellitus is also additional risk factor which affects negatively the course of acute epididymitis, leading to testicular tissue destruction.

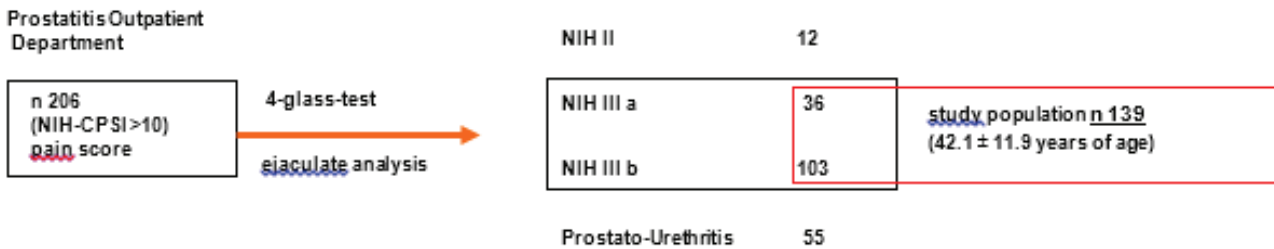
## **EFFECTS OF CHRONIC PROSTATITIS/ CHRONIC PELVIC PAIN SYNDROME (CP/CPPS) ON LUTS, DEPRESSION AND ERECTILE DYSFUNCTION IN MEN. A PSYCHOMETRIC ANALYSIS USING NIH-CPSI, IPSS, HADS-D AND IIEF QUESTIONNAIRES IN 139 MEN**

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**Abstract Tasks and Objectives.** At present, in men suffering from CP/CPPS a close symptomatic relationship with LUTS, depression and sexual dysfunction is under debate. Classifying 139 men suffering from prostatitis symptoms, we performed a comprehensive clinical and psychometric evaluation. We used the NIH-CPSI, IPSS, HADS-D and IIEF questionnaires to identify possible relationships in the symptomatology.

**Material and Methods.** To identify the test for psychological interactions, 139 men (42 : 21-72 years of age) with proven CP/CPPS were enrolled (Fig. 1). 36 men (26%) were classified to have inflammatory (NIH IIIa), 103 (74%) to have non-inflammatory (NIH IIIb) CP/CPPS based on the results of a standardized approach (questionnaire, 4-glass-test, leukocytes in EPS, VB3 and ejaculate). The total and pain scores of the NIH-CPSI were evaluated. Similarly the IPSS-scoring, the HADS-D and the IIEF were analysed. The total score results, differences in CP/CPPS groups and correlations between the different test instruments were calculated.



**Fig. 1 Patient recruitment.**

**Results of research.** The total score for NIH-CPSI and the pain are 23.88 (SD 7.3) and 11.66 (SD 4.13) respectively. The total score do not show significant differences for NIH IIIa and b patients. The pain score was significantly higher for NIH IIIb group.

The patients suffering from LUTS have a median score of 11.76 (SD 7.3) in the IPSS questionnaires. Correlation analysis shows a positive correlation with the total score (r 0.57, p <0.001) and the pain score (r 0.34, p <0.001).

HADS-D used to evaluate the depression symptoms is 7.4 (SD 4.81). Our analysis shows also a positive correlation to the total NIH-CPSI (r 0.36, p <0.001).

IIEF score for erectile dysfunction is high (21.55 SD 8.83) in all patients: in 26 men a median ED (IIEF 11-16) and in 14 men a severe ED (IIEF 16-10) is evident. A correlation between the IIEF and the total and the pain score of the NIH-CPSI is not evident. All correlation are given in Table 1.

**Tab. 1 Correlation analysis**

|                 | CP/CPPS | MIDDLE | SD  | Correlation to NIH-CPSI                       |
|-----------------|---------|--------|-----|-----------------------------------------------|
| IPSS            | 11.76   | 7.3    |     | total_r: 0.57 p 0.001<br>pain_r: 0.34 p 0.001 |
|                 | a       | 11.37  | 6.7 |                                               |
|                 | b       | 11.90  | 7.5 |                                               |
| HADS Anxiety    | 8.98    | 4.1    |     | total_r: 0.36 p 0.001<br>pain_r: 0.32 p 0.001 |
|                 | a       | 8.91   | 4.3 |                                               |
|                 | b       | 9.01   | 4.1 |                                               |
| HADS Depression | 7.4     | 4.8    |     | total_r: 0.51 p 0.001<br>pain_r: 0.41 p 0.001 |
|                 | a       | 7.0    | 4.9 |                                               |
|                 | b       | 7.5    | 4.8 |                                               |
| IIEF            | 21.5    | 8.8    |     | total_r: -0.16 n.s.<br>pain_r: -0.14 n.s.     |
|                 | a       | 22.4   | 8.8 |                                               |
|                 | b       | 21.2   | 8.9 |                                               |

**Conclusion and outcomes:** A high percentage of patients suffering from typical symptoms of CP/CPPS measured by the NIH-CPSI are also affected by LUTS and depression. There is a positive correlation between the severity of CP/CPPS-symptoms and LUTS and depression symptoms. Based on all questionnaires, we did not detect any difference in men with inflammatory and non-inflammatory CP/CPPS. Although many patients with CP/CPPS suffer from ED, a correlation between symptoms of CP/CPPS and ED is not evident.

## THE CHOICE OF METHOD TEMPORARY DRAINAGE OF THE UPPER URINARY TRACT ON ANDERSON-HYNES'S OPERATIONS

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**Purpose.** The most common cause of supra vesical obstruction is the stricture of ureteropelvic junction (UPJ). The method of choice in this pathology is the An-

dersen-Hynes's operation. However, currently there is no single point of view on the selection method of the upper urinary tract drainage with reconstructive plastic surgery. The aim of our study was to conduct a comparative analysis of different methods of drainage upper urinary tract after the operation of Andersen-Hains.

**Materials and Methods.** During the period from January 2014 to November 2016 performed surgery on the pelvic segment stricture and hydronephrosis in 89 children. The average age of the patients was  $9,4 \pm 3,2$  years (5 to 16 years range). From these, 34 (38.2%) were girls, 55 (61.8%) boys. As a result of drainage upper urinary tract patients were divided into two groups. 26 (29.2%) of children included in the first group, which had an internal ureteral stent; second group included 63 (70.7%) patients with external drainage pyelocaliceal system (nephrostomic tube ).

**Results.** Indications for the installation of internal stent during surgery was the presence of intact renal parenchyma, the small size of the pelvis and the preference of the surgeon. Duration drainage of the urinary tract in the first group was  $24.4 \pm 3.7$  days in the second group was  $6.8 \pm 0.8$  days. Aggravation of urinary tract infection were observed in the first group in one (3.8%) patients, while in the second group had acute pyelonephritis in 8 (12.6%) children. According to the urine culture bacteria is not detected in any case in the first group, however in the second group in 60 (95.2%) patients in a urine sample, obtained from the nephrostomy microflora growth is detected. Bleeding from the renal parenchyma were in 4 (6.3%) patients of the second group while in the first group of children did not encounter such kind of complication. The presence of external drainage has caused concern for children, especially the younger age groups and in order to reduce pain in the wound area used NSAIDs. Before removing the nephrostomy tube was performed antegrade pyelography and evaluated the effectiveness of the anastomosis, it was impossible to perform it in internal drainage. Nephrostomic tube was removed in a dressing room, while in removing ureteral stents used a cystoscope under intravenous anesthesia.

**Conclusions.** The choice of method of drainage upper urinary tract depends on the preference of the surgeon and the thickness of the renal parenchyma. The most and easiest methods of preventing bleeding and infection is install ureteral stent. Using this method doesn't impair quality of life. But removing it demands cystoscopy and general anesthesia. Nephrostomic tube allows to control diuresis operated kidney and perform monitoring of the effectiveness of the operation.

## THE ROLE OF PHOSPHODIESTERASE TYPE 5 INHIBITOR (PDE5 INHIBITOR) IN ENHANCEMENT OF SPERM PARAMETERS

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**Introduction.** The reproductive function of one of the most important human body. The normal functioning of reproductive organs depends on many factors: vascular, immune, neurogenic, endocrine, psychological, and even eating habits. Among the reasons for divorce infertility accounts for 9%. Approximately 65% of infertile marriages annulled, whereas in families with children divorce rate is only 8%. Noteworthy upward trend in the proportion of male factor is in a barren marriage. Over the past 20 years it has increased from 25% to 45% and continues to grow steadily. Another important factor influencing not only on demographics but also on the quality of life of the population is male erectile dysfunction. In recent years, there



are many effective medication for the treatment of ED. The aim of our study was re-search efficacy of use PDE5 inhibitor in enhancement of sperm parameters.

**Materials and methods.** The basis of the research results have made the examination and treatment of 30 patients with oligospermia applying to the «Republican Specialized Center of Urology» in the period from 2015 to 2016. The age of patients ranged from 25 to 50 years (mean age  $37.5 \pm 12.5$  years). Depending on the purpose of the study, patients were divided into two treatment groups:

Group 1 - 20 patients who were performed PDE5 inhibitor of 100mg daily for 3-month.

Group 2 - 20 patients who were performed a placebo therapy.

**Results.** In the first group who received PDE5 inhibitor of 100mg per day starting the median beat 2.2 ml ejaculate volume, sperm count 18mln \ ml, 55% motility, sperm morphology normal 45%. In the control study in this group after receiving PDE5 inhibitor of 100mg daily for 3-month average, we get the following results: 3,7ml ejaculate volume, sperm count 30mln \ ml, 60% motility, sperm morphology normal 47%.

In the second group (placebo group) the median beat 2 ml ejaculate volume, sperm count 20 mln \ ml, 51% motility, sperm morphology normal 40%. In the control study in this placebo group after 3 months of waiting, we received the following average results: 2,1ml ejaculate volume, sperm count 21 mln \ ml, 48% motility, sperm morphology normal 39%.

**Conclusion.** From the above results, we can be concluded that PDE5 inhibitor effect on ejaculate volume, sperm count, sperm motility. We also note that the reception PDE5 inhibitor enhances sexual stimulation, which in turn leads to increased secretor function of the prostate. It is from this fact we can associate an increase in sperm motility, a qualitative improvement in mobility, increasing the percentage of morphologically normal spermatozoa.

## CIPE-5. EVALUATION OF EFFICACY OF SEVERAL TYPES OF URETHROPLASTY IN URETHRAL STRICTURE DISEASE

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**Introduction.** Once a stricture has developed, it will not go away. There are no medications that are used as a primary treatment for urethral strictures. Surgery is recommended for treatment for individuals with symptomatic urethral strictures. There are several surgical treatments available for treating urethral strictures, some are more invasive than others. The treatment recommended may vary with the location, length, and severity of the stricture as well as an assessment of the risks and benefits of the procedure

**Aim of study.** To investigate efficacy of surgical methods in treatment of urethral stricture disease.

**Materials and methods.** 107 patients with urethral strictures of different etiology, operated in Republican specialized centre of urology from 2014 to 2016 (2 years). The age of patients ranged from 18 to 72 years. All the patients underwent a complete examination, including laboratory, ultrasound and X-ray studies. The length of the stricture ranged from 0.2 to 3.0 cm. Surgical treatment results were evaluated by data uroflowmetry, urethrography and questionnaire IPSS.

**Results.** Transurethral urethrotomy was performed in 27 (25%) cases. Dissection was carried out at 12 o'clock of the dial conditional entire length of stricture until resectoscope not yet passed the region of constriction and not penetrate into the cavity of the bladder. Plastic of urethra in different modifications applied (anastomotic urethroplasty in 40 (37.5%) cases, buccal urethroplasty in 40 cases (37.5%). Foley catheter drainage for a period of 1 to 2 weeks. Some patients after catheter removal were subjected to bouginage the urethra (after urethrotomy). In 88% (94 cases) result of the operation is estimated as positive. Relapse was observed in 12% of cases, urinary incontinence in 4%. Erectile dysfunction was observed in 11 patients. The total lack of erection in 5 patients what else noted preoperatively. The results of treatment were followed for 2 years.

**Conclusion.** Through this work, we did not set out to prove the advantages of each method, as we believe, high efficacy of surgical treatment is defined by properly chosen treatment- operative technique and possession of various techniques.

## **THE INFLUENCE OF INTERVENTION TYPE IN PROSTATE ADENOMA ON POSTOPERATIVE BLADDER NECK SCLEROSIS DEVELOPMENT AND TREATMENT**

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**Introduction and purpose.** Sclerosis of the bladder neck is the development of connective cicatricial process as a result of inflammation in the bladder neck with partial involvement of organ wall. The main role in the etiology belongs to complicated course of postoperative period after surgery (open and endoscopic) on prostate adenoma. The main aim of the study is to assess the impact of the type of surgery on prostate adenoma on the time of development of bladder neck sclerosis and the duration of its treatment .

**Materials and methods.** 20 patients aged from 56 to 85 years ,who received therapy (TUR) on postoperative bladder neck sclerosis in RSCU during the period from January of 2012 till November of 2014. Patients were divided into 2 groups depending on the type of the surgery on prostate adenoma. The first group included eleven patients who underwent transurethral resection of the benign hyperplasia of prostate. The 2nd group included nine patients who underwent transvesical adenomectomy. We studied such parameters as a time of development (in months) and the duration of treatment (bed- days) of postoperative bladder neck sclerosis.

**Results.** The average age of patients in the first group was  $71.1 \pm 2.3$ , and the volume of the adenoma was  $43.5 \pm 3.3$  ml (according to transrectal sonography) In the second group of patients, these parameters looked as follows:  $71.6 \pm 2.6$  years, and  $123.4 \pm 7.4$  ml, respectively. The difference in the volume of the prostate between the groups was significant ( $P < 0.001$ ).The average time of bladder sclerosis development after surgery in the first group was  $30.1 \pm 6.1$  months, and in the second one it was  $7.4 \pm 1.3$  months.The average duration of treatment was  $6.3 \pm 0.7$  bed-days in the first group and  $9.9 \pm 0.7$  bed days in the second one. The difference of these parameters between groups was significant ( $P < 0,01$ ).

**Conclusion.** According to the results of the study we concluded that the time of

postoperative bladder neck sclerosis development and the duration of its treatment depend on prostate volume, and as a consequence on the type of the surgery for prostate adenoma.

## AGE AND INFERTILITY DURATION AS THE PROGNOSTIC FACTORS OF VARICOCELECTOMY EFFICACY IN THE INFERTILE MEN

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**Introduction & objectives.** Varicocele is the most common cause of male infertility. Given the fact that varicocelectomy does not always result in improvement of semen parameters and spontaneous pregnancy rates, nowadays studying of possible prognostic factors of varicocelectomy efficacy is an actual problem in male infertility treatment.

**Material and methods.** 50 males aged 21-36 years old, suffering from infertility and varicocele were recruited to our study and divided into 2 groups. All of them underwent varicocelectomy by inguinal or subinguinal approach in Republican Specialized Center of Urology in 2010-2015. 28 men aged <30 years (range 21-29), with infertility duration <36 months (range 6-35) were included into the 1st group and 22 men aged ≥30 years (range 30-36), with infertility duration ≥36 months (range 36-144) were included into the 2nd one. Sperm concentration, % of progressive motile sperm and total sperm motility were evaluated according to WHO 2010 standards. Spontaneous pregnancy rates were also studied in groups.

**Results.** The mean age of patients of the 1st group was 26,3±0,4 years old, infertility duration was 18,9±1,8 months. In the 2nd group of patients these parameters were 32,6±0,4 years old and 69,4±6,3 months respectively. In postvaricocelectomy period (after 3-12 months) semen parameters of the 1st group increased: sperm concentration from 68,3±8,5 M/ml to 96,3±10,4 M/ml  $p>0.05$ , % of progressive motile sperm from 12,4±2,2% to 25,7±3,5  $p<0.01$  and total sperm motility from 36,1±3,8% to 52,2±4,6%  $p<0.05$ . In the 2nd group these parameters also increased: from 57,3±10,1 M/ml to 82,5±18,5 M/ml  $p>0.05$ , from 13,3±2,1% to 22,0±4,3%  $p>0.05$  and from 35,9±4,5% to 41,8±5,3%  $p>0.05$  respectively. Significant differences were revealed between groups in changes of % of progressive motile sperm ( $p<0.01$ ) and total sperm motility ( $p<0.05$ ), i.e. these parameters increased more significantly in the 1st group. Spontaneous pregnancy rates in the 1st group was significantly higher (57%, n=16) than that of in the 2nd one (14%, n=3) ( $p<0.01$ ). These numbers directly correlated with initial semen parameters (particularly, on sperm concentration and total sperm motility), and inversely correlated with the male age and infertility duration.

**Conclusions.** According to our data we concluded that the men older than 30 years old and with infertility duration longer than 36 months were more likely to anticipate the less varicocelectomy efficacy. Therefore, these factors, especially in combination can impact either positively or negatively on varicocelectomy outcomes in the infertile men. As well the men with initially low semen parameters may get worse results than those with initially high parameters.

# STANDARDIZATION OF DIAGNOSTIC EXAMINATIONS OF PATIENTS BEFORE REBIOPSY OF PROSTATE

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**Introduction.** Widely use of screening examination of men for prostate cancer detecting by determining PSA level has led to a significant increase the number of transrectal biopsies of prostate. Despite the fact that this method is considered the «gold standard» for diagnosis of prostate cancer, number of repeat biopsies is increasing. When using traditional diagnostic algorithms 17-33% of biopsies are positive (Kravchick S., Cytron S., Peled R. et al. 2003). Therefore, the actual problem is the appropriateness of the repeat biopsy, its informative value, as well as the establishment of clear indications for its carrying out.

**Aim.** Investigate standart diagnostic algorithm before rebiopsy of prostate

**Materials and methods.** Prostate biopsy is carried out after further examination of the patient with a high content of PSA in the blood in a «gray zone». The algorithm of the survey include: Transrectal sonography- angiography ( TRUS AG), DRE (digital rectal examination), a study of prostate secret or first portion of urine after massage. As a result of further examination assigns a standardized course for treatment of chronic prostatitis or 5.alpha.-reductase inhibitors (5-AR) for a month. According to the results of control investigations, decides whether to biopsy the prostate, or TURP. An important role is played by TRUS AG . Largely determines the treatment strategy is the dynamics of the picture obtained in the study. These are prostate volume change, hypoechoic lesions in the prostate tissue- their size and quantity, the degree of vascularization. Considering the large number of variables, the question on further tactics is solved individually, based on the experience and the subjectivity of the researcher. Therefore, a large number of conducted «unsuccessful» biopsies, which are a consequence of the low specificity of the diagnostic tests forced researchers to seek new diagnostic criteria to more accurately predict the presence of cancer and to differentiate it. This situation requires the development of new diagnostic approaches for prostate cancer diagnosis verification.

**Results.** In RSCU we perform the following algorithm survey with a «negative»biopsy answer: if clinical suspicion of prostate cancer persists, despite the negative biopsy studies performs MRI with emphasis on front gland sections, and then re-biopsy under TRUS. It should be noted that the standard MRI is usually performed to assess tumor dissemination and evaluating state prostate capsule. The relevance of this algorithm is the accentuation of interest in the areas of prostate, usually do not get into the zone of interest, even when extended prostate rebiopsy can't get. Features bolus strengthening, if necessary, increase the informative value MR examination. In this regard, in the center to all patients in need of repeated prostate biopsies performed MRI with bolus enhancement with focus on the front prostate lobe , while rebiopsy - TRUS-controlled sighting puncture anterior prostate lobe.

**Conclusion.** The use of new imaging technologies in patients with suspected prostate cancer can improve the detection of prostate cancer, as well as its staging and differentiation and avoiding «unnecessary» biopsies.



# TRAUMATOLOGY



## LYMPHOTROPIC ANIBIOTIC THERAPY IN THE TREATMENT OF CHRONIC OSTEOMYELITIS

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**Aim of the research:** To study the results of treatment of chronic osteomyelitis. The treatment of chronic osteomyelitis was carried out by complex treatment, individually, and differentiating. We use general and local methods of treatment, the purpose of which was to stop the inflammatory process and to stimulate reparative regeneration, to eliminate orthopedic results.

**Materials and Methods:** This report summarizes the results of treatment of 48 patients with chronic osteomyelitis, and who had cutaneous plastics. The wound was located on the ankle (28 patients), on the skull (9 patients), on the wrist and foot (11 patients). 30 patients developed osteomyelitis after an open fracture, 8 patients developed it after thermal lesions, 6 patients after surgical treatment of closed fractures, 4 patients after traumatic injuries of soft tissues.

32 patients had wounds of a bare-bone at the bottom of 4 up to 200cm<sup>2</sup>, 16 patients developed skin defects after the excision and incision of scars and sequesterectomy. In osteomyelitis of a bare-bone with the area of 9 cm<sup>2</sup>, a full layer plastic surgery of local tissues was made after radical sequesterectomy and vacuuming. We studied the possibility of applying the technique of dermatensy and worked out the replacement of skin wounds due to tissue stretching by using flaps of skin of all thickness with preserved vascularization. whe large areas of bare bones are affected by osteomyelitis, the operation was carried out in 2stages, multiple perforations of the entire wall of the bone with drills were made. After 3-4 weeks, as a rule, the cortical bone platelet is rejected and filled with granulation tissue.

Secondly, free skin transplanted skin was replaced on granulation injury surfaces.

All the patients had lymphotropic antibiotic therapy in the postoperative period with the consideration of the sensitivity of micro flora, as well as means that improve the microcirculation and corrective immune biological reactivity of the organism.

**Results:** 37 out of the 48 were able to achieve good and satisfactory results that manifested in the primary healing of skin grafts.

**Conclusion:** Thus, a method of skin grafting and usage of regional lymphatrop antibiotic therapy and correction of immune biologic reaction must be chosen correctly in radical elimination of purulent necrotic focus by using vacuuming, sustainable drainage.

## MANAGEMENT OF BACTERIAL CONTAMINATION IN CASE OF OPEN FRACTURES

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**Introduction:** Open fractures are quite common in Central Asia including Uzbekistan. Causes of open fractures vary widely including road traffic accident, fall from height, combat injuries, and others. Chronic osteomyelitis, nonunion, loss of func-

tion or even limb loss are some serious outcome of deep fracture site infections. Primary goal in management of open fractures is prevention of infection of bone and soft tissue by early debridement, irrigation of wound and administration of broad spectrum antibiotics with stabilization of fractures.

**Purpose:**

The main purpose of the study is to elucidate pattern of microbial isolates in open fractures so as to form rationale antibiotic regimen for treating open fractures.

**Materials and Methods:**

The current study is based on the treatment of 70 patients in the Traumatology department of the 2nd clinic of Tashkent Medical Academy for the period from December 2015 November 2016. The age of patients ranged from 20 to 40 years. 49 of them are men, the other 21 women. Primarily wound was examined and description of the wound was recorded with 1st culture swab taken at that time followed by 2nd culture swab on 1st dressing after debridement and 3rd culture swab if infection continues further. Culture and sensitivity reports were collected for studying pattern of bacterial isolate and their sensitivity.

**Results:** Pre-debridement cultures are of no importance. Postdebridement cultures are important in formulating an antibiotic regime. Gram negative organisms are the most probable cause of infection. Aminoglycosides are the most sensitive group of drugs in both gram positive and gram negative bacteria. Cephalosporins or uinolones should be used in combination with aminoglycosides in all cases of open fracture in our vicinity.

**Conclusion:** All institutions and hospitals should find out the most common infecting pathogen in their environment and formulate an antibiotic policy accordingly.

## **SURGICAL TREATMENT OF LIMB FRACTURES IN METABOLIC SYNDROME**

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*Metabolic syndrome* is a collection of symptoms that can lead to diabetes and heart disease. It is becoming a global burden because 20–25% of the world's adult population have metabolic syndrome (Eckel, R. H. et al., 2005). Extremity fractures among older adults are the serious public health problem that causes increased mortality and morbidity and significant costs on the budgets of public health (D. Bliuc et al., 2009)

**Purpose.** Improving treatment outcomes and quality of patient's life with limb fractures in metabolic syndrome.

**Materials and methods.** The study included 40 patients with fractures of the extremities in metabolic syndrome. Age of patients ranged from 65 to 80 years. The survey was conducted in the Department of emergency trauma surgery of Tashkent Medical Academy. On the basis of anthropometric data were calculated body mass index (BMI), conducted radiography and CT study, the determination of total cholesterol (TC), the sugar content in the blood serum, electrocardiography.

In accordance with the clinical criteria of the recommendations of the metabolic syndrome, manifested clinically with arterial hypertension and abdominal obesity diagnosed in 65% of patients. 39.5% of patients present various abnormalities of

carbohydrate metabolism: 22% of it diabetes mellitus 2 type (DM 2), 17.5% of it diabetes mellitus 2 type.

**Results:** 47.5% of patients with metabolic syndrome made closed osteosynthesis with nails. 35% of patients underwent blocking intramedullary osteosynthesis with the activation of patients in the early days after surgery. In 37.5% of cases, patients received conservative treatment. Reapplied 23 patients within 3-4 months after surgery from 17 patients who underwent the closed osteosynthesis with nails in 7 cases (42,5%) were radiologically identified features of consolidation of the fracture, and 10 cases (57,5%) were radiologically confirmed retarded consolidation of fractures. From reapply patients, which resulted in the blocking intramedullary osteosynthesis, radiological findings was determined by the signs of consolidation of fractures in 100% of cases.

**Conclusion:** Blocking intramedullary osteosynthesis is an effective treatment for patients with limb fractures in metabolic syndrome, as it allows a minimally invasive and closed way to achieve precise repositioning of bone fragments, stable osteosynthesis and allows to start early mobilization of patients.

## RESULTS OF TREATMENT OF HAND AND FINGERS OPEN FRACTURES

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**Aim of inquiry:** To study the results of treatment of hand and fingers open fractures. Hand and fingers open fractures compose 50-60% of all injuries. According to literature data in treatment of open traumas of hand and fingers, regardless of prompt primary surgical processing as well as the usage of antibiotics locally and intramuscularly, healing of injury by the primary tension was achieved only in 48,7% of cases, in 51,3% of cases healing of injury was achieved by the secondary tension (Nelzina Z.F.).

The main difficulty in treatment of hand and fingers open fractures was the necessity of simultaneously immobility of bone fractures and providing early motion of joints in hand and fingers.

**Objects and methods:** Our report was based on the results of analyses of treatment of 44 patients with hand and fingers open fractures. 32 male and 12 female patients at the age of from 20 to 50 years.

Standard therapy of hand and fingers open fractures was included in the following:

Primary surgical processing (PSP) of injury in hand and fingers open fractures should be done very carefully and at the same time economically. Unpractical, mashed tissues should be removed. Bone fractures closely connected with bone surface and muscles should not be removed. Microbe pollution of the lesion was cleaned by vacuum. Laser ray was destructive to microbes. Oxygen-ethanol sprinkle fulfilled the necessity of oxygen to tissues and influenced on microbes as forceful antiseptic, made unfavourable conditions to anaerobic microbes.

Reposition of bone fractures and making good stability gave the possibility of early providing motion in intraphalanges and palm phalanges joints.

Usage of different versions of small invasive osteosynthesis with thin nail, as well as apparatus of compressive destructive osteosynthesis.

Closing of skin lesions using when it is necessary primary skin plastics (local-plastic and free).

Prophylaxis of lesion infection by the way of strict following aseptic rules, atraumatic providing of primary surgical processing of lesion.

Using of antibiotics by the regional lymphotropic ways which suppressed pathogenic mechanisms of inflammation by improving microcirculation and decrease of edema, as well as making maximal concentration in the zone of injury.

Correct providing the period of rehabilitation using complex of physiotherapy, LFK and labour therapy.

**Results:** On the base of results evaluation it is seen that operative method of treatment using primary osteosynthesis provides, first of all, good position of fractures and stable fixation. This gives the possibility to early motion of hands and fingers joints.

**Conclusion:** Primary osteosynthesis in the treatment of hand and fingers open fractures is considered as reasonable and effective method of therapy, it is necessary to inculcate it into the practice of health care.

Lymphotropic antibiotic therapy is common, available and effective method of prevention of surgical infection.

## THE DEVELOPMENT OF THE TIBIOFEMORAL ANGLE IN CHILDREN

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**Background.** The development of tibiofemoral angle in children at different ages has been of extensive interest for many years. The normal development of tibiofemoral angle evolves through a number of stages in a normal growing child. The tibiofemoral angle was in varus position before one year and become neutral at the age of one year and 6 months. Then the knee angles become valgus at 2 to 3 years with maximum mean valgus of  $12^{\circ}$  at 3 years old. The valgus angle of knee decreased to between  $5^{\circ}$  and  $6^{\circ}$  in children between 7 and 12 years. This study was conducted to find out the age when tibiofemoral angle changes and reaches normal physiologic grade. The differences of the angles between genders were also studied.

**Materials and methods.** This cross-sectional study was conducted from September till December 2016 in Tashkent. We have chosen the clinical method of measurement with goniometer, because it was radiation free, cheap and easily performed. This study on tibiofemoral angle was conducted among 23 normal healthy children from Republic of Pediatric Orthopedic Centre and UzNIITO using clinical measurement method. The children between 2 months to 8 years old were assigned to 4 specific age groups of 23 children with both sex distribution.

**Result.** There were 23 children (46 limbs) involved in this study. The mean of tibiofemoral angle for children at the age groups of 2 month to 1 years, 1 to 2 years, 2 to 4 years and 4 to 8 years were  $10.25^{\circ}$ ,  $3.33^{\circ}$ ,  $-3.85^{\circ}$ , and  $-2^{\circ}$  respectively. The pattern of tibiofemoral angle showed a steep increase of tibiofemoral angle from 2 years old to the maximum angle at 3 years old and gradually decrease from 3 to 5 years old.

**Conclusion.** This study had shown that measurement of TF angle using the clinical method had a very good inter-observer reliability. The pattern of tibiofemoral angle in Uzbek children population between 2 years old to 6 years old is compara-



ble to children elsewhere. The TF angle in Uzbek population was physiologicalvarus since age of 2and physiological valgus after 2 years.

The value of normal physiological range of the tibiofemoralangle in specific population would help clinicians to decide on further treatment plan without having to expose children to unnecessary radiations, orthotics or braces.

## **THE RETROSPECTIVE INVESTIGATION OF CHRONIC POSTTRAUMATIC OSTEOMYELITIS OF LONG BONES OF LOWER EXTREMITY**

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**Background.** Osteomyelitis is considered a great challenge for the orthopedist. It is inflammation of the bone, usually caused by an infectious agent. It can originate from trauma or surgery or it can originate from hematogenous seeding. Acute osteomyelitis presents with less than 2 weeks of symptoms whereas subacute infections have symptoms that persist for two weeks or more and chronic infections last months or longer. The characteristic bone histology and the ability of bacteria to adapt to this particular microenvironment make these infections among the most insidious in the human body.

In the pre-antibiotic era, children had a mortality rate of over 23%, a rate that dropped to 3.5% with the introduction of antibiotics. The incidence of osteomyelitis after open fractures has been reported to range from 0% to 16%, depending on the class and treatment received. Today, in the developed world, clinicians see minimal morbidity and almost no mortality with treatment. However, the developing world still sees a high morbidity of osteomyelitis with challenges of inadequately treated osteomyelitis, the development of chronic infections and bony sequestration, and associated deformities and pathological fractures.

**Purpose.** Analysis of rating patients with chronic posttraumatic osteomyelitis of lower extremity (POLBLE) according to their sex and age.

**Materials and methods.** This is a retrospective study involving a review of history cases of 101 patients with chronic POLBLE admitted at the Specialized Centre Of Pus-Bone Surgery And Complications After Trauma from July to December 2016 study period. All patients aged 18 to 70 years who were admitted during the 5 month period and had a final diagnosis of POLBLE were included in the study. We have divided patients into 3 age groups, first group including patients from 18 to 24, second from 25 to 50, third over 50 years old. Besides of that, we have also considered side of lower extremity.

**Results.** Of the 101 (202 limbs) cases, 59 ( 58.42 %) were on the right and 40 (39.6 %) on the left; 2 (1.98%) were bifocal. 82 (81.2 %) cases were involved men population and 19 (18.8 %) were women. During this research we have found that, first age group were 10.9 %, second 64.35 %, third 24.75 %. In addition, we have investigated treatment of those 101 patients. Almost for all patients orthopedic surgeons have done “Fistulo-sequestro-necroectomy” during treatment period. This surgical method gave good results. Postoperative period passed without complications.

**Conclusion.** This retrospective study had shown that POLBLE rate is extremely

high among middle age group men (25-50 years old) which depend on active lifestyle of this contingent so they should be more inclined to trauma. In addition, “Fistulo-sequestro-necroectomy” is one of the most effective surgical method of POLBLE.

## EARLY DIAGNOSIS OF PRIMARY BRAIN TUMOR

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**Background.** Nowadays number of patients who suffered from brain tumors are increasing. Primary brain tumors begin when normal cells acquire errors (mutations) in their DNA. These mutations allow cells to grow and divide at increased rates and to continue living when healthy cells would die. The result is a mass of abnormal cells, which forms a tumor. Primary brain tumors are much less common than are secondary brain tumors, in which cancer begins elsewhere and spreads to the brain. Many different types of primary brain tumors exist. Each gets its name from the type of cells involved. There are different causes of brain tumors but no one of them is confirmed. Nevertheless some causes of brain tumor: trauma, factors of ecology, genetic risk and others. There are so many radiological diagnostic methods for diagnosis but it is not satisfactory early diagnosis brain tumor, see neurological status in proper perspective and treatment.

**Materials and methods.** During the observation we found out that there were 50 patients who suffered from primary brain tumor. According to patients’ case histories, there were 22 male & 28 female patients. The average age of the patients was 46.3. During the material and method of investigation, over the period of 2010 to 2014, we studied the results of 50 patients’ treatment. These patients were operated in the department of neurosurgery 2<sup>nd</sup> clinic of Tashkent Medical Academy.

On the observation patients’ complaints were the following symptoms: (The signs and symptoms of a brain tumor vary greatly and depend on the brain tumor’s size, location and rate of growth. General signs and symptoms caused by brain tumors may include) new onset or change in pattern of headaches, headaches that gradually become more frequent and more severe, unexplained nausea or vomiting, vision problems, (such as blurred vision, double vision or loss of peripheral vision), gradual loss of sensation or movement in an arm or a leg, difficulty with balance, speech difficulties, confusion in every day matters, hearing problems and others.

**Results.** After appearing these symptoms patients are seen to neurosurgeon from 1 month to 3 years. In this period patients were been for consultation of different specialists. Such as 90 % neurologist, 3% individual, 2% traditional medicine and 5 % other (cardiologist, INT, therapist, endocrinologist). Tumor size was from 2.2\*1.3\*2 to 6.5\*5.5\*6.8 and meningioma 50%, glioma 22%, glioblastomas 10 %, astrocytomas 8 %, and neuroma 10 % . They are most common on the left side of the brain 77%.

**Conclusions.** In the summary we would like to say early diagnosis of primary brain tumor is most important way to treatment and prevent its complications. In other word all specialists must know to diagnose primary brain tumors and examine KT, MRI examinations or doing other tests and refer to the specialists.

# IMPROVEMENT OF SURGICAL TREATMENT OF HALLUX VALGUS WITH SERI-OSTEOTOMY

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Hallux Valgus is found in 17-29% of the adult population, mainly in the female (95-97%). The problem of surgical treatment of first toe deformation of today has not lost its relevance. The tendency to minimize surgical intervention in modern surgery is also not spared this problem and the search for the optimal method continues today. One of these minimally invasive techniques is the SERI (Simple, Effective, Rapid, Inexpensive) - osteotomy proposed by Cesare Faldini and all. (1998). SERI technique can be used both with congruent and incongruent with the metatarsus-phalangeal joint. Operation is possible with either the distal metatarsal articular angle, and when the initial arthrosis of the first metatarsophalangeal joint.

**Goal.** The study results of the application of minimally invasive surgery SERI-osteotomy in the treatment of Hallux Valus.

**Materials and methods.** The Department of Traumatology of RCH №1 the period from January 2015 to March 2016 9 patients were operated (13 feet) between the ages of 30 to 55 years (6 women and 3 men) about Hallux valgus. All patients were performed SERI-osteotomy of the first metatarsal bone. Of these 7 patients (nine feet) from the deflection angle of the first toe (HVA) to 40 degrees and angle intermetatarsal (IMA) less than 20 degrees and two patients (4 foot) - HVA from 40 degrees and 20 degrees IMA. 6 patients (8 feet) was made oblique osteotomy with lengthening of the first metatarsal bone, and 3 patients (5 feet) - transverse osteotomy without extension.

**Results and discussion.** After 2 months. clinical signs fusion of bone fragments were observed in 7 patients. As a result of the fusion of radiological examinations were found to be satisfactory in 6 patients, the weak - in 1 patient. No signs of fusion was observed in 1 patient. One patient dropped out of the follow-up. The correction was found to be satisfactory in all patients. All patients were satisfied with the results of the operation. Long-term results of treatment were evaluated by AOFAS scale. Thus, for 4 months of observation results of treatment were considered excellent in 6 patients (95-97 points), good - in 2 patients (80-92 points), satisfactory - in 1 patient (72 points). A feature of this treatment is its low-impact, and ease of development and availability of the materials used, which allows to carry out such operations under conditions of low operating and promotes widespread technique.

**Conclusions.** SERI-osteotomy with Hallux Valus correction can be advocated as a minimally invasive and effective methods of surgical treatment, and requires more careful further study.

## TECHNIQUE OF V FINGER EXCESSIVE ADDUCTION RETRACTION AT DAMAGED ULNAR NERVE

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**Background:** Almost annually treated patients who were not timely detected in-

veterate traumatic injuries of the ulnar nerve in conjunction with lesions of flexor tendons in the forearm and hand level. Closed damaged ulnar nerve are observed at different levels, but most often in the place of attachment of the flexor apparatus, and in the forearm and hand. Violation of innervation of the brush is 13% in the general structure of its injuries, up to 80% of all injuries account for most working age from 20 to 40 years old.

**Goal:** Improvement of treatment outcomes in patients with old ulnar nerve injuries and their consequences by improving the known surgical treatment methods and rehabilitation of patients.

**Materials and methods.** We have developed a way to eliminate the violation of IV - V fingers ulnar stabilization, and used at 30 patients with trauma department of RCH №1 for the period 2013-2016. In the study we used the following methods: clinical, functional, EMG, dynamometry.

**Results and discussion.** The operation is quite simple, minimally invasive, physiological. The cut extensor little finger itself is a pathogenetic justified and effective manipulation, based on the mechanism of deformation of education. Short-term results of treatment of patients studied in all patients. Long-term results were studied in 25 (83.3%) patients after 6-14 months after surgery. Good results were obtained 18 (72%), satisfactory 6 (24%), poor 1 (4%). Unsatisfactory result was in one patient who failed to comply with orthopedic treatment. Thus, developed by us the technique to eliminate the violation IV - V fingers ulnar stabilization gives good results in 72% of patients after surgery.

The indications for surgery is the ulnar stabilization fingers violation and pinch, as well as violations of the transverse arch of the hand, which leads to disruption of stability, pinch accuracy and proper adaptation of the brush to the fascinating subject. Also indication for surgery is, if after the injury of the ulnar nerve or primary suture passed 6-8 months. When the period from the date the damage was less, the first undertook the intervention directly on the nerve (the nerve suture or neurolysis) and for 3 months dynamic observation were subject to full medical therapy.

**Conclusion.**

1. Indication for surgery for developed method of surgical treatment of old lesions of the ulnar nerve and their consequences are fingers stabilization violation the and pinch.

2. The application of the method developed by us allows to obtain good results in 72% of patients.

## **OPTIMIZATION OF SURGICAL TREATMENT OF PATELLAR DISLOCATION**

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Today pathogenetic reasonable and radical way of a treatment of the patellar dislocation is a surgical treatment. There are many different ways of surgical correction of the patellar instability. However are undervalued types of combined operations on soft tissue and bony structures in the patellar dislocation of dysplastic genesis, which guarantee the absence of recurrence in the long-term observations.

**Purpose.** Determination of indications for open surgical treatment of dislocation



of the patella and the creation of an optimal method of surgical treatment of the patellar dislocation of dysplastic genesis.

**Materials and methods.** In the department of traumatology and orthopedics of the Tashkent Medical Academy between 2012 and 2016, we observed 28 cases of patellar dislocation. There are 19 women and 9 men among them. The average patient age is 23,1 years. Among them were identified 4 cases of traumatic dislocation of the patella with no signs of dysplasia, 10 cases of traumatic dislocation of the patella with signs of dysplasia (rotation and axial deformation of the lower limbs with the increase of the Q-angle), 14 cases of recurrent dislocation of the patella. All patients were underwent axial radiographs of the knee on the method of Merchant, CT, MRI of both lower extremities. It was conducted minimally invasive arthroscopic intervention restoration of damaged soft tissue structures for patients with primary traumatic dislocation of the patella. Patients with patellar dislocation with signs of dysplasia or recurrent dislocation was performed open surgery with the restoration of the medial patellofemoral ligament autograft from the fascia lata and medialization of the patella ligament by method of Elmslie-Trilatt. Patients began joint development after 3 days, full joint load started after 3 months. Evaluation of the knee function was carried before treatment and after 3, 6 and 12 months after surgery treatment with the modified KUJALA scale (Karimov M.Yu., 2015).

**Results.** Among patients after combined operation we have seen positive results in 90% with the full restoration of joint function, in 8% - satisfactory results with a slight limitation of joint function, 2% - in a remote period showed signs of patellofemoral arthrosis.

**Conclusions.** Patellar instability of dysplastic genesis requires the combined operation in the soft tissue and bony structures of the knee joint. The method used in our practice provides optimal relapse prevention in the long-term observations.

## IMPORTANCE OF ARTHROSCOPY IN THE ENTHESOPATHIES OF THE POPLITEAL MUSCLE

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Enthesopathy is changes of connecting of tendons , aponeurosis, joint's capsule with bone. The causes of this pathology is considered periarticular trophic frustration which is called endocrinologic , methabolic , and neuroreflector modification.

Although, there are several type of modern diagnostic methods , main method of diagnosing knee joint pathologies is considered clinical examination. However, there are many difficulties that clinic-morphological likeness between injuries of soft tissues, investigating of its heaviness stage and character of inflammation. So , shortcomings of diagnostic category's capacity which is discussing reached to 74-81%.(4) Intention of this investigation is diagnosing of enthesopathy of the popliteal muscle.

**Material and methods.** Diagnosis and treatment results that is done in 2011-2015 years of 17 patient who have trauma of the lateral meniscus are analysed in Scientific Traumatology Centre in order to perform aim. There many men among patient. Majority of these patient participated with sport regularly especially football, volleyball free style wrestling. Majority of patients were 20-29 years old and distance between injuring and applying to physician accounted for 1 and 6 month.

Clinic examinations include estimating of tumor, pain and its lasting. Modern instrumental methods that is MRY, KY and ultrasonography are performed.

**Results and discussion.** The percentage of patient who is diagnosed by only clinic examination and investigate enthesopathy of popliteal muscle account for 9.8%. Besides, the patients diagnosed with injury of lateral meniscus and distorsitia of knee joint, figures are 70.7 and 20 respectively. According to results of US which is conducted as addition, 96.2% patients diagnosed with injury of lateral meniscus back branch, 1.5% patient with injury of lateral meniscus front branch and 2.3% patient with peritendonalkista. After using MRY, It is conformed that the diagnosis are 67.7% of injury of lateral meniscus, 11.5% of meniscytes, 20.8% of injury of lateral meniscus back branch.

The results indicate that patient did not diagnose exactly until 6 months, in our opinion the cause of this problem that there is not any perfectly diagnostic methods which investigate enthesopathy of popliteal muscle. It is possible that investigating enthesopathy of popliteal muscle by ultrasonography and MRY, Possibility of this methods are limited, it is impossible that investigating all elements of joint by ultrasonography and MRY. Arthroscopy is performed in all patients after clinic examinations and special methods and enthesopathy of popliteal muscle is investigated in all patients. Arthroscopic subtotal operation of synovial membrane of popliteal muscle tendon is performed in all patients. Action of knee joint improved after performing of arthroscopic subtotal resection.

**Summary.** The purpose of this work was comparative evolution of the diagnostic efficacy of arthroscopy in treatment of enthesopathy of popliteal muscle tendon. It was established that in the enthesopathies of popliteal muscle tendon and meniscitis of the lateral meniscus the clinical diagnosis examinations with use of ultrasonography, MRY, diagnostic value of arthroscopy is very high.

## **PROPHYLAXIS AND TREATMENT OF SUPPURATIVE COMPLICATIONS OF EXTREMITIES INJURIES**

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**Aim of inquiry:** To study the results of treatment of suppurative complications of extremities injuries.

On the base of injury process there is pathogenic influence of etiologic factor (microorganisms) and patients' reaction, which has protective-compensatory character. It was estimated that function of lymphatic system plays important role in the development and outcome of suppurative process.

Therapeutic measures directed on pathogenesis may prevent the development of disease or give it easier course. One of the directions of solution this complicated problem is elaboration of ways which increase efficacy of given medical preparations. In that plan we consider that using antibiotics by the lymphotropic way is the most perspective. Thus, the effect of treatment is reached by direct influence of antibiotics on microorganisms in lymphatic vessels as well as by the increase immunologic activity of lymphocytes in lymphatic system because of lymph stimulation.

Objects and methods: We had the experience in the treatment of 74 patients with

suppurative complications of extremities injuries (fractures with delayed consolidation, ununited fractures, false joints, injuries with bones and soft tissues defects on the background of osteomyelitis), in complex therapy of which indirect regional lymphatic antibiotic therapy was used.

Proper antibiotic was chosen by the way of injury content identification of micro flora and revealing sensitivity to preparation. Regional lymphatic antibiotic therapy was carried out in the following way: intracutaneous probe was given to patient taking into consideration sensitivity to antibiotics. Strictly subcutaneous with thin needle one dose of lymph stimulator was introduced after 3-5 minutes through the same needle one dose of antibiotic was introduced. On the place of injection half alcoholic compress was applied.

**Results** of treatment of 61 patients were recognized as well: injury healed with primary tension, osteomyelitis recurrences didn't occur. Therapy of 10 patients was recognized as satisfactory: as injury healed with secondary tension, without osteomyelitis recurrences. Unfavourable results were observed in 3 patients, who needed repeated surgical manipulations because of osteomyelitis recurrences.

**Conclusion:** So due to the usage of indirect regional lymphatic antibiotic therapy in complex treatment of patients with suppurative complications of extremities injuries good and satisfactory results were achieved in more than 90% of cases.

# SURGERY



## ENDOSCOPIC REMOVAL OF BENIGN STENOTIC FORMATIONS OF TRACHEA

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**Aims and task of the work.** Evaluation of the accuracy of bronchoscopy and multi-slice computer tomography (MSCT) with 3D-reconstruction in diagnosing intraluminal benign tracheal stenosis which would allow obtaining valuable information about the nature of the stenosis. Optimizing tactic and technical aspects of endosurgical treatment of intraluminal benign tracheal stenosis and choosing the most suitable for the particular patient method of treatment. Studying the role of staged endosurgical treatment and maintaining the patency of airway to stabilize the conditions of patients prior to radical open surgery. Evaluating the results of endosurgical treatment of intraluminal benign tracheal stenosis.

**Materials and methods.** Medical records of a hospital and an ambulatory treatment of 48 patients aging from 12 to 68 with benign stenotic formations of trachea have been analysed. Men: 18 (37.5%); Women: 30 (62.5%).

Endoscopic treatment:

1. Luminal restoration;
2. Dilatation;
3. Maintaining patency;

**Results.** After emergency or routine endoscopic interventions with the restoration of the airway, status of patients has significantly improved, dyspnoea has disappeared completely, phonation has been restored, cough ceased to bother, symptoms of bronchitis resulting from disruptions of expectoration of the mucosal or mucosal-purulent sputum have stopped. After the endoscopic therapy of the formations, a nebulizer therapy with mucolytics, bronchodilators, antiedematous and desensitizing agents has been used. Good – stabilization of stenosis at the compensated stage (absence of dyspnoea and stridor at rest and on exertion, diameter of narrowing of trachea – more than 0,7cm, without signs of progressive stenosis) not requiring endoscopic or operative correction. Satisfactory – subcompensated form of stenosis (free breathing at rest, stridor during forced inspiration and dyspnoea on exertion that corresponds to the diameter of 0,5 to 0,7 cm), in this instance the indication for endosurgical or open operative treatment is evaluated individually depending on general status of the patient and presence of counterindications. Non-satisfactory – recurrence of decompensated forms of stenosis requiring a repeated endosurgical treatment, reconstructive operation or tracheostomy placement.

**Conclusion.** Thus, the endoscopic removal of benign exophytic formations of larynx, trachea and bronchi, in the absence of invasion to the wall of the organ without signs of endophytic growth, is an effective and independent method of a treatment. Endoscopic interventions using fibre and rigid bronchoscopy with modern bronchoscopes in the cases of stenotic benign diseases of trachea, larynx and bronchi are the method of choice to help prevent suffocation and save the patients' lives, abilities to work, to restore and improve the quality of life.



## EFFECTIVENESS OF ENDOLYMPHATIC THERAPY IN SURGICAL PATIENTS

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**Objectives and tasks.** To improve results of prevention of purulent-inflammatory complications after operations on the abdominal organs by endolymphatic administration of Cefotaxime and Galavit.

**Materials and methods.** The work carried out on the material of 34 patients operated for acute diseases of the abdominal cavity and divided into two groups. The control group included patients who received lymphotropic Cefotaxime, Reosorbilact, Heparine (21 patients); in the main group at different stages of treatment in addition to standard schemes used lymphotropic administration of Cefotaxime and Galavit (13 patients). Endolymphatic introduction of patients produced by the method of I.V. Yarema et al. During a week every other day (on the 1st, 3rd and 5th day) conducted lymphotropic antibiotic-immunotherapy. Specific immune protection condition evaluated by immunological methods.

**Results.** During the traditional treatment immunologic pattern on the 3rd day remained the same as before the treatment in patients. Since the 7th day it reveals a tendency to normalization of immunological parameters. When used in complex treatment of Cefotaxime, Heparine, Reosorbilact immunological parameters of both cellular and humoral immunity were approaching the lower limit of normal is already on the 5th day from the start of treatment, and to the 7th and 14th days of performance consistent with the norm. Endolymphatic introduction of Galavit stabilized parameters of cellular immunity by the 3rd day. The value of the immunoregulatory index was back to normal. Positive results were obtained in the group of patients who used immunomodulating therapy by Galavit in the study of humoral immunity. Endolymphatic introduction of Galavit caused a dramatic reduction of circulating immune complexes in the blood of patients to the 3rd day.

**Conclusion.** Purulent-Inflammatory process - is a reasonable reaction to the introduction of the infectious agent in the body, is a combination of non-specific antibodies specific protection and education factors. Disruption of these highly effective mechanisms to combat the infection leads to the development of septic shock. Endolymphatic administration of drugs proved effective in such difficult conditions.

**Conclusion.** Results of the study showed that the immunologic parameters normalized faster in patients, in which treatment was applied a complex effect, which includes the use Galavit for immunomodulatory therapy.

## IMMUNOTHERAPY IN SURGERY OF OBSTRUCTIVE JAUNDICE BENIGN ETIOLOGY

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Surgical treatment of patients with obstructive jaundice syndrome is an actual problem of emergency abdominal surgery. One of the major factors contributing to the disease is the development of septic complications in these patients at various

stages of surgical treatment. According to different authors purulent-septic complications are from 2.9 to 59.4%. In recent years, an important practical meaning takes on studying the role of immunocompetence of the body for the disease and the occurrence of septic complications.

**Purpose.** Explore the immune system and to examine the effectiveness of immune in patients with obstructive jaundice of benign origin.

**Objectives of the study.**

1. Investigate the source immunological status in patients with varying degrees of severity of jaundice.

2. To study the immunological status in the course of the disease and to determine the influence of the immune system in the outcome.

3. Evaluate the impact of immunotherapy on cellular, humoral immunity and factors of innate immunity.

The results of treatment of patients with obstructive jaundice, surgical techniques permitted on the background of immune correction.

**Material and methods.** New data on the nature of immunological disorders in patients with obstructive jaundice of benign origin that deepens the existing ideas about the pathogenesis of this disease. Pathogenetically expediency destination data immunocorrecting sick funds. The efficiency of application imunofan in treatment of patients with obstructive jaundice moderate and severe degrees of severity.

**Conclusions.** 1. Patients with obstructive jaundice develops benign genesis induced form of secondary immunodeficiency manifested decrease in the number of immune system cells, their functional impairment, imbalance in the cytokine regulation, inhibition of phagocytic activity of leukocytes. Severity of these disorders depends on the severity of the jaundice.

2. The objective criterion of the depth and effectiveness of endogenous intoxication detoxification therapy is the ECA. Mild jaundice, this indicator decreased by 25.5% with 37.9%

3. Predict of the development of inflammatory complications of obstructive jaundice are indicators of pro-inflammatory cytokine interleukin-6 and the effective concentration of albumin. An increase of serum IL-6 by 37% and reducing the concentration of ECA on 42% of the patients must be referred to the risk of inflammatory complications.

4. The results of the clinical and immunological studies suggest the need for immunorientirovannoy therapy in patients with obstructive jaundice moderate and severe degrees of severity.

## ENDOSCOPIC INTERVENTION IN THE TREATMENT OF COMPLICATED FORMS OF GALLSTONE DISEASE

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**Introduction.** Timely diagnosis and targeted cholelithiasis and its complications remain today an urgent problem in the surgical hepatology. The emergence of a method of treatment - endoscopic papillosphincterotomy (EPST) provided an opportunity for the treatment of this severe group of patients without the need for an operation associated with laparotomy and therefore with less operational risk.

**Materials and Methods.** It analyzed 68 patients who performed EPST for the period from May 2016 to December 2016.

**Results.** Endoscopic intervention was performed in 19 men and 49 women aged 24 to 86 years. Indications for endoscopic correction were: choledocholithiasis after cholecystectomy in 13 patients; stenosis of the major duodenal papilla and common bile duct stricture after cholecystectomy in 20 patients; choledocholithiasis and stenosis of major duodenal papilla in chronic calculous cholecystitis in patients with a high degree of operational risk in 24 patients at the height of jaundice and anicteric period in 11 patients. Immediately after EPST when choledocholithiasis in 42% of cases observed discharge of stones, 11% of the cases made choledocholitho-extraction large stones, in other cases, the stones alone migrated to the duodenum.

**Conclusion.** EPST - gentle and highly effective method in the treatment of complications of cholelithiasis in a terminal part of common bile duct strictures and major duodenal papilla with few complications and low mortality.

Keywords hepatology, EPST, common bile duct, choledocholithiasis

## OPTIMIZATION TACTICS TREATMENT OF DESTRUCTIVE PANCREATITIS

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**Actuality.** Currently, acute pancreatitis (AP) took 3rd place in the structure acute surgical diseases of the abdominal cavity with a tendency of further growth of morbidity and increasing the number of its destructive forms, accompanied by a large number of complicate and high numbers mortality.

**Objective:** To optimize the tactics of surgical treatment of destructive pancreatitis.

**Material and methods:** We analyzed the results of examination and treatment of 56 patients acute pancreatitis admitted to the City Clinical Hospital №1 and RSCEMA in Tashkent for the period from 2014 and 2016. Among the men were 30 (53.6%), women - 26 (46.4%). The number of patients older than 55 years was 42.8%. More than half of the patients received in the later stages of the disease. In 55.4% of patients under the direction of the wrong diagnosis was put in the hospital. Among patients with pancreatonecrosis at 4 (7.2%) were infected pancreatonecrosis, at 27 (48.2%) fatty pancreatonecrosis, at 23 (41.1%) hemorrhagic, at 2 (3.5%) were mixed form of pancreatonecrosis. At admission to hospital performed EGDS(esophagogastroduodenoscopy), ultrasound, general clinical research methods.

**Results:** Main aim of conservative treatment of acute pancreatitis according to our information are: hunger (3-7 days), infusion therapy, inhibition of pancreatic secretion (inhibition of protease ,  $\beta$  blockers and H2 blockers), a nasogastric tube with vomiting and / or paresis of the intestine, adequate analgesia, antibiotic prophylaxis and therapy (carbapenems, fluoroquinolones , metronidazole, and others.). The operation begins with a diagnostic laparoscopy, determines the type of pancreatonecrosis refined omentobursoscopy. In all cases of pancreatonecrosis with the exception of necrotic infected surgery was laparoscopic omentobursoscopy, rehabilitation abdominal separate drainage omental and abdominal cavity. When the need for marsupialition pancreas taked correction of minimal access laparoscop-

ic sanitation. In cases of necrotic pancreatic necrosis taken laparoscopic sanitation abdominal cavity and the laparotomy. Overlay cholecystostomy taken carried out with a strained and gall bladder with symptoms of jaundice. Laparoscopic percutaneous transhepatic cholecystostomy performed in 14.5% of patients. The average duration of treatment in the hospital with laparoscopic treatment was 11.5, while the correction of minimal access to 16.5, with a combination of laparoscopic and laparotomy sanitation 18.5 b/d.

**Conclusions:** The developed algorithm enables to optimize treatment tactics conservative and surgical treatment of destructive pancreatitis.

## ESTIMATION OF THE STATE OF ZONES SOPHAGOGAST-RODUODENAL IN DIFFERENT FORMS OF ACUTE PANCREATITIS

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**Actuality.** It was found that in acute destructive pancreatitis occur microcirculation system changes, both in the breast tissue, and other organs and systems. One of the most sensitive to hypoxia arising structures is the mucous membrane of the digestive tract. It is known that erosive lesions of the mucous membrane of the esophagus, stomach, duodenum often occurs in acute pancreatitis, but it is unclear whether there is a relationship between the degree of change in this area and the severity of acute pancreatitis.

**The aim:** To assess the degree of mucosal changes esophagogastroduodenal zone at various forms of severity of acute pancreatitis.

**Materials and methods:** The study results of esophagogastroduodenoscopy in 72 patients with acute pancreatitis admitted to the City Clinical Hospital №1 and RSCEMA in Tashkent for the period from 2014 and 2016. Among the men received was 47 (65.2%) patients, and 25 women (34,8%). At the age of 30 was 9 (12.5%) patients 30 to 40 years 28 (38.9%), 40 to 60 years 32 (44.5%) 60 years old or older 3 (4.1% ). According to the severity of all the patients were divided into 3 groups: 1 - edematous form, 2 - moderate pancreatic, 3 - severe necrotizing pancreatitis.

**Results:** Endoscopy was performed during the first three days after admission. The following data were obtained. When the edematous form of acute pancreatitis (n - 28) esophagitis are found in 8 patients, accounting for 28.5%, gastroesophageal reflux disease in 5 (17.9%), AEUL (acute erosive and ulcerative lesions) occurs in 5 subjects (17.9%), duodenogastric reflux in 4 (14.2%). In moderate form of pancreatic necrosis (n - 21) esophagitis were found in 9 patients (42.8%), gastroesophageal reflux disease in 6 (28.5%), AEUL in 8 (38.1%), duodenal reflux in 3 (14.2%). In severe necrotizing pancreatitis (n - 23) mounted esophagitis in 13 subjects (56.5%), gastroesophageal reflux in 6 (26%), AEUL 15 (65.2%) duodenogastric reflux in 6 (26%). Total esophagitis identified 30 (41.6%), gastroesophageal reflux disease 17 (23.6%), AEUL 28 (38.9%), 13 duodenogastric reflux (18%).

**Conclusions.** As follows from the data presented, including lesions in the upper digestive tract, most frequently esophagitis - 41.6%, as well as acute erosive and ulcerative lesions of the mucous membrane of the stomach and duodenum - 38.9%.



# WAYS TO IMPROVE THE RESULTS OF THE COMPLEX TREATMENT OF FOURNIER GANGRENE USING CO<sub>2</sub> LASER AND PHOTODYNAMIC THERAPY

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**Actuality.** Diagnosis and ways to improve the treatment of Fournier gangrene is an important issue of purulent surgery. It requires close attention because of the high mortality of the disease outcome. Fournier gangrene - acute necrotizing infection of the subcutaneous fatty tissue of external genital and perianal men; characterized by acute necrosis of tissue of the penis and scrotum, much less - genitals women infection injured tissues scrotum and perineum various microorganisms Proteus, Staphylococcus, Enterococcus, Streptococcus, Pseudomonas, Klebsiella, Clostridium, etc. is a method of treating CO<sub>2</sub> wound laser and photodynamic therapy (PDT). In the domestic and foreign literature data on the use of CO<sub>2</sub> laser and photodynamic therapy (PDT). In the complex treatment of GF little attention, since this method is one of the ways to treat young vast septic wounds. This area has natural openings (anal canal and the urethra). The problem of treatment of extensive surgical wounds in patients undergoing perineal GF urgent and requires continuous improvement.

**Objective:** To evaluate the efficacy of the new technique of CO<sub>2</sub> laser and photodynamic therapy in the treatment of extensive, postoperative wounds in patients undergoing perinea AP and SP. Materials and Methods: We have for the entire observation period from 2010 to 2016. It tracked in all 34 patients undergoing GF. Clinical observation is based on a comprehensive study of the treatment and the results of the new method CO<sub>2</sub> laser and photodynamic therapy in 13 patients. Operated in the department of purulent surgery «1<sup>st</sup>-CCH them. named of Ibn-Sina », in the period from 2010 to 2016 years. In 20 patients diagnosed anaerobic abscess complicated by gangrene Fournier, 14 patients with Fournier's gangrene. In 12 cases detected spread to adjacent anatomical regions, 8 cases in the anterior abdominal wall, 6 cases on the inner thighs. In 8 patients the spread of cellulites in the buttocks and back. In most cases, there is a combined loss - 30 patients. Average age-59,2 $\pm$ 3,1 years. In the analyzed group of 28 (82.3%) males and 6 (17.7%) women. The average area of wound defects at postoperative wounds plan metric measurement was more than 1000 cm<sup>2</sup>. Depending on the mode of treatment, all patients were divided into two groups: the first group - 21 patients receiving basic treatment; 2nd group - 13 traditional treatment + CO<sub>2</sub> laser and photodynamic therapy. 1st group: the first 2 days as necessary to produce a wide opening purulent streaks, extending incisions on the groin and perineum, treating purulent cavity with solutions of hydrogen peroxide and potassium permanganate. During dressings performed additional necrectomy wounds copiously washed with 3% hydrogen peroxide solution. Held daily silica exposure. The wounds and purulent cavities after pre-seeding the boric acid powder, drained gauze moistened with a solution of potassium permanganate. After cleansing the wound surface from purulent necrotic tissue, which is achieved by 6-8 days of treatment, the transition to ointment dressings, mainly water-soluble polyethylene oxide ointment on the basis of (levomekol, Levorinum). The appearance of granulation tissue was observed at 10-11 hours, and the trend toward cuticularization ob-

served an average of 20 days of treatment. Mean hospital stay was  $25,5 \pm 1,2$  days.

Lethal outcome was observed in 8 cases (38.0%).

2nd group: the use of CO<sub>2</sub> laser make it possible early necrectomy and bloodless, and improved the efficiency of PDT (as in the presence of purulent necrotic masses and films PDT effect is sharply reduced). The frequency of sessions depends on the severity of the condition of patients and ranged from 5 to 7 sessions. After 2-3 sessions a purulent focus area, we observed a significant reduction in necrotic detritus and characteristic odor. PDT was conducted as follows. The wound after washing 3% hydrogen peroxide solution and drying the photosensitizer imposed 0.05% methylene blue solution buffered layer of 1-2 mm with full closure of the wound surface. Then placing a light-tight bandage, with an exposure of 30 minutes. Then, after washing off the wound surface with the photosensitizer performed wound surface irradiation apparatus PDD-1 (Uzbekistan) for photodynamic therapy with a wavelength of 600-640 nm with a power density of 200 mW / sm<sup>2</sup>. The distance from the transducer face to the wound surface was 2-3 cm in the absence of thermal discomfort in the patient. The total exposure time depended on the area of the wound surface, and ranged from 15 to 30 minutes. Depending on the clinical situation, held from 4 to 6 th sessions of photodynamic therapy + CO<sub>2</sub> laser (JZ-3A) 3 times daily until the wound cleansing from necrotic raids. After 3-4 sessions, patients reported a significant decrease in pain, decrease in body temperature, reducing congestion and edema around the lesions. To evaluate the antimicrobial action taken tissue samples obtained from a wound and bottom walls at the 1st, 3rd, 7th and 10th days after its application. Dressings were made 1 times (if necessary, even two times) per day. In the dehydration phase when using a water-soluble ointment dressings «Levomekol». The appearance of granulation tissue observed at 8-11 days, and the tendency to cuticularization observed, on average, 18 days of treatment. Mean hospital stay was  $20,2 \pm 1,5$  days. Lethal outcome observed in 3 cases (23.0%). On the third day simulation of purulent wounds destructive level of microbial contamination was in the 1st Group –  $10^6$ - $10^{11}$  CFU(colony forming units)/g; 2nd group receiving standard treatment, photodynamic therapy and CO<sub>2</sub> laser  $10^5$ - $10^8$  CFU / g. On the 7th day from the start of treatment of purulent wounds indicators of microbial contamination of the animals in Group 1 were kept at the same level; a significant reduction in the level of microbial contamination of 1 gram of tissue contact was observed in group 2 ( $10^4$ - $10^6$  CFU/g)

**Conclusion:** The results indicate a pronounced antimicrobial action of the proposed method of treatment of purulent-destructive. CO<sub>2</sub> laser and FDT- effective treatment for extensive surgical wounds perineum anaerobic paraproctitis and Fournier gangrene.

## **A NEW METHOD FOR TREATMENT OF MAJOR, POST-OPERATIVE WOUNDS PERINEUM (NPWT-NEGATIVE PRESSURE WOUND THERAPY)**

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**Actuality:** The greatest interest in the treatment of postoperative broad, deep

and multi-figure perineal wounds after suffering anaerobic abscess (AA) and gangrene Fournier (GF) is a method of treating a wound of negative pressure (NPWT - negative pressure wound therapy). In the domestic literature data on the use of NPWT in complex treatment of AA and GF are not covered. What is a challenge the application of NPWT in the perineum, this anatomical region has a movable part of the body that are difficult to isolate and fix the special self-adhesive bandage. This area has natural openings (anal canal and the urethra). The problem of treatment of extensive surgical wounds in patients undergoing perineal AP and GP urgent and requires continuous improvement.

**Objective:** To evaluate the efficacy of the new technique (NPWT - Negative Pressure Wound Therapy). In the treatment of extensive, postoperative wounds in patients undergoing perineal AA and GF.

**Materials and Methods:** We have for the entire observation period from 1988 to 2016. Traced all 455 patients underwent AA and GF. The analysis is based on clinical observations complex treatment, and study of the results of applying the new techniques NPWT - (Negative Pressure Wound Therapy) in 48 patients. Operated in the department of purulent surgery "1-CCH named Ibn-Sina", in the period from 2010 to 2014 years. In 35 patients diagnosed anaerobic abscess, 13 patients with Fournier's gangrene. In 10 cases detected spread to adjacent anatomical regions, 6 cases in the anterior abdominal wall, 4 cases in the inner thighs. In 7 patients the spread of cellulitis in the buttocks and back. In most cases, there is a combined lesion - 45 patients. Average age-59,2±3,1 years. In the analyzed group of 34 (70.8%) men and 14 (29.2%) women. The average area of wound defects at postoperative wounds planimetric measurement was more than 1000 sm<sup>2</sup>. Efficiency evaluation method (NPWT - Negative Pressure Wound Therapy), was carried out using the technique of transcutaneous oxygen measurements of tissue (T cp O<sub>2</sub>). The criterion of completion of Phase 1 treatment was to reduce microbial kontaminatsiido 10<sup>4</sup>koe and cytologic pattern of consistent recovery phase of wound healing process. A twofold decrease in terms of 1 phase of wound healing process (4-6 days) in all patients, standard procedure (9-11 day) reduce hospitalization periods an average of 7.3±3.2 days.

**Conclusions:** NPWT Reduces the total number of dressings and landmark transactions, reduces patient discomfort and workload of the medical staff. Conclusion: NPWT-effective method for the treatment of postoperative wounds of extensive perineal anaerobic paraproctitis and Fournier gangrene.

## THE MEDICAL TACTICS ON THE MEDICAL INJURY OF BILE DUCT UNDER LAPAROSCOPIC CHOLECYSTECTOMY

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Steady growing at last year's amount of operation on bile duct which is performed in planned and emergency order is due to increase the Gallstone diseases. As a result, frequency of mistake and complications have been increased. Because knowledge of the incidental complications in surgery of the bile duct and tactics of removing is important for all surgeon.

In spite of enough experience performed less invasive operation on bile duct, data of literature indicates frequency interoperation complications in contrast with

traditional operation. Experience 612 laparoscopic cholecystectomy(LCHE), performed in our clinic in 2010-2016 y. allows to do some conclusion. We have analyzed 16 patients with injured bile duct as a result of treatment after LCHE.

Age of patients was varied from 25 to 65 years: of them women was 10, men 6. In 7 events of injuring inter liver bile duct (IHBD) is revealed during operation. The particular injuring is a so-called classical variant, when general bile duct takes vesicular and cross with clamp. Less damage is conditioned by pulling neck of gallbladder, thermal damage choledoch with electrocoagulation. We can classify by degree of injuring to burns with the following perforation and bile fistula or developing stricture; partial or full clipping duct, wound, excision or crossing of duct.

In structure of damage IHBD – damaging of hepatocholedoch-8, including full intersection - in 1 event, perforation-2, clipping-1, excision of the part of wall-3, coagulation necrosis of the wall – 1. Interoperation failures, eliminated without conversion noted in 5 events (4,7%): bile fistula from cult of bile duct - 3; clipping -2.

Most informative examination of suspicion to damaging IHBD after operating period except clinical symptom were ultrasound examination and endoscopic retrograde cholangiography. Beside one patient was a full crossing the general bile duct: its distal part was clipped. Developed the full external bilious fistula. ERPCHG-contrast fills distal part of choledoch. Laparotomy after 10 days: separated proximal part of choledoch, close-knit with sub liver tube as “end-in end”, assessed hepato-jejuno anastomosis by Shalimov, recovery. Beside 1 patient after operating period from drainage of the tube was noted chole, 3 rd day stopped and appeared peritoneal phenomena. 3 rd day performed laparotomy found marginal defect of hepatocholedoh- assessed primary seam, recovery. Beside 4 patients with, bile flew from cults of the bile duct- performed re clipping-recovery. Beside 1 sick during operation complex damaging hepato- choledoh- conversion-performed hepato choledoh on tube Ker. After 3 months removed drainage Ker, phenomena of the mechanical jaundice appeared in 6 months. ERPHG-stricture of hepatocholedoh. Performed hepato jejuno anostomosis by Ru. As well as beside 1 patient after 5 months’ clinic mechanical jaundice appeared after operation. Under ERPHG is diagnosed stricture (cause is coagulation) choledoh-laparotomy, hepatojejuno anostomosis by Ru.

Thereby, medical complications at laparoscopic operation are not inevitable. Individual approach with all-round pre operation examination, account factor risk and contraindications allows to realize careful selection patient laparoscopic operation that reduces risk interoperation complications.

## **BRAIN GLIOMAS IN CHILDREN: SURGICAL TREATMENT AND QUALITIES OF LIFE**

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The brain tumors in children are characterized by a disproportionate large size of head in relation to the volume of the brain, which is explained later with manifestations of neurological symptoms.

The first stage of treatment is surgical intervention, the use of which is directed at the maximum removal of tumor tissue as much as possible, followed by further radiotherapy and chemotherapy. The principles of minimizing surgical trauma are neces-



sary to the removal of the tumor, that prevents the development of neurological deficiency and ultimately ensures an increase in the quality of life of the operated children.

**An aim is research:** To increase the effectiveness of treatment and study of quality of life in children with brain tumors .

**Materials and methods:** 105 patients operated in the Republican Scientific Center during the period of 2004-2010. The average age of children at the moment of diagnostics is ranged from 2 to 15 years. The boys - 56, girls - 49. The statement of diagnosis is based on clinic-neurological examination and the instrumental research. Term catamnesis from 6 months to 6 years.

**Results and discussion:** Assessment of condition of patients was carried out using the Karnovsky scale. By localization: frontal lobe -17, temporal lobe -15, parietal lobe -21, the occipital lobe -8 a few shares -44. Volume of removal was as follows: the dominant hemisphere - 47 patients not dominant hemisphere - 58 patients. For primary total removal operation - 20 patients, subtotal - 58 partial -14, 13- data is not aware of patients. Postoperative mortality -12. In the group of patients whom recurrence is marked the total removal of the tumor - 20 of from - 4 cases, subtotal - 29 not known - 11. Thus, tumor regrowth was observed more often in group the incomplete removal of blastomatous tissue. By histological pattern: astrocytomas - 14, glioblastoma - 21, ependymomas - 19, craniopharengiomy - 22, ganglioma - 9, oligodendroglioma - 20 cases. By malignancy: from - 37 patients with I-II degree of anaplasia, at - 12 grade III patients with anaplasia. In terms of volume: less than 30 cm<sup>3</sup> - patients; more than 30 cm<sup>3</sup> - patients.

**Conclusion:** To all patients, with tumors of the III and IV degree of anaplasia, post-operative adjuvant therapy was performed. Radiotherapy or chemotherapy did not significantly affect on the frequency of reinterventions. However, in patients with malignant tumors observed depending in life expectancy on the of adjuvant therapy.

The results of treatment of patients with tumors of the cerebral hemispheres, depending on the characteristics of the patient, the characteristics of blastomatous process, tactics surgery, adjuvant, radiotherapy and chemotherapy.

## **APPLICATION OF SCALE MODEL FOR END-STAGE LIVER DISEASE TO PREDICT THE LIFE EXPECTANCY OF PATIENTS WITH HEPATIC CIRRHOSIS AND PORTAL HYPERTENSION, AND HEPATORENAL SYNDROME TYPE II**

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**Purpose:** Rate the possibility of using model for end-stage liver disease (MELD) scale to predict the life expectancy of patients with liver cirrhosis (LC) with hepatorenal syndrome (HRS) type II.

**Materials and methods:** The study involved 29 patients with LC. The extent of liver damage was determined by 13C-metatsetinovogo breath test (13C-MBT). In order to predict mortality in cirrhotic patients with HRS using MELD scale.

**Results:** In class B in Child-Pugh included 10 patients, the mass of functioning hepatocytes (MFH) on the results of 13C-MBT for them was 43,7±5,8%, in class C

- 19 patients with MFH 17,6±6,2%. In assessing the state of cirrhotic patients with MELD scale HRS at the majority of patients were in the range of 21-49 points. Average score for the MELD scale was 34,23±1,12. Mortality reached 17% in the first two weeks of stay in the hospital for observation for three months - 14% and 10% for the first year. The two-week life expectancy at 20-29 points on the MELD scale was 64%, with 30-39 points - 33%, and at 40-49 points - 0%. Life expectancy of patients up to 3 months increased as a function of reducing the number of points on the MELD scale. Annuals life expectancy was observed only in patients with LC who are in the range from 10 to 19 points (58%) and in 32% of patients with MELD scores of 20-29 on the scale of the revaluation of the primary indicators.

**Conclusion:** Cirrhotic patients with type II HRS showed a high mortality rate (10-17%) in the first year of occurrence of hepatorenal syndrome. The MELD score can be used to predict the life expectancy of patients LC with HRS.

## **SURGICAL TACTICS AT A BLEEDING FROM VARICOSE VEINS OF THE ESOPHAGUS AND STOMACH WITH LIVER CIRRHOSIS**

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**Objective:** To analyze the results of treatment of LC complicated by PH and bleeding of varicose veins esophagus and stomach (VVES).

**Material and Methods:** We studied 57 patients with LC, complicated by bleeding from VVES. Men were 41, women - 16. The average age was 52,5±16,5 years. The history of 43 patients had viral hepatitis, alcoholic hepatitis in 12, alcohol-viral in 2. Group B on Child-Pugh 41 included in the group of 16 patients. For the diagnosis of bleeding from VVES all patients underwent emergency FEGDS. Esophageal varices (EV) II degree for A.G. Scherzinger was found in 23 patients, III degree in 34 patients.

**Results:** Ultrasound of the abdomen noted the expansion of the portal vein to 16-18 mm, splenomegaly, free fluid in the abdominal cavity. After applying the probe obturator Blakemore-Sengstaken and conservative therapy in 39 patients (68.4%) achieved a temporary hemostasis. About the continued bleeding of varicose veins of cardia of the stomach operated on 12 patients (21.1%) within the first 4-6 hours after admission to hospital. Bleeding vessels are stitched by the method of M.D. Patsiory. For the prevention of rebleeding of esophageal endoscopic doping EV III level produced in 6 patients with a good result. Died 11 (19.3%) patients: 2 patients in group C (3.5%) for 2 hours from the receipt - from profuse bleeding from EV, 9 patients of group C - the progression of liver disease and anemia.

**Conclusion:** Temporary hemostasis of VVES achieved in most patients, the use of the obturator tip-Blakemore-Sengstaken. If bleeding continues in the first hours of an emergency is shown flashing EV for the final hemostasis. Endoscopic EV doping is an effective way for the prevention of esophageal bleeding in cirrhosis.

# VALUE OF THE MODERN ENDOVISUAL METHODS FOR PATIENTS WITH PARAESOPHAGEAL HERNIAS

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**Objective and background.** Paraesophageal hernias (PEH) account for 5% of diaphragmatic hernias. Many patients with paraesophageal hernias present emergently with life-threatening complications such as gastric volvulus, strangulation and/or bleeding; therefore, elective repair of these hernias is strongly recommended upon diagnosis. Since 1991, laparoscopic fundoplication has served to familiarize surgeons with the hiatal anatomy, and it was a natural extension to proceed with laparoscopic reduction and repair of PEH. There have been a number of preliminary reports published recently regarding the technique of PEH repair and addressing the ongoing controversy as to whether an anti-reflux procedure should be routinely performed with the repair. We present a series of 20 patients with paraesophageal hernias repaired laparoscopically.

**Purpose.** Improving the laparoscopic surgical treatment in patients with PEH.

**Research materials.** The research is conducted on the patient's data with paraesophageal hernia, who was operated in the Republic Surgical Centre in the name of academic V.Vakhidov. Studied 20 patients. From November 2012 to May 2014, all patients had laparoscopic reduction and repair of paraesophageal hernias. There were 9 women and 11 men. Their ages ranged from 40 to 76.

**Research methods.** Preoperative work-up included upper gastrointestinal series (UGI or X-ray) in 13 patients (65%), motility studies in 16 patients (80%) and esophagogastroduodenoscopy (EGD) in 18 patients (90%). All patients had a paraesophageal hernia confirmed either by UGI or EGD. All patients who had preoperative symptoms of gastroesophageal reflux (GERD) and/or endoscopic evidence of GERD underwent laparoscopic fundoplication. If preoperative manometry demonstrated normal esophageal contractions, they had a Nissen fundoplication. If esophageal contractions were decreased, they had a Toupet-270 degree fundoplication, performed. Twenty patients with paraesophageal hernias had laparoscopic repairs. Eighteen patients had primary repair of their hiatal defect. Two required mesh reinforcement. Fifteen patients had a fundoplication procedure performed concomitantly.

**Results.** All patients had their procedures completed laparoscopically. Mean operating time was 166 minutes. Fourteen patients had PEH repairs and fundoplication procedures. Six had only PEH repairs. Long-term follow-up is available on 17 patients. There was no in-hospital morbidity or mortality. Average length of stay was 2.3 days. One patient recurred in the immediate postoperative period. There were no other recurrences. No complications following repair of a paraesophageal hernia are reported in patients for whom followup is available.

**Conclusions.** Laparoscopic repair of paraesophageal hernias is possible. Preoperative work-up should include motility evaluation to assess esophageal peristalsis as the majority of these will need a concomitant anti-reflux procedure. This data helps the surgeon to determine whether or not a complete or partial wrap should be done. Repair of the diaphragmatic defect can be accomplished in the majority of patients without the use of prosthetic material with excellent results.

# BRONCHIAL ARTERY EMBOLIZATION FOR THE HAEMOPTYSIS IN PULMONARY HYPERTENSION

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**Introduction.** Pulmonary hypertension is a disabling disease that may result in haemoptysis. Patients with a congenital heart diseases associated pulmonary hypertension may have a survival advantages comparable to the other types of pulmonary hypertension. The conservative treatment of these patients is not always successful, that is why the importance of the surgical minimally invasive procedures is proved.

**The purpose:** To test the efficacy of bronchial artery embolization (BAE) to treat haemoptysis in pulmonary hypertension (PH).

**Material and methods.** 33 patients were treated by BAE for haemoptysis associated with PH (PH group = 21) or non-associated with PH (control group = 12). The details of procedure, outcome, and rate of relapse were compared between the two groups. Within the PH group, the comparison was operated between subjects with congenital heart disease-associated pulmonary artery hypertension (CHD-APAH subgroup = 12) and non-CHD (non-CHD-APAH subgroup = 9).

**The results:** The rate of relapse at 30 and 90-days was similar between the PH group and control group. BAE in the PH group was more challenging (median 2 arteries embolized per procedure) compared to the control group (median 1 artery embolized per procedure;  $p = 0.001$ ). Bleeding arteries were more heterogeneous in the PH group, while a single right bronchial artery was the only clinical finding in 66.7% of controls ( $p = 0.001$ ). Within the PH group, the CHD subgroup showed higher survival rate compared to the non-CHD-APAH group ( $p = 0.007$ ).

**Conclusion.** BAE is effective and safe for the treatment of haemoptysis in PH, yet more challenging than other conditions. In PH-associated haemoptysis, BAE provides higher survival rate for subjects with PH associated with CHD.

## PROBLEMS OF IMPLEMENTATION OF MEDICAL INFORMATION SYSTEMS IN UZBEKISTAN

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**Purpose.** The goal of our research is to identify the problems of implementation of health information systems in the Republic of Uzbekistan and to develop to address these issues plans.

**Materials and methods.** The methods of our research with the purpose to identify the problems on the introduction of information technologies in health care system of Uzbekistan by questioning the following main issues were identified:

1. A bad experience in implementing obtained previously. In this case, there is a direct fault of supplier and technical solutions and a complete misunderstanding of the meaning of all the users themselves and the benefits of new information technologies and attempt to «impose» on their old, familiar scheme of work.
2. Revaluation or underestimation of MIS capabilities.



3. The psychological problem for the medical staff. For an adequate implementation of this system, the doctor leading the reception, having some experience needs to learn the tricks of computer literacy. Not every doctor, especially in an age ready to start something «from scratch», spend a lot of time and effort to the development of something new.

4. Fear seem incompetent. In the case of paper cards, each department head or chief physician have the patience to carefully grasp the meaning of the manuscript, made almost unreadable handwriting. In the case of printing the electronic document each word or phrase can be easily analyzed and identified any errors.

**Result.** Before considering the conditions for successful implementation of industrial information system it makes sense to outline the process of implementation - from the public stage and units of work he is. The successful implementation of all phases and units of work management of health facilities need to plan their activities, without relying on the fact that the result will be achieved only as a result of the work of the contractor, the system supplier.

**Conclusions.** Creation of appropriate infrastructure, the delivery of the most advanced, reliable and well-proven solutions and even provide training - is no more than half way to solving the problem of the full implementation of the IIA. Highlights that health facility management must take into account in the preparation and planning of the project are listed below:

- A study of the use of information technology in hospitals of foreign countries which have developed health care system.

- Formation of the prerequisites in the process of selection of the supplier and the software and hardware solutions.

- Organizational and personnel decisions, or the formation of a project team from the health facility.

- Political and administrative measures and the system of motivation of the personnel to the use of new technology.

- The distribution of functions between the solution provider and IT-specialists of health facilities for the implementation period, and at the stage of system maintenance.

It is desirable the presence of such a specialist in hospitals all the time. If you can not use its own personnel, is to choose a supplier MIS capable of providing the appropriate expert at least for the initial phase of implementation.

## PREVENTION OF THE THROMBOEMBOLIC COMPLICATIONS AT THE LAPAROSCOPIC CHOLECYSTECTOMY

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**Introduction:** The prevention of thromboembolic complications in hospitalized patients is an actual problem. The surgery significantly increases the risk of abnormal blood clots. In the absence of prophylaxis the deep vein thrombosis of the femoral-popliteal and ileo-caval segments develops in 25-28% of patients undergoing surgery for abdominal cavity, 19% of gynecological patients, 25% - urological patients. (Monograph «The foundations of clinical phlebology» Edited by academician of RAMS Y.L. Shevchenko, Professor J.M. Steadfastly, Professor M.I. Lytkina)

**Objective:** The aim of our study was a comparative evaluation of the action of Unfractionated Heparin and Low Molecular Weight Heparin in the blood coagulation system in patients with chronic calculouscholecystitis, who underwent laparoscopic cholecystectomy.

**Materials and methods:** The research was carried out on the basis of the 2nd clinic of the TMA. The study involved the 54 patients with high risk for thromboembolic complications aged from 50 to 65 years of age. Men consisted 42% among all patients and women 58% respectively. They were prepared for planned laporoscopic cholecystectomy. Patients were divided into two groups. Patients were randomly allocated into groups. 1st group – 25 patients which admitted Unfractionated Heparin and elastic bandaging of the lower extremities before the operation to prevent the thromboembolic complications. 2nd group – 29 patients which admitted Low Molecular Weight Heparin with the bandaging of the lower extremities with the elastic bandages before surgery. Measurements were carried out by determining the activated partial thromboplastin time, clotting time, coagulation parameters.

**Results:** With the use of unfractionated heparin in patients of the 1st group were noted bleeding after surgical wounds, increasing the FAC on average by 30%, the APTT by 30%, rates of fibrinogen decreased by an average of 15-20%. With the use of Low Molecular Weight Heparin in patients of the 2nd group were not observed bleeding after surgical wounds, increasing by an average of FAC 10-11%, the APTT is 14-15%, the fibrinogen remained at previous levels.

**Conclusion:** Based on our research, the use of Low Molecular Weight Heparin is a priority and a less intrusive impact on the hemostatic system in comparison with Unfractionated Heparin.

## **SURGICAL TREATMENT RESULTS OF FALX MENINGIOMAS**

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Falx meningioma, as defined by Cushing, is a meningioma arising from the falx cerebri and completely concealed by the overlying cortex. Falx meningioma tends to grow predominately into one cerebral hemisphere but is often bilateral, and in some patients the tumor grows into the inferior edge of the sagittal sinus. However, although much information is available regarding meningiomas, little is known about falx meningiomas.

Cases of falx meningiomas are reviewed with respect to their clinical characteristics, the surgical techniques used, their histological subtypes and surgical outcomes.

**Materials and methods:** The analysis included: age, sex, extent of resection, radiologic and pathologic findings. Falx meningiomas were classified by location as anterior, middle, or posterior as described for parasagittal meningiomas. 50 patients operated in the Republican Scientific Center during the period of 2014-2016.

**Results:** There were 24 male and 26 female patients. Mean age was 45 years and ranged from 30 to 66 years. Locations of falx meningiomas were: the anterior third in 16, middle in 24 and posterior in 10. In 45 of the 50 patients tumors were totally removed. Additional surgery for recurrence was performed in 2 patients over 3 years. Of the 2 patients, one patient underwent gross total tumor resection at first operation; the one underwent subtotal tumor resection. Based on pathologic reports, the largest tumor subtype was transitional. Of the 50 patients, 43 achieved a good outcome (no neurological deficit or recurrence), five had temporary complications, one suffered new permanent postoperative deficit and the remaining one died due to severe brain swelling despite postoperative intensive care. Extent of surgical resection was found to be significantly related to tumor recurrence.

**Conclusion :** Falx meningioma accounted for 8,5% of intracranial meningiomas

and the transitional meningioma was the most common subtype of falx meningioma. Gross total resection of tumor was the single most important predictor of an improved surgical outcome.

## ENDOSCOPIC PAPILOSPHINCTEROTOMY IN THE TREATMENT OF COMPLICATED FORMS OF CHOLELITHIASIS

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**Introduction.** Timely diagnosis and targeted cholelithiasis and its complications remain today an urgent problem in the surgical hepatology. The emergence of a method of treatment - endoscopic papillosphincterotomy (EPST) provided an opportunity for the treatment of this severe group of patients without the need for an operation associated with laparotomy and therefore with less operational risk.

**Materials and Methods.** It analyzed 78 patients who performed EPST for the period from September 2015 to May 2016.

**Results.** Endoscopic intervention was performed in 24 men and 54 women aged 24 to 86 years. Indications for endoscopic correction were: choledocholithiasis after cholecystectomy in 15 patients; stenosis of the major duodenal papilla and common bile duct stricture after cholecystectomy in 23 patients; choledocholithiasis and stenosis of major duodenal papilla in chronic calculous cholecystitis in patients with a high degree of operational risk in 28 patients at the height of jaundice and anicteric period in 12 patients. Immediately after EPST when choledocholithiasis in 42% of cases observed discharge of stones, 11% of the cases made choledocholitho-extraction large stones, in other cases, the stones alone migrated to the duodenum.

**Conclusion.** EPST - gentle and highly effective method in the treatment of complications of cholelithiasis in a terminal part of common bile duct strictures and major duodenal papilla with few complications and low mortality.

## USING OF MINIMALLY INVASIVE INTERVENTIONS IN CHOLELITHIASIS

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Increasing the frequency of gallstone disease with choledocholithiasis and stricture distal choledoch a growing number of surgical interventions, including the use of new technologies. At the present level of development surgery, there are two basic ways endosurgical the treatment of this disease two-stage, comprising endoscopic papillosphincterotomy before or after laparoscopic cholecystectomy and laparoscopic stage in volume cholecystectomy in combination with interference on a common gall duct.

**Purpose of the study.** To determine the effectiveness of laparoscopic surgery in the treatment of choledocholithiasis and stenosis of the distal common bile duct, with no possibility of endoscopic interventions on a large papilla duodenal intestine.

**Materials and methods.** Analyzed 112 patients who performed laparoscopic cholecystectomy during the period from September to December 2016 in department of surgery in the Republic clinical hospital №1.

**Results.** Laparoscopic methods of treatment of cholelithiasis, complicated choledoch-

lithiasis and distal stenosis of choledoch are the methods of choice, along with conventional treatments. Positive results have been reported in at 90.7% of the patients, the complication rate is 10.6% and the mortality rate of 0%. In conventional methods, these figures are 17.4% and 3.19%. Time spent in hospital is reduced from 14,9 to 8,8 days.

Laparoscopic choledolithotomy it is indicated for single calculi and good patency the distal common bile duct and is effective in 92.8% of cases. Choledochoduodenostomy carried out in violation of patency distal part of the common bile duct, plural choledocholithiasis and increase in the more than 1.5 cm. Formation choledochoduodenoanastomosis, as well as choledolithotomy, must be combined with an external drainage common bile duct through the cystic stump duct.

**Conclusions.** Laparoscopic choledolithotomy and choledochoduodenostomy is an effective treatment. These interventions are accompanied by fewer complications compared with conventional surgery operations.

## OPTIMIZE TREATMENT IN SEVERE FORMS PYOINFLAMMATORY DISEASES OF SOFT TISSUES WITH DIABETES MELLITUS

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**Objective:** To improve the results treatment of patients with pyoinflammatory diseases of the soft tissues in diabetes mellitus, to include the complex of medical measures granulocyte colony stimulating factor (G-CSF) of Filgrastim.

**Materials and Methods:** Analysed results of complex treatment acute purulent inflammation surgical infection of soft tissue in 132 patients with diabetes in a Republican Center of contaminated surgery and surgical complications of diabetes MoH of RUz in 2007-2013. Of them 59 (44.7%) patients the main group who were treated with pyoinflammatory diseases of the soft tissues in diabetes mellitus with (G-CSF) Filgastima a dose of 5 mg/kg body weight. 73 (55.3%) patients - control group, which have conducted traditional complex of therapeutic and diagnostic activities.

The control group of patients, and the main groups were comparable by gender, age, nosological entities and severity of the disease.

Analysis of the prevalence of inflammatory processes in patients with diabetes PIDoST on background DM allowed to reveal that increasingly marked its location in the body (59%), almost the same number were located in the area of the lower extremity (17.8%) and perineum (13.6%).

The main criteria for the appointment of (G-CSF) Filgrastim were signs of systemic inflammatory response syndrome, the size of the area prevalence purulent-inflammatory process and quantitative composition of microbial contamination of the wound exudate. Patients with severe course of inflammatory processes filgrastim G-CSF administered by subcutaneous injection at a dose of 5 mg / kg body weight for at least 5 days. When passing pyo-inflammatory processes in the lung level flow XOGO retransmission is not performed, we continued subcutaneous injection of G-CSF Filgrastim at a dose 5 mg / kg body weight for a further 2 days.

By reducing microbial contamination of the wound to <3 lg cfu / ml, the area of distribution purulent -inflammatory process of <500 cm<sup>2</sup> and with only one sign of systemic inflammatory response syndrome, or in its absence, in general, the use of G-CSF Filgrastim stopped.



**Results:** The (G-CSF) Filgrastim in patients of main group resulted in an increase white blood cell count on average 1.7 times already in 3-5 days of treatment. This fact was due on the one hand a specific impact on the populations of these cellular part of blood cells, on the other hand - reducing the level of LII. Comparative analysis of microbial contamination of the wound exudate as aerobic and anaerobic showed that their content in the studied groups of patients were similar. In the main group of patients with purulent-inflammatory diseases of the soft tissues with diabetes mellitus in the 3rd day of the treatment was decreased aerobic almost to the critical level (3,2±0,31 lg KOE / ml), whereas the level of anaerobic microorganisms decreased below critical. At the same time, in the same period, patients in the control group with the pathological process of anaerobic level was 1.6 times higher than the critical.

**Conclusions:** The use of Filgrastim in complex medical actions in patients with diabetes GVZMT in the background to increase the number of positive of treatment outcomes by 11.3%, to reduce the incidence of septic complications by 43.2%, and mortality rate - by 4.5%.

## THE MORDEN APPROACHES IN TREATMENT OF FURNIER GANGRENE IN PATIENTS WITH DIABETIS MELLITUS

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**Objective:** to study clinical course of Fournier gangrene and the choice of treatment tactics in patients with diabetes mellitus.

**Materials and Methods:** In the report published by the Republican Center of Purulent Surgery and Surgical Complications of diabetes patients, which was provided by Ministry of Health of the Republic of Uzbekistan, in the period from 2012 to 2015, 29 patients with phlegmon Fournier were observed. The average age of the patients was 62.6 years and all patients had diabetes. The average hospital stay was 12.4 days. All patients received intensive care which is an important element in the treatment of anaerobic infections. That included: 1) Regulation of blood sugar levels (insulin therapy), 2) Antibiotic Therapy. Taking into consideration the mixed microbial etiology, first of all the broad spectrum drugs were administered such as ( fluoroquinolones III-IV generation cephalosporins III-IV generation carbapenem combined with metronidazole and systemic antifungal drugs ).

**Results:** An important role in the development of cellulitis Fournier was played by diabetes in all patients, cardiovascular systems were affected in 7 patients, alcoholism - in 2 patients, urinary tract infection and ad rectal area - in 4, contributed by long-term use of hormones and cytostatic in connection with rheumatoid arthritis-1. The Lethal outcome was observed in 3 (10.3%) patients from multiple organ failure with severe intoxication and sepsis syndrome. In 25 (86.2%) patients had a spontaneous form of gangrene Fournier, in 4 (13.8%) - repetitive, in 3 (10.3%) with orchiepididymitis in the background, and one (3.4%) - after the Winckelmann operation. All patients underwent complete clinical and radiological study. As well as electrocardiography was performed and blood culture and wound exudate flora with sensitivity to antibiotics. In 8 cases (27.6%) patients on admission were transferred to the intensive care unit due to the severity in their condition and for short-term preoperative preparation. Typically, the disease begins acutely, with typical symptoms of intoxication: general weakness, a sharp

increase in body temperature to febrile digits (40 ° C) tachycardia, chills, and weakness. The putrid stench which is the characteristic of damaged soft tissue, effacement classical signs of infection with prevalence of symptoms of general intoxication.

**Discussion:** In our opinion –the radical surgical treatment which is focused on purulent- necrotic core, followed by daily dressings and an adequate antibiotic and infusion therapy are the main stages of complex treatment. It is required that during the surgical treatment the extensive dissection of the tissue that is affected by infection while relying on visual indications of change in tissue, precise necrectomy without the fear of baring testicles. Surgical treatment should be performed after a short preoperative preparation. In patients with septic shock surgery was performed only after stabilization of blood pressure and admission surgery was limited only to lampasnymi incisions to drain pus and aeration of the tissue.

**Conclusions:** Due to the presence of diabetes mellitus, the spread of anaerobic putrefaction has a malignant progression than without it. It is due to a decrease in reaction in the immune system, the polyvalent (distressed) micro flora and the anatomical structure of the perineum and inguinal regions. In the treatment of Fournier gangrene the main importance is a timely surgery (radical surgical treatment of purulent- necrotic focuses, phased necrectomy, dermepentesis ) and multicomponent intensive care.

## ROLE ENDOBILIARY INTERVENTION IN COMPLEX TREATMENT OF PATIENTS WITH MECHANICAL JAUNDICE

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**Background.** Surgical treatment of patients with mechanical jaundice is an actual problem of abdominal surgery. One of the major factors contributing to the disease is the development of septic complications in these patients at various stages of surgical treatment. In recent years, an important practical meaning takes on studying the role endobiliary intervention in complex treatment of patients with mechanical jaundice.

**Purpose.** To determine the possibility of considering endobiliary interventions in complex treatment of patients with obstructive jaundice, not only as a stage of preoperative preparation, but also in certain clinical situations as the ultimate therapeutic palliative intervention.

**Materials and methods.** Period from 2015 to 2016 in surgical department of Republic clinic hospital №1 were examined and treated 24 patients with the syndrome of obstructive jaundice, 13 women (54.2%) and 11 men (45.8%). The patients' age - from 28 to 75 years, average age - 51 years. The majority were patients with a tumor of the pancreas head - 13 (54.2%) and Klatskin tumor - 4 (16.7%). The remaining patients were diagnosed: papillary tumor - 4 (16.7%), hepatocellular carcinoma - 3 (12.4%).

**Results.** All patients urgently with a view to the biliary tract decompression percutaneous trans-hepatic drainage of the bile duct was performed. Most patients 15 (62.5%), external-internal drainage performed simultaneously, in two stages 2 (8.3%) patients, 1 (4.15%) were performed only external drainage. Two-stage holding externally-internal drainage was caused by a high degree of hyperbilirubinemia (120 mol / L), the presence of purulent cholangitis and marked dilatation of the intrahepatic ducts, which impeded the passage of occluded segment and would lead to an increase in trauma intervention. 4 (16.7%) patients with tumor Klatskin performed bilateral drainage. After resolving

jaundice patients conducted further examination, including ultrasound and CT with bolus strengthening of the abdominal cavity. Histological in some cases performed puncture-aspiration biopsy under ultrasound guidance (a tumor of the head of the pancreas, primary liver cancer). With cavernous contraindications performed surgery. Open surgical interventions were performed 2 (8.3%) patients; one of them (4.2%) – pancreatoduodenal resection was performed Endobiliary stenting 13 (30.9%) patients, including «Y» -shaped stent was used in 3 (23.01%) cases.

The mortality in the early postoperative period (3-7 days) after the drainage of the bile ducts percutaneous trans-hepatic drainage - 1 (4.2%) patients; group of stenting of the bile ducts - 1 (4.2%) Cause of death in most cases the phenomenon of severe renal and hepatic failure.

**Conclusion.** Given the high risk of open surgery in patients with obstructive jaundice, we believe that endobiliary intervention should be considered not only as a stage of preoperative preparation, but also in certain clinical situations as the ultimate therapeutic palliative intervention.

## BLOOD PRESSURE TARGETS FOR VASOPRESSOR THERAPY IN SHOCK

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**Purpose.** In shock, hypotension may contribute to inadequate oxygen delivery, organ failure and death. We conducted the Optimal Vasopressor Titration (OVATION) pilot trial to inform the design of a larger trial examining the effect of lower versus higher mean arterial pressure (MAP) targets for vasopressor therapy in shock.

**Materials and methods.** We randomly assigned critically ill patients who were presumed to suffer from vasodilatory shock regardless of admission diagnosis to a lower (60–65 mmHg) versus a higher (75–80 mmHg) MAP target. The primary objective was to measure the separation in MAP between groups. We also recorded days with protocol deviations, enrolment rate, cardiac arrhythmias and mortality for prespecified subgroups.

**Results of the study.** A total of 118 patients were enrolled from 11 centres (2.3 patients/site/month of screening). The between-group separation in MAP was 9 mmHg (95% CI 7–11). In the lower and higher MAP groups, we observed deviations on 12 versus 8% of all days on vasopressors ( $p = 0.059$ ). Risks of cardiac arrhythmias (20 versus 36%,  $p = 0.07$ ) and hospital mortality (30 versus 33%,  $p = 0.84$ ) were not different between lower and higher MAP arms. Among patients aged 75 years or older, a lower MAP target was associated with reduced hospital mortality (13 versus 60%,  $p = 0.03$ ) but not in younger patients.

**Conclusion.** This pilot study supports the feasibility of a large trial comparing lower versus higher MAP targets for shock. Further research may help delineate the reasons for vasopressor dosing in excess of prescribed targets and how individual patient characteristics modify the response to vasopressor therapy.

## INTENSIVE CARE MANAGEMENT OF PULMONARY HEMORRHAGE

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There is a wide spectrum of severities in patients with pulmonary bleeding with a range from mild haemoptysis to severe bleeding with an acute risk of asphyxiation. For the management of acute pulmonary haemorrhage, it is essential to identify the underlying cause in order to initiate a target-oriented or causal therapy. The most common causes of localized pulmonary bleeding are lung cancer as well as infections, anticoagulant therapy or bronchiectasis. Diffuse alveolar haemorrhage is mostly due to pulmonary vasculitis or connective tissue disease, but may also occur in pulmonary metastasis, congestive heart failure, coagulation disorders and from many other causes. In a case of severe pulmonary bleeding it is essential to secure the airways and ensure sufficient ventilation, i. e. by intubation with a double-lumen endotracheal tube and by appropriate positioning of the patient. Stabilizing haemodynamics is crucial. Simultaneously basic diagnostic measures, i. e. appropriate laboratory tests, chest X-ray, computed tomography scan of the chest and bronchoscopy, are performed. Localized pulmonary bleeding usually requires local treatment, like bronchoscopic therapy, bronchial artery embolization or surgery. Diffuse alveolar haemorrhage must be treated systemically, i. e. by immunosuppressive therapy in cases of vasculitis or by medical treatment of coagulation disorders. Even with optimal interdisciplinary management the in-hospital mortality of severe pulmonary bleeding remains high. There is a significant risk of recurrent bleeding depending on the cause of haemorrhage. In patients with «cryptogenic» haemoptysis there is an increased rate of lung cancer within the following years and follow-up of these patients is recommended.

## MEDICAL TACTIC IS AT GASTRODUODENAL ULCEROUS BLEEDING INTO EMERGENCY SURGERY

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**The aim of investigation** - improvement of the methods and means of treatment of ulcerous gastroduodenal bleeding, including the use of endoscopic methods of stopping bleeding, mortality rates remain high, ranging from 10-14% to 30% (Gostishchev VK et al, 2008; Lebedev NV et al., 2010). Ulcer bleeding accompanied by secondary immunodeficiency with predominant inhibition of T-cell immunity in the absence of the strict dependence on the degree of severity of the immune deficiency of blood loss (Yarinin A.A.2010). The purpose of research is to develop predictive algorithm to identify recurrences of ulcer gastro-duodenal bleeding for their prevention in the surgical hospital in view of disturbances of the immune status.

**Materials and methods:** The work is based on the analysis of the clinical observations of 78 patients who were on treatment for gastroduodenal ulcer bleeding in the surgical department of the Republican Clinical Hospital №1 Ministry of Health of Uzbekistan for the period 2015 - 2016. The age of patients was 25 to 83 years, mean age of  $39,1 \pm 16,1$  years. Men were 49 (62.8%), 27 women (34.6%) (ratio 1,8:1). Patients operated on in the period 2014 - 2015 gg. made control group -



22 (28.2%) patients. In this group the estimation of surgical risk was based on the study of medical records. Patients who were treated from 2014 to 2016 amounted to a major group - 56 (71.7%) patients. In this group the risk assessment carried out recurrence of bleeding during preoperative preparation and in the dynamics of the early postoperative period, and the doctor gave specific recommendations on re-probability risk of bleeding. In this group were considered as indicators of the immune status, and held immunotherapy «Glutoxim» drug if necessary.

**Results:** evaluation of ulcer bleeding by Forrest determined by points as follows: F1a- 5, F1v- 4, F2a- 3, F2v- 2, F2s- 1. Ulcer size was determined by endoscopic line during gastroduodenoscopy. The size of ulcers up to 5 mm were evaluated as 1 score from 5 before 14 mm-2 points, from 15 before 24 mm-3 points, 25 mm or more or 4 points. The main reference point for this was to identify the need for emergency surgery. If it was necessary, he compared the risk of emergency surgery and medical treatment. In order to prevent postoperative complications and for the purpose of immune glutoksim used as follows: daily intramuscularly in a dose of 5-10 mg. Duration of course 2-4 weeks. In the surgical treatment of these patients preferred surgery ulcer excision and pyloroplasty with trunkular vagotomy. Gastrectomy was performed only in patients with localization of ulcers in the body or in the cardiac section of the stomach, in the absence of severe concomitant diseases. Palliative operations in the form of isolated sewing or excision of the ulcer at any site are allowed only in patients with very severe loss of blood and severe concomitant diseases, excluding the radical intervention.

**Conclusion:** in this way, the optimal strategy is determined by the introduction of the GI tract of patients with the severity of condition, the type of endoscopic hemostasis and prognosis of rebleeding in the first hours of admission to the surgical hospital. Monitoring and, if necessary, immunotherapy drug «Glutoxim» leads to better treatment results in a non-operated and operated patients with gastroduodenal bleeding ulcer etiology.

## IMPROVED METHODS OF DIAGNOSIS AND SURGICAL TREATMENT OF ACUTE APPENDICITIS IN PREGNANT WOMEN

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The problem of appendicitis and pregnancy remains relevant in obstetrics and surgical practice. Appendicitis in Pregnancy - is a serious surgical pathology. Therefore, acute appendicitis in pregnant women stands out in a separate section of acute diseases of the abdominal cavity. This is due to the peculiarities of the anatomical and physiological nature of the pregnant woman, in connection with which there are special difficulties in the diagnosis of appendicitis. According to (Krieger D.G, A.V Fedorov 2010), appendicitis occurs during pregnancy in 0.03 - 5.2% of cases.

**The Aim.** Improving the results of diagnosis and treatment of acute appendicitis in pregnant women.

**Materials and methods.** We analyzed the medical records of 48 pregnant women admitted with a diagnosis of «acute appendicitis» in the Department of Emergency Surgery Clinical Hospital №1 in the period from 2012 to 2014.

**Results and discussion.** Acute appendicitis was observed in 4.3% of women diagnosed with OA and 2.9% among women operated, the frequency of OA in the 1st-trimester 27.3% in the 2nd-48.9% 3-m -23.8%. Before entering, all patients ex-

amined by an obstetrician-gynecologist. Common symptoms are: pain in the right iliac region at 77.1%, 64.6% Sitkovskiy symptom, a symptom of Michelson Shchetkin - Blumberg, brand, Cheremskih-Kouchnirenko, Rizwan from 21.2% to 58.3% of cases. In a blood test leukocytosis greater than  $10 \times 10^9$  was observed in 69.7% with phlegmonous appendicitis, with catarrhal - 21.2%. Gangrenous appendicitis with peritonitis local detected 9.1%. Of the 33 pregnant women were operated 31 conventional method, and in 2 cases of doubt, performed diagnostic laparoscopy followed by LAE 1 and 2 early trimester. Incision of Mc Burney used in 26 pregnant women in the III trimester 5 incision shifted slightly higher. Complications as the operation itself, and obstetric not observed. The diagnosis of OA in 15 pregnant women was filmed. On the basis of ultrasound in 1 revealed renal colic, 7 pregnant threatened miscarriage, in 2 - bilateral salpingitis. In 5 pregnant - intestinal colic.

Outcome a role of instrumental methods are - ultrasound examination and laparoscopy in diagnostics of acute appendicitis during the pregnancy. Presented results of diagnostics and treatment of acute appendicitis in 48 patients during different duration of gestation. Ultrasound examination was widely used, as well as laparoscopy in doubtful cases.

**Conclusions.** Most often found in OA II (48,9%) trimester. Leukocytosis indicators can not be considered pathognomonic in OA in pregnant women. Using ultrasound revealed in 10 pregnant pathology unrelated to PR. In cases of confirmed diagnosis of OA pregnant subject operation - appendectomy: laparoscopy in 1 and 2 beginning trimester in cases of doubt, allows to detect and confirm the OA (2 cases), and effectively apply the LAE, which justifies and improves the results of the diagnosis and treatment of OA in pregnant 1 and at the beginning of 2 terms. In the later stages 2 terms Recommended traditional AE cut Mc Burneya, and in the III trimester - shifting the cut is slightly higher.

## **ENDOVASCULAR TREATMENT OF ACUTE PURULENT-DESTRUCTIVE DISEASES OF LUNGS DURING SEPSIS**

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In recent years, there has been an increase the number of patients with severe and complicated forms of acute pyo-inflammatory diseases of the lung. According to different authors, the percentage of septic complications in pyo-inflammatory diseases ranges from 30% to 70%. Despite the different approaches to the treatment of sepsis, results of treatment can hardly be regarded as satisfactory. To create an effective drug concentration in the pathological focus methods of selective intra-arterial administration, particularly long-term intra-arterial catheter therapy – LIACT are widely used (Gostishchev V.K. Smolar V.A. Kharitonov Yu. Thoraco-abscess stomy in complex treatment of patients with pulmonary gangrene // Surgery. 2014. P. 54-57).

In this regard, the aim of our work was to improve the treatment results of patients with pyo-inflammatory diseases of the lung through the development of pathogenetically substantiated scheme of long-term intra-catheter therapy (Zalesny S.A. Efferent therapy in patients with purulent-destructive lesions lungs. MD Krasnodar. 2008.- 109 p).

Long-term intra-arterial catheter therapy against sepsis was performed in 60 (23.5%) patients with pneumonia complicated by an abscess, 39 (15.2%) patients

with gangrene of lungs, 74 (28.9%) with acute purulent and 83 (32.4%) with gangrenous abscesses of lung.

In 79 cases (30.9%) LIACT combined with continuous intra-venous catheter therapy. This therapy was aimed at correcting the pathogenetic mechanisms of progression of acute suppurative destructive diseases of lungs.

Treatment consisted of intra-arterial bolus injection of antibacterial drugs in the 2-3 combination. Thus cephalosporins and aminoglycosides were administered intra-arterially in the maximum shock doses on the first day, respectively, as bactericidal activity have been achieved when the concentration of the antibiotic in the blood is 2-4 times higher than the average therapeutic. In further antibacterial therapy corrected depending on the data of bacterial examination. Today undoubted role non-clostridial anaerobic microorganisms in the development of pulmonary destruction, so we have used intra-arterial metronidazole to 3000 mg per day.

The new scheme introduction of main and basic drugs, depending on the degree of failure non-respiratory activity light (dfNAL), namely: in the first stages LIACT introduction of drugs that improve the microcirculation, as without it introduced products do not reach the lesion and eliminated from the body, getting into the bloodstream through arteriole-venule shunts. Then we were introduced detoxification preparations for the evacuation of toxic metabolic products, toxins, microorganisms, excessive inflammatory mediators and we have connected bolus administration of antibacterial drugs. In the second phase (3-4 days) on the background of reduced microcirculation and saturation to achieve lung tissues to antibacterial drugs carried out by catheter therapy was connected SBSU (albumin, alvezin et al.).

In conclusion, development and implementation original methods of combined intravenous and intra-arterial NAL correcting violations, fighting infection and inflammation have allowed compared to the control group of patients, reduce the time of catheter therapy and accelerate the process of limiting pyo-destructive process from 12-14 to 4-7 days, increase frequency and complete clinical recovery to 15.6%, reduce the incidence of chronic 5.5% and mortality by 15.7%.

# RADIOLOGY AND ONCOLOGY



## VALUE OF IMAGING MODALITIES IN DETECTING RENAL ANOMALIES

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**abstract:** anomalies of kidney divided into to anomalies number of kidneys, anomalies formation of kidneys, anomalies location of kidneys and fusion anomalies of kidney. Most common spread of them horseshoe kidneys, crossed renal ectopia, malrotation. Horseshoe kidney belongs to fusion anomalies kidneys, crossed renal ectopia and malrotation belong to location anomalies of kidneys. Anomalies can be cause of clinical presentation like hematuria pain, pain, dysuria, palpable mass, fever, polyuria or can course occult.

**Materials and methods** we studied 19 patients. The patients ranged in age from 18 to 49 (average age  $38 \pm 4,5$ ). 10 (52,6%) of them was female and 9 (47,4%) male. Clinical presentation were flank and abdominal pain in 12 (63,2%) patients hematuria in 11 (57,9%) patients fever in 5 (26,3%) patients dysuria in 17 (89,4%) patients polyuria in 2 (10,5%) patients palpable mass was in one (5,2%) patient. Imaging studies included ultrasonography plain abdominal radiography intravenous pyelography and CT.

**Results:** Plain abdominal radiography suggested renal anomalies in eight cases. Intravenous pyelography predicted 16 anomalies. Ultrasonography and CT detected 19 anomalies in 19 patients. Most common renal anomalies was horseshoe kidney (9 patients-47,4%). Crossed renal ectopia in 5 (26,3%) patients, malrotation in 4 (21%) patients and doubled kidney in 1 (5,2%) patients. Associated complications included urinary tract stones (14), urinary tract infection (10), hydronephrosis (8), and tumours (1).

**Conclusion:** Most spread kidney anomalies is fusion anomalies (horseshoe kidney). Urinary stone is most common associated complication. Ultrasound sonography, intravenous pyelography and CT can be used in order to diagnose renal anomalies but best imaging modality to detect kidney anomalies and evaluate kidney anatomy, function and its associated complications is CT.

## THE ROLE OF MRI IN STAGING OF RECTAL TUMORS

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**Objective:** Currently there is no single point of view in relation to the ray method, for optimal staging of rectal cancer. According to many authors, MRI method is the most accurate in assessing the extent and prevalence of colorectal cancer stages T3 and T4, but transrectal US inferior in the early stages of tumor.

**Materials and methods:** The study included 31 patients of which 18 women and 13 men aged 36 to 81 years (average age 64 years) with colorectal tumors. Histologically, the tumor was presented in 28 cases of adenocarcinoma in 2 patients diagnosed with squamous cell carcinoma, in 1 patient mucosal cancer. Preoperative chemo radiation therapy has not been evaluated. The survey was carried out in the magnetic resonance imaging GE Optima with the magnetic field strength of 1.5 Tesla, using a sur-



face coil. Survey protocol included T2 WI in the sagittal and axial planes, T2 cube 3D, T2 VI High Definition (slice thickness 3mm, FOV 16-18mm) oriented perpendicular to the long axis of the intestine and at the level of 5cm above the tumor, T2 VI High Resolution oriented parallel to lower anal canal seated tumors, diffusion-weighted images. For preoperative staging we used the 7th edition of the TNM classification.

**Results:** Stage T3 met most frequency was detected in 19 patients with (61%), the stage T2 in 7 patients (23%), step T4 was found in 3 patients (10%), 1 patient revealed stage T1 and 1 -Tis (3%). T staging accuracy compared with the results of pathological studies was 80%. The most frequent errors encountered in the diagnosis of tumors in the early stages (Tis, T1 and T2), errors were also associated with over diagnosis T3 stage on the background of desmoplastic reaction and over diagnosis T4 stage on the background of the surrounding inflammatory reaction and poorly expressed mesorectal fat. Stage N0 was detected in 14 patients (45%), Step N1 - 9 patients (29%), Step N2 - in 8 patients (26%). The MRI results were marked « suspicious» lymph nodes rounded, heterogeneous structure, components with irregular contours and low-intensity signal on MRI ADC map. As a result of pathological research MRI accuracy staging was 58% due to over diagnosis: almost half of the cases « suspicious» lymph nodes were presented benign.

**Conclusions:** MRI can accurately estimate the prevalence of particular tumors of the rectum, set the T-stage. N-staging is diagnostic difficulty due to possible small size of metastases, the complexity of the differential diagnosis of benign and metastatic lymph nodes.

## THE ROLE OF ULTRASONIC METHODS IN RECTAL CANCER

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**Purpose:** to estimate informativity of ultrasound investigation (US) - transabdominal (TA US), transrectal (TR US) and transvaginal (TV US) in establishing the assessment of cancer of the rectum (RCr).

**Materials and Methods:** The material for this work served as the study 134 patients with a clinical diagnosis of colon cancer, aged 34 to 80 years who were treated at the RORC. All patients underwent barium enema and ultrasonography (US TA, TR and TV ultrasound investigation). Subsequently, all patients were operated on, they produced various kinds of operations. The criterion for the accuracy of diagnostic data were the results of morphological study of drugs removed during surgery. Analysis of the results showed that the accuracy of barium enema in establishing the basic parameters of rectal cancer was 87% (116 patients). The depth of germination of the intestinal wall and metastasis in lymph nodes when adrectal irrigoscopy not determined. When TA ultrasound tumor was visualized in 87% of cases, but in 93% of cases it was not possible to establish the relation of this neoplasm to any specific pelvic organs. The localization of the tumor in the rectum was correctly identified in 58.6% of cases. Metastases in the retroperitoneal lymph nodes were detected in 80.5% of cases, the difficulties were with metastasis to the pelvic lymph nodes (well established in 15 of 21 cases).

**Results:** The intra-cavity ultrasound (ultrasound TR and TV) allows you to set the localization of the tumor in the rectum in 81.6% of cases. US difficulties arise in de-

termining the growth of the tumor shape, especially its ulceration. Exophytic tumor growth form has been correctly defined in 7 of 9 patients endophytic 8 out of 12 patients and mixed in 10 of 15 patients. Of all radiological methods TP and TV ultrasound was more accurate in determining the depth of germination of the bowel wall (86.3%), while it stood separate layers. Metastasis in lymph nodes when adrectal intracavitary ultrasound has been found in 20 of 31 patients. When analyzing the results of ultrasound methods turned out that the absence of metastases in the lymph nodes (N0) has been properly installed during transabdominal ultrasonography in 49 of 58 patients, with endosonography in 41 of 56 patients. The presence in the lymph tissue adrectal N1 nodes were found during transabdominal ultrasound and endosonography when detected in 7 of 12 patients. N2 lymph nodes were correctly defined for transabdominal ultrasound in 21 of 29 patients with endosonography 8 of 11 patients, the establishment of lymph node N3 during transabdominal ultrasound showed no pathological changes in all 8 patients whereas obtained in 5 of 8 patients with accurate information endosonography. The spread of the pathological process in the adjacent organs during intracavitary ultrasound was determined as follows: in 4 of 16 patients whose tumor invades all layers of the gut wall, found the germination of the bladder wall, at 3 prostate gland cancer, and 5 - the vagina and 4 - the uterine wall. It should be noted that the accuracy of transrectal ultrasonography in determining the local extent of the tumor was 72% (97 patients), and the introduction of transvaginal probe possible to increase the percentage of accuracy up to 84% (113 patients).

**Conclusions:** Thus, the results of the study indicate a sufficient descriptiveness and intracavitary transabdominal ultrasound in the refinement of the local prevalence of colorectal cancer. At the same time the basic method of radiation diagnosis of colorectal cancer irrigoscopy, supplemented by information obtained by ultrasound. Complex application of barium enema and ultrasound can help the surgeon in the selection of optimal patient treatment tactics that will have an impact on the prognosis of the disease.

## THE ROLE OF HEPATITIS B VIRUS IN DEVELOPMENT OF HEPATOCELLULAR CARCINOMA

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Hepatitis B virus (HBV) infection is a global public health problem with approximately 2 billion people that have been exposed to the virus. HBV is a member of a family of small, enveloped DNA viruses called hepadnaviruses, and has a preferential tropism for hepatocytes of mammals and birds. Epidemiological studies have proved a strong correlation between chronic hepatitis B virus infection and the development of hepatocellular carcinoma (HCC) (Tarocchi M, Polvani S, Marroncini G, Galli A., 2014).

Liver cancer is the fifth most common cancer in men and the ninth in women. An estimated 782,500 new liver cancer cases occurred in the world during 2012. Most primary liver cancers occurring worldwide are hepatocellular carcinoma (HCC), which likely accounts for 70% to 90% of cases. Worldwide, liver cancer is the second leading cause of cancer death in men and the sixth leading cause among women, with about 745,500 deaths in 2012 (GLOBOCAN, 2012).

**Objective.** Investigate the role of hepatitis B virus in development of hepatocellular carcinoma.

**Materials and methods.** In retrospective study were enrolled 23 patients with hepatocellular carcinoma being hospitalized in National Scientific Center of Oncology in the period of 2015-2016.

**Results.** Studies have shown that out of 23 patients with hepatocellular carcinoma were observed 14 cases with hepatitis B virus infection and from these contingent 10 patients with liver cirrhosis.

**Conclusions.** Based on the data presented above it can be concluded that, hepatocellular carcinoma is the mostly occurred after hepatitis B virus infection and in most cases it has co-morbidity with liver cirrhosis. But it also requires further studies.

## **INFORMATIVITY OF ULTRASONIC STUDY AT DETERMINATION OF PLEURA DAMAGE IN PATIENTS WITH TB/HIVINFECTION**

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**The aim of study** is evaluation significance of ultrasonic study (USS) in determination of pleura's damage at patients HIV/T.B.

**Material and methods** of study 80 patients with HIV-infection with primary revealed tuberculosis. By sex content the patients weren't differed, the men were 42 people (52.5%) women were 38 patient (47.5%). Majority of patients were at the age from 30 to 39 years. At admitting all patients were taken traditional examination, including clinical, X-Ray and laboratory examinations. All patients were taken traditional roentgenological study, TRS, CT and USS according to standard method. The changes of pleura area were revealed at 61 patients. For determination the role of ultrasonic examination at evaluation pleural changes at patients with tuberculosis in combination with HIV-infection, the comparative evaluation of results for different methods X-Ray diagnosis were carried out. From 61 patients with changes of pleura, being revealed at ultrasonic study at research with the method of traditional roengenography, the pleural changes were revealed only at 44 patients (72%  $p < 0.05$ ).

**Results:** At comparison USS results and computer tomography the convergence of results were minimum. The revealed thickness of pleural leaves were at 31 patients both at USS and computer tomography. The presence pleural effusion at CT was determined in 27 from 30 patients with liquid in pleura, being revealed at USS. By the data of computer tomography those patients were stated "thickness of pleural leaves" that should be evaluated as limited possibilities of CT method at revealing little volumes of liquid (to 50 ml), that corresponded to literature data, from that can be little volumes and structure of effusion are better visualized at echography (USS).

**Conclusions:** Thus, The study showed the ultrasonic diagnosis in comparison with TRS and CT was the most effective method at revealing changes in pleura. The USS is the most available, safe and cheap method of X-Ray diagnosis of pleural damage. It has special significance in case of control necessity after dynamics of pleural changes at multiple punctional evacuation of exudation.

# COMPUTED TOMOGRAPHY OF THE MALIGNANT TUMORS OF PANCREAS

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**Introduction.** Pancreatic cancer is the twelfth most common cancer in the world, with 338,000 new cases diagnosed with it. In the US, the incidence with pancreatic cancer was 7.5 per 100 thousand population, in Europe was about 10.1 per 100 thousand population, and in Uzbekistan it was 12.1 per 100 thousand population. While in the USA mortality rate was with this disease was 8.56 per 100 thousand population, and in Europe was about 9.9 per 100 thousand population. The early stages of this cancer do not usually produce symptoms, so the disease is generally advanced when it is diagnosed. The estimated 5-year prevalence of people in the world living with pancreatic cancer is 4.1 per 100,000. This cancer is almost always fatal, and is the seventh most common cause of death from cancer.

**The aim of the work:** To analyze diagnostic accuracy of CT for diagnosis of tumors of pancreas.

**Materials and Methods:** Fifty-five patients with presumed pancreatic carcinoma were prospectively studied with CT and images were interpreted in the department of diagnostic radiology of III-clinics of Tashkent medical academy and the department of radiology of the Republican Research Center of Oncology.

**Results.** Malignant tumors of pancreas were found in 45 patients. While 5 patients were diagnosed with benign tumor of pancreas, and 5 patients did not have any pathology of the pancreatic tumor. With pancreatic cancer, the tumor is localized in the head of the pancreas in 29 (64%) patients, in 11 (24%) patients in the body of pancreas and rest (24%) of patients in the tail of pancreas. For CT, positive predictive value, sensitivity, and specificity of pancreatic cancer were 72% - 89% respectively.

**Conclusions.** CT is the most accurate and important method of diagnosis for detection of tumors of pancreas.

## IMAGING OF PANCREATIC TUMORS

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**Introduction.** Pancreatic cancer remains one of the greatest challenges in the fight against cancer in the 21<sup>st</sup> century. One of the main causes of the poor prognosis of pancreatic cancer is the difficulty of its early diagnosis. As pancreatic cancer typically develops with few symptoms in the early stage and there are not many specific, the appropriate screening and early diagnosis of pancreatic cancer is quite challenging.

**The purpose of the study:** To determine the role of current imaging modalities in the diagnosis of primary tumors.

**Subjects and methods.** Eighty patients with suspected pancreatic tumors were prospectively studied to obtain the diagnostic accuracy of multi-detector computed tomography (MDCT) with angiography, magnetic resonance imaging (MRI), MR cholangiopancreatography (MRCP) for diagnosing tumors of pancreas.

**Results.** MDCT has shown the best performance for the evaluation of vascular involvement, which is the most important factor for predicting the tumor resectability.



The reported positive predictive value, sensitivity, and specificity for predicting the resectability of pancreatic cancer were 89% and 72% respectively. Given the greater soft-tissue contrast of MRI compared with that of CT, there are several specific situations in which MRI is superior to CT: small tumors, hypertrophied pancreatic head, isoattenuating pancreatic cancer, and focal fatty infiltration of the parenchyma. Therefore, MRI has been proven to be outstanding for characterizing pancreatic masses. MRCP is also a very successful and classical MR technique for non-invasively delineating the pancreatic ductal system. Although, MDCT currently has a major role in the evaluation of pancreatic tumors, MRI with MRCP allows more successful tumor detection at an early stage by allowing a comprehensive analysis of the morphological changes of the pancreas parenchyma, as well as that of the pancreatic duct.

**Conclusion.** Complex imaging methods are important for accurate diagnosis of the diseases of pancreas.

## DIAGNOSIS OF CENTRAL NERVOUS SYSTEM WITH HIV INFECTION

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**Objective:** Determination of the structural changes in the brain MRI study in HIV-infected patients with profound immunodeficiency.

**Materials and methods:** observing 31 patients with HIV infection in the 3 and 4 clinical stages of the disease (WHO classification) had CNS involvement and admitted to a specialized hospital for infectious diseases of the Republican Center for AIDS. The age of patients in the study ranged from 18 to 57 years, male gender 14 (45.2%), 17(54.8%) women. The entire control group of patients was carried out magnetic resonance imaging-based medical clinics Shox Med (Siemens Aero 1.5 T), Dison (Hitachi Airis mate 0.3 T.) The studies were conducted in the modes T1-, T2-, FLAIR and Pd- weighted images (WI ) in axial, coronary and sagittal planes.

**Results:** The clinical picture of brain lesions associated with HIV tend to rarely allows to diagnose accurately as symptomatic usually or worn out, or is found in many opportunistic diseases. Analyzing symptom observed in our patients, these symptoms have been found: headache in 77.4%, dizziness in 23.3%, memory impairment at 17.2%, violation of swallowing in 31%, disturbance speech at 3.2%, from 31.2% insomnia. When MRI study showed signs of vascular encephalopathy with mild atrophy of the frontal-parietal-temporal areas of the brain hemispheres in 35.5% of cases, multiple lesions of the white matter of the brain and basal ganglia, the barrel on the left and the right hemisphere of the cerebellum in 19.4% of the initial manifestations of vascular encephalopathy and degenerative changes in the hind legs of the internal capsule in 25.8% of volume formations frontoparietal region on the right in 6.4% of patients. Based on the results of MRI can be noted additional signal amplification lesions in the white matter of the brain associated with the local demyelination in 22.6% of patients.

**Conclusions:** Patients with HIV infection with CNS disorders occur a variety of neurotic character, such as fatigue, distraction, forgetfulness, mood deterioration, narrowing of the range of interests, sleep disorder, various phobias, autonomic lability. In the later stages of the disease to the forefront the defeat of the nervous system, mainly due to opportunistic infections. Pattern of HIV-infected patients with

neuralgic symptoms survey is mandatory inclusion in their survey of neuroimaging techniques like MRI, given his highly informative and harmlessness.

## VALUE OF CT IN DIAGNOSIS OF URETERAL RADIOLOUCENT FILLING DEFECTS

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**Abstract.** Radiolucent filling defects are pathology finding during excretory urography. The differential diagnosis of filling defects of the ureter has long been big problem to urologists and radiologists. Usually radiolucent filling defects could be no opaque stones like uric acid, medication stones, cysteine or blood clots, malignant tumors, papilloma. In order to distinguish them can be used retrograde ureterography, biopsy brush and CT. There are a lot of disadvantages of using retrograde pyelography and biopsy brush. For example perforation and infection of urinary tract.

**Materials and methods.** In RSCU we investigated 12 patients, underwent ultrasound, abdominal plain radiography and excretory urography. In all patients there was hydronephrosis in ultrasound examination and filling defects in excretory urography. There wasn't restriction choosing patients by gender, age, side of ureter.

Patients age was from 23 to 54 (average age  $32.5 \pm 2,6$ ). Seven (58,3%) of them was women and five (41,7%) men. In 3 cases pathologies were in the upper ureter, in 6 cases in the middle ureter rest filling defects were lower ureter. Size of filling defects varied from 0.5 to 1.0 cm (middle  $0.8 \pm 0,1$  cm). in all patients function of both kidneys was saved. We used computer tomography to all patients. We interpreted size location and Hounsfield units of filling defects.

**Results:** in 11 cases filling defects was radiolucent stones. 10 of their Hounsfield units varied from 360 to 410. We considered them as uric acid stones. 8 of them treated by oral medication however 2 patient was treated by extracorporeal shock wave therapy. Analyzing of stone composition proved our consideration. Other stone's HU was 136 and we suspected to cystine stone, after oral alkalization urine with beta blockers stone was removed away and results of stone analyzing confirm our supposition.

In 1 cases HU of filling defects was low – 88. We consider it as blood clot. Another changes of this side of kidney and tuberculosis anamnesis and checking urine culture helped establish diagnosis of renal tuberculosis. After some day blood clot removed by oneself. Patient was submitted to phthisiatrician!

**Conclusion:** CT can be replace invasive methods like biopsy brush and retrograde pyelography. Beside it CT give more information composition of stone or another abnormalities.

## CHARACTERIZATION OF MANDIBULAR FRACTURES USING 6-SLICE MULTIDETECTOR CT

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**The aim** of this study was to characterize mandibular fracture locations using 6-slice multidetector CT (MDCT).

**Materials and Methods:** CT scans of 60 patients with mandibular fractures who underwent 6-slice MDCT in the Department of Radiology of 3-clinic of Tashkent

Medical Academy during 1 year were studied. Mandibular fractures were classified into five types: median, paramedian, angle, condylar and coronoid process. Statistical analysis for the relationship between multiple fractures and type of mandibular fractures was performed using  $\chi^2$  test with Fisher's exact test.

**Results:** The percentage of multiple mandibular fractures was 52% median type, 21% paramedian type, 19% angle type and 8% condylar type. The resultant data showed a significant relationship between multiple fractures and the median type ( $p = 0.000$ ), paramedian type ( $p = 0.002$ ) and condylar type ( $p = 0.003$ ).

**Conclusion:** The results suggest that frequency of median type fracture found more than paramedian, angle and condylar type. Also, multiple fractures are related to the type of mandibular fractures.

## UNIFOCAL VERSUS MULTIFOCAL MANDIBULAR FRACTURES AND INJURY LOCATION

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The purpose of this study was to evaluate the prevalence and injury patterns of unifocal and multifocal mandibular fractures using thin-section imaging.

**Materials and Methods.** 60 patients with mandibular fractures identified on maxillofacial CT scans performed between September 2015 and November 2016 were retrospectively reviewed in Radiology department of Tashkent Medical Academy 3-clinic. Examinations were performed on 64-multidetector row CTscanners with axial images acquired at 5-mm slice thickness.

**Results.** The location and number of fractures as well as causative mechanisms were recorded. Fractures were unifocal in 29/60 (49%) and multifocal in 31/60 (51%) patients. The mandibular angle was the most common fracture site in both unifocal and multifocal mandible fractures. In cases with multifocal mandibular fractures, bilateral fractures were more common (83%) than unilateral multifocal mandibular fractures (17%). Fractures involving the parasymphysis, the mandibular body, or ramus were significantly associated with the presence of additional mandibular fractures.

**Conclusion.** While multifocal and unifocal fractures occurred in near equal frequency, bilateral multifocal fractures were much more common than unilateral multifocal mandibular fractures. Alveolar ridge fractures were exclusively seen in unifocal mandibular fractures.

## INCIDENCE AND CHARACTERIZATION OF UNIFOCAL MANDIBLE FRACTURES ON CT

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**The purpose** of this study was to determine the incidence of unifocal mandibular fractures on the basis of detection with dedicated facial bone CT scans and to characterize these fractures.

**Materials And Methods:** We retrospectively reviewed the imaging reports of patients during a 1 year period in the Department of Radiology of 3-clinic of Tashkent

Medical Academy were studied to identify those who had mandible fractures documented on dedicated facial bone CT scans. The incidence of unifocal fractures was determined, the unifocal fractures were further subcategorized, and any derangements of the temporomandibular joints were also evaluated.

**Results:** 60 patients met the inclusion criteria. The incidence of unifocal mandible fractures was 42% (25/60). Three unifocal fracture patterns identified were the following: simple fractures (14/25, 56%), comminuted fractures (7/25, 28%), and fractures associated with condylar subluxations (4/25, 16%). Most fractures had none to mild displacement or distraction.

**Conclusion:** Unifocal mandible fractures occur with greater frequency than anticipated by most radiologists. This may be due to the somewhat dynamic nature of the mandibular "ring," which includes the temporomandibular joints, though joint derangements evident on CT occur in the minority of cases.

## DIAGNOSTIC ASPECTS OF TRANSABDOMINAL ULTRASOUND IN THE DIAGNOSIS OF ACUTE URETERAL OBSTRUCTIONS CAUSED BY UROLITHIASIS

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**Objective.** Assess the sensitivity of transabdominal ultrasonography in the diagnosis of ureteral stones.

**Materials and Methods.** We conducted ultrasonographic examination on 76 patients (52 men, 24 women) with a mean age of  $35 \pm 8$  years, with symptoms of acute renal colic, the cause of which was ureterolithiasis. The study was performed on the ultrasound scanner Toshiba Aplio and Philips iU-22 using convex sensors for abdominal studies 2.5-5 MHz linear transducers 5-8 MHz.

**Results.** The presence of calculi in the ureter was found on computed tomography. The average diameter of the stone by CT was  $7,4 \pm 4,4$  mm. Most often stones were located in the distal ureter: in the bottom third of the 32 (42.1%). Further, the frequency of detection of stones followed the upper third - 27 (35.5%) and middle third - 17 (22.4%). In 69 (90.8%) was found hydronephrosis varying degrees. Ultrasonography of 76 patients with ureteral stones were detected in 62 (81.5%). Depending on the localization of the stones in the lower third of the ureter were found in 27 (84.3%) patients, in the middle third - in 10 (58.8%) and in the upper third in 25 (92.6%) patients. 14 (18.5%) patients during ultrasonography presence of calculus was not revealed occlusive stone diameter was smaller than 4 mm and hydronephrosis signs were not detected.

**Conclusions.** The sensitivity of ultrasonography in identifying ureteral stones amounted to 81.5% and depended on their size and location.

## EVALUATION OF CHRONIC GLOMERULONEPHRITIS BY RADIOLOGICAL METHODS

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**Objective.** To improve the method of ultrasound in chronic nephritis.

**Materials and methods.** All 70 patients underwent an ultrasound scan of the kidneys and urinary tract. It have been evaluated: general sizes kidney (length, width),



structure of the renal parenchyma, also were detected reno-parenchymatous index and density of parenchyma.

**Results.** It was detected increase density of renal parenchyma, especially in cortical layer, severity of sclerotic process was connected with course and duration of disease by ultrasound examination in 70% patients with chronic glomerulonephritis.

By ultrasound it had been found in 2/3 of the cases decrease the thickness of the renal parenchyma with respect to its overall diameter, which confirmed the development of secondary pielonephritis. Echo structure as parenchyma little different from the norm. In 52,6% observations revealed different degrees of deformation pyelocaliceal system with stagnation and the presence of stones. At ultrasound renoparynchimal indices are 24-46%. Index compression of the parenchyma of ultrasound picture corresponds to healthy kidneys; by ultrasound renoparynchimal index within 20-46% and the index sealing parenchyma over 25% of diagnosed chronic glomerulonephritis; by ultrasound renoparenchymal index less than 20%, the index sealing parenchyma 0-25% diagnosed chronic pyelonephritis.

**Conclusion.** Thus, ultrasonography is the most gentle method of diagnosis of chronic nephritis. It allows us to quickly carry out the differential diagnosis of nephritic changes.

## EARLY FINDINGS OF FIBROCYSTIC BREAST DISEASE BY SONOGRAPHY AND MAMMOGRAPHY

Khaydarova G.B.

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**Objective.** To study the efficacy of mammography and sonography possibilities in the diagnosis of fibrocystic breast disease.

**Materials and methods.** The research was performed on devices Mindray DC and Siemens Mammotom. Research is involve 80 patients. It was observed a group of patients from 70 patients with fibrocystic mastopathy and 10 healthy, applied for routine inspection of the breast at the age of 35 to 60 years or older.

**Results.** In a comparative perspective we studied the sensitivity of mammography and sonography in the detection of fibrocystic breast disease. When performing mammograms from 70 women surveyed fibrocystic breast disease was diagnosed in 51, which was (72.8+3.8%). When the ultrasound sonographic examination revealed benign in 67 women (95.7+2.6%). The sensitivity of sonography was higher by 23% in diffuse form of fibrocystic breast disease. Identified on ultrasound cysts do not exceed 20 mm in diameter, their sizes ranged from 10 to 35 mm, and only in one case the cyst has reached 120 mm.

**Conclusion.** Ultrasound is more sensitive in identifying benign breast tumors compared with mammography.

## EVALUATION CRITERIAS OF CHRONIC BRAIN ISCHEMIA BY COMPUTED TOMOGRAPHY

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**Objective.** To determine the diagnostic criteria of chronic brain ischemia according to computed tomography.

**Materials and methods.** In 3rd clinic TMA was performed CT study of 50 patients aged from 40 to 65 (35 - men, 15 people - women). The median age was  $50 \pm 8,3$  years. The study was conducted on SIEMENS Somatom Emotion (Germany).

**Results.** Isolated forms of chronic ischemia of brain produced according to the classification Schmidt E.V. Analysis of brain CT performed on the following criteria: external hydrocephalus - expansion of subarachnoidal spaces convex more than 3 mm; internal hydrocephalus (III ventricle enlargement); multiple hypodensive paraventricular change - «leukoaraiosis»; isolated ischemic foci. Signs of external hydrocephalus was diagnosed in 86.9% of patients. The phenomenon of internal hydrocephalus were common to all patients with chronic ischemia of brain. They grow as worsening chronic ischemia of brain: an increase in the size of the III ventricle with chronic ischemia of brain I degree was observed in 45.8% of patients with chronic ischemia of brain II degree at 60.2%, with the III degree - 80%. The incidence of single hypodensive foci in patients with the chronic ischemia of brain composition of 60%. «Leukoaraiosis» is not found in patients with initial manifestations of cerebrovascular insufficiency and chronic ischemia of brain I degree.

**Conclusions.** Measurement of the subarachnoidal space, convex and the size of III ventricle is a necessary procedure in CT examination of patients with chronic ischemia of brain. Progression of internal hydrocephalus - a more reliable criterion for the existence and dynamics of chronic cerebral ischemia of brain than trying to visualize the ischemic lesion.

## SONOGRAPHY AND MRI IN DETECTION OF PATHOLOGICAL CHANGES IN TRAUMATIC INJURIES OF THE KNEE JOINT

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**Objectives:** The incidence of injuries of the knee is about 50% of all injuries of the joints and errors in diagnosis are observed in 25% of cases. The accuracy of the diagnosis of the knee current changes is the key to selecting the correct tactics of successful treatment. The aim of the work was to determine the diagnostic accuracy of MRI and sonography in traumatic injuries of the knee joint.

**Material and methods:** The study was conducted in 50 patients with knee joint injuries in age from 16 to 60 years. The study involved 32 right and 18 left of the knee joint in 38 men and 12 women.

**Results:** Three groups of patients with meniscal and ligament injuries were identified. The first group consisted of 27 patients with rupture of the medial and lateral meniscus arthroscopically and clinically proven. This group included 21 patients with damage to the medial meniscus and 6 patients with damage to the lateral meniscus. In 18 patients showed damage to the posterior horn of the medial meniscus, 3 patients were identified damage to the anterior horn of the medial meniscus. Tears of the anterior horn of the lateral meniscus occurred in 2 patients, and posterior horn in 4 patients. The combined damage to the menisci and ligaments was observed in 1 patient. Signs of damage to the meniscus at sonography were hypoechoic, anechoic tissue defect and loss of homogeneity, the deformation of the meniscus with contour definition breach the border of the meniscus with articular cartilage. Symptoms of meniscal damage on MRI - study high intensity manifested by the presence of the linear portion in the meniscus, which communicates with its joint surface deformation, irregular

and fragmented meniscus. The second group consisted of 20 patients with lesions of the knee ligament apparatus. Damage to the anterior cruciate ligament was observed in 8 patients. The posterior cruciate ligament has been damaged in 5 patients. Damage to the medial lateral ligament was found in 3 cases. Damage to own patellar ligament was diagnosed in 2 patients. In 2 cases were combined ligament damage. MR signs of ligament damage was change the intensity of the MR signal, distortion of the structure contour change, thickness, full or partial lack of image bundles. Sonography signs of ligament injuries was change in thickness, decrease or lack of echogenicity, violation of the integrity of the fibers, edema surrounding tissues.

**Conclusions:** The study of indicators of informativeness MRI and sonography showed that the diagnostic value of MRI was higher than sonography. MRI: sensitivity - 90.6%, specificity - 95.4%, accuracy - 93.0%; Sonography: sensitivity - 87.6%, specificity - 79.8%, accuracy - 83.7%. It is important to note that the MRI revealed subchondral fractures of the condyles and the patella, bone marrow edema, which is not visualized on sonography. Data analysis showed that sonography indices markedly inferior to MRI. This is due to difficulty in visualizing a larger volume of the subcutaneous fat and muscle, as well as the function of the knee joint unit.

## **DOPPLER ULTRASOUND TO MONITOR THE EFFECTIVENESS OF TREATMENT OF MALIGNANT TUMORS OF SOFT TISSUES AND BONES**

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**Objective:** The study of indicators of Doppler ultrasound in patients with tumors of the soft tissue and bone with soft tissue infiltration in the treatment process.

**Materials and Methods:** Studied doppler indices in 68 patients with soft tissue tumors and bone with soft tissue infiltration in the treatment process. With Doppler, the following criteria were detected: arterio-venous blood, venous blood flow, Vmax, Vmin, IR, PI, TAMAX.

**Research results:** To 17 of the 68 patients was performed Doppler ultrasound in the dynamics. In 10 patients with a diagnosis of fibrosarcoma were observed changes in the indices of blood flow in the tumor tissue, in one patient after chemoradiotherapy blood flow almost was not detected in tumor tissue, the second patient's characteristics of blood flow decreased after chemoteraphy. In 12 patients by Doppler blood flow in the structure of formation is not defined, and in 5 patients was defined moderate blood flow at the periphery of formation. At one patient with an osteosarcoma indexes of a blood-flow in a soft tissue infiltrate and after 4 courses of a chemotherapy did not change, at the second patient – after a first year of a chemotherapy indicators of a blood-flow increased, after 3 courses – the blood-groove in the pathological site was practically not registered. 4 patients with neuroblastoma and Hodgkin's lymphoma, decreased blood flow till total disappearance after 2 cycles of chemotherapy. In 8th patient with the diagnosis rhabdomyosarcoma during chemotherapy actually flow parameters have not changed.

**Conclusion:** In this way results of ultrasound Doppler at the process of dynamic monitoring, can serve as guidance in testing the effectiveness of treatment of patients with soft tissue and bone tumors.

# DIAGNOSTIC VALUE OF MAGNETIC RESONANCE IMAGING IN THE URETEROHYDRONEPHROSIS

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**Introduction:** Magnetic resonance imaging (MRI) is an innovative method of radiation diagnosis of ureterohydronephrosis (UHN) practices in the urology service requires optimization of its use. The necessary coordination in the application of various methods of radiodiagnosis, with the aim of evaluating the functional state of the kidneys in UHN for the development of MRI criteria to determine tactics of treatment of patients of the UHN.

**Objective:** To estimate the information content of MRI in the diagnosis of UHN.

**Materials and methods:** We conducted a prospective analysis of the diagnostic information content of MRI in 40 patients of the UHN that was on the basis of the Republican specialized center of urology, Department of radiology. Among the sick men were 22 (55%), female 18 (45%) with various forms of UHN, ranging in age from 24 to 66 years. The study was conducted on the unit MAGNITOM-OPENVIVA of 1.5 T.

**Results:** Diagnostic informativeness of MRI in the diagnosis of UHN, depending on its etiology showed their varying importance. So the sensitivity of MRI in the diagnosis of lesions and calcification in pyelocaliceal system of the kidney and urinary tract (urolithiasis, trauma of the urinary system) amounted to 34.6%, in the diagnosis of tumors pararenal organs and inflammatory processes of the urinary system, causing ureterohydronephrosis (cervical cancer in women, tumors of the prostate gland in men, inflammation of the urinary system) was 97,4%.

**Conclusions:** Thus, MRI showed low efficiency in the diagnosis of lesions and calcification in pyelocaliceal system of the kidneys and urinary tract and MRI is a highly informative method in diagnosis of tumors pararenal organs and inflammatory processes of the urinary system, causing ureterohydronephrosis.

## EVALUATION OF CHRONOCHEMOTHERAPY TOXIC COMPLICATIONS

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**Aim of the research:** evaluation of toxic complications of cytostatic drugs used in malignant tumors, basing on chronofarmacology.

**Materials and methods:** The research was conducted on 120 patients registered in Andijan region oncology dispensary in the 2012-2015. The research was based on the "Standard of malignant tumors investigation and treatment" and all the patients took adjuvant, neo-adjuvant or symptomatic chemotherapeutical procedures.

Before chemotherapy administration all the patients were examined with blood and urine analysis, biochemical blood test, ultrasonography and ECG. The dosage and schemes of cytostatic drugs were chosen in accordance with the malignant tumors treating standards for the each kind of cancer.

Group №1 – included 60 patients registered in the "D" group in the Andijan State Oncologic Dispensary and took adjuvant, neo-adjuvant or symptomatic chemotherapy in the night hours.



Nosologic structure of the patients: rectal cancer- 20 (33,3%), testicular cancer – 11 (18,3%), colon cancer – 18 (30%), breast cancer– 6 (10%), sublingual cancer – 3 (5%), cervical carcinoma – 2 (3,33%). Number of female patients - 22 (36,7%) and male patients - 38 (63,3%). 3 patients (5%) took therapeutic procedures on the II, 39 patients (65%) on the III and 19 patients (10%) on the IV stages of cancer respectively.

Group №2- included 60 patients registered in Andijan State Oncologic Dispensary and took traditional adjuvant, neo-adjuvant or symptomatic chemotherapy.

Nosologic structure of the patients: rectal cancer- 17 (28,3%), testicular cancer – 9 (15%), colon cancer– 15 (25%), ovarian carcinoma - 5 (8,3%), cervical carcinoma– 14 (23,3%) . Number of female patients - 27 (45%) and male patients - 33 (55%). 3 patients (5%) took therapeutic procedures on the II, 39 patients (65%) on the III and 19 patients (10%) on the IV stages of cancer respectively.

**Results:** after finishing therapeutic procedures the extent of complications and side-effects was studied according to the table of general intoxication estimating criteria, approved by the World Health Organization.

The percentage of side-effects detection in the group №1: anorexia -51,6%, nausea- 61,7%, vomiting 25%, pyrosis- 36,6%, stomatitis - 13,3%, taste disorders - 33,3% and diarrhea - 13,3%.

Group №2: anorexia- 53,3%, nausea- 63,3%, vomiting-28,3%, pyrosis-46,6%, stomatitis - 20%, taste disorders -36,6% and diarrhea-16,6%.

**Conclusion:** The results of the research showed that patients took chronochemotherapy had less side-effects and the intoxication degree decreased for 1,11 times in comparison with patients who took traditional chemotherapy.

## IMPROVED DIAGNOSIS OF ANAL CANAL CANCER

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**Actuality:** In spite of the availability of the anal canal for visual and instrumental survey process to judge the extent, tumor connection to adjacent organs and the presence of streaks at the running processes is a difficult problem. Traditional methods of X-ray examinations of the rectum standard tip is difficult due to the sharp contraction and painful manipulations in the tumor area, and are often uninformative.

**Material and Methods:** We offer an original and at the same time is quite a simple method of implementation of proktography. With our own modification of the obturator in 30 patients with anal canal tumors was made anoproktografiya. Stage of the process in our patients corresponded of disease of stage III and IV. The studies determined the extent of the tumor, the state of the anal canal walls (roughness, stiffness), the presence of streaks of contrast outside the intestine (the decay of the tumor).

**Results and Discussion:** The obtained X-ray image of the tumor allowed us to clarify the stage of the tumor process, to determine the presence of streaks in the adjacent organs. From 28 patients to whom this research was conducted exhaustive information on a condition of a tumor managed to be obtained at 22 patients that speaks about high allowing ability of this method. This method especially helped to patients with streaks of contrast beyond the intestinal tube. Previously was performed imposition of colostomy to these patients. After the anti-inflammatory actions and drainage streaks, there was performed radical or conditional radical oper-

ations for cancer of the rectal channel. This offer method do not need any additional and even expensive. Existence of obturators of an original design and qualification of the radiologist will allow to adjust diagnostics of this localization of a tumor and this can improve results of cancer therapy of the proctal channel.

## REHABILITATION OF THE PATIENTS AFTER LARYNGECTOMY WITH THE PROVOX VOICE PROSTHESIS

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**Introduction:** Total laryngectomy, although highly undesirable, is still indispensable procedure in treating advanced or recurrent cancer of the larynx and hypo pharynx. This procedure is not without consequences and results in altered respiration and loss of voice coupled with disfigurement. Rehabilitation of a laryngectomized patient requires a multi-disciplinary team effort in order to achieve optimal results and good quality of life.

**Aim of study:** A study was under taken to determine whether the Provox voice prosthesis provides good voice rehabilitation following a total laryngectomy.

**Materials and methods:** Fourteen patients underwent insertion of the Provox voice prosthesis (Provox™, Provox 2) after total laryngectomy between February 2013 and July 2015 at the Tashkent City Oncology Centre. 11 (78,6%) patients had primary insertion at the time of laryngectomy and the remaining 3 (21,4%) patients had secondary insertion at varying intervals of time after their laryngectomy followed by radiation therapy. A 6 mm prosthesis was used in all patients.

**Results:** Most patients were able to develop satisfactory speech with in 2-3 days of speech practice. All patients who had laryngectomy only or laryngectomy with partial pharyngectomy had uniformly good quality of speech approximately at 10 days after surgery. One patient (7,1%) required replacement of the prosthesis at intervals of 8 months after insertion. This patient had leakage through the prosthesis indicating incompetence of the valve prosthesis was changed. No problems or complaints were seen in the remaining of the 13 (92,9%) patients. None of the 14 patients have developed disease recurrence at the time of writing this abstract at follow up periods ranging from 2 months to 18 months.

**Conclusion:** In advanced laryngeal and hypopharyngeal cancer, total laryngectomy often offers the best chance of a cure. However, the resultant loss of speech deters many patients from accepting this option and trying other treatment modalities (Radiation with/without chemotherapy) with a compromise in their cure rates. The quality of speech was uniformly good in all patients who underwent laryngectomy alone or with partial pharyngectomy. Only in one case was determined complication due to failure of prosthesis valve which was easily changed. The quality of speech was found to be somewhat better in patients with primary insertions than in secondary insertion. In general, patients are encouraged to have primary insertions at the time of laryngectomy itself. Only in cases where patients have received radical dose of radiation in the recent past (within 6 months) is secondary insertion advised, due to the risk of postoperative fistula and tracheostomal problems.

## THE EVALUATING OF EFFECTIVENESS A NEW GENERATION STAPLERS IN THE SURGICAL TREATMENT OF RECTAL CANCER

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**The aim of the research:** To analyze the results of circular staplers for the formation of intestinal anastomosis patients with rectal cancer.

**Materials and methods.** From 2014 to 2015 Cancer Research Center in the Department of Coloproctology with 20 primary surgical interventions in patients with colorectal cancer (15 men, 5 women). When using circular staplers carefully prepared techniques such as anastomosis departments guts to assess the adequacy of the blood supply to the tissue and the lack of tension on the line of anastomosis. Conducted tests for leaks interintestinal anastomosis. In the formation of the anastomosis, we use the standard technique with the imposition of purse-string suture on the leading and outlet sections of the rectum using a reusable instrument YO 40 and suture Prolen 2/0 with a straight needle or a disposable device for applying purse-string suture Pursting (AutoSuture). Formation of the anastomosis through the rectal stump, stitched linear stapler was applied at a low anterior resection in 7 patients. Carefully inspected and then subjected to histological examination circular portions excised colon extracted from the stapler. If you violate the integrity of the excised rings or positive air sample line anastomosis further strengthen sero-muscular sutures, preventive colostomy is not formed. All patients underwent transanal rectal silicone intubation drainage diameter 1.2-1.5 cm for 2-3 days. For the formation of colonic anastomoses in 20 patients to use disposable staplers type CDH (Ethicon Endo-Surgery), from 15 - CEEA (AutoSuture), 53 - KYGW (China).

**Results.** In the study of immediate and long-term results of surgery in patients with the formation of the colorectal cancer hardware intestinal anastomosis complications were observed in 4 patients. One partial failure of anastomosis - low anterior resection of the rectum (use disposable stapler type KYGW (China), has formed a complete adrectal fistula (conducted conservative treatment). In 3 diagnosed anastomosis (2 cases, the use of disposable stapler type KYGW (China) , 1 - use disposable stapler type CDH (Ethicon Endo-Surgery). In 8 cases the line of anastomosis strengthen sero-muscular sutures. No mortality was not.

**Conclusions.** A comparative evaluation of the functional state apparatus reflex-colon after the "low" and "ultra-low" anastomoses using circularly staplers shown earlier and more complete recovery of his activity as compared with conventional methods.

## SHOULD WE "EAT" THE COST OF DOUGHNUTS? NO CLINICAL BENE-FIT FROM ROUTINE HISTOLOGIC EXAMINATION OF DOUGHNUTS AT LOW ANTERIOR RESECTION FOR RECTAL CANCER

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**Purpose:** Circular end-to-end anastomotic staplers are commonly used to create an anastomosis as part of a low anterior resection for rectal cancer. These staplers

cut 2 circular doughnuts of tissue from inside the anas-tomosis and are frequently sent for pathology. This study aims to evaluate the utility of routine histologic examination of these doughnuts.

**Methods:** 52 patients who underwent a low anterior resection with stapled anastomosis for rectal cancer between 2014 and 2016 at three institutions were reviewed retrospectively. Primary outcomes were pathologic findings in the doughnuts and their impact on patient management. Tumor characteristics that may influence how often doughnuts were included in the pathology report (location, disease stage, gross distal margin distance) were analyzed with multivariate logistic regression analysis. The cost of histologic examination of doughnuts was also analyzed.

**Results:** 72 patients (85%) had doughnuts included in their pathology reports. Two of these patients had cancer cells in their doughnuts and both of these patients also had a positive distal margin in their primary tumor specimen. No other patients had cancer cells in their doughnuts or at the distal margin of their primary tumor specimen (Table). 33 patients had benign findings in their doughnuts: non-specific inflammation (12), hyperplastic (10), adenomatous (3) or radiation (3) changes, microcalcification (2), diverticula (1), melanosis coli (1), and inflammatory bowel disease (1). Doughnut pathology did not change clinical management in any patients. Patients with rectosigmoid tumors were less likely to have their doughnuts included in the pathology report compared to patients with low tumors ( $p=0.004$ ). The stage of the disease and gross distal margin distance did not influence how often doughnuts were included in the pathology report. Doughnuts add additional cost when processed by pathology as a unique specimen separate from the primary tumor specimen and this was practiced in 374 (77%) of our patients.

**Conclusions:** This study demonstrates no clinical benefit in sending anastomotic doughnuts for histopathological evaluation after performing a low anterior resection with a stapled anastomosis for rectal cancer. Cost can be reduced if doughnuts are not analyzed unless clinically indicated.

## THE PREVALENCE OF HPV IN WOMEN WITH BACKGROUND AND PRECANCEROUS DISEASES OF THE CERVIX

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**Goal.** To determine the prevalence of HPV 16 and 18-th types among women in Tashkent city with background and precancerous diseases of the cervix.

**Material and methods.** In the period from December 2013 to December 2014 in the outpatient Department of the Tashkent city Oncology center requested a total of 1907 (100%) women with a background 1217 (64%) and precancerous (CIN) 690 (36%) diseases of the cervix. Age of women ranged from 18 to 56 years. Among patients with background diseases of the cervix - cervical erosion at 860 (70,7%) patients, a polyp of the cervix in 357 (to 29.3%) women. CIN I was diagnosed in 141 (20,4%), CIN II at 153 (22,2%), CIN III, 396 (57.4%) and women. Cytological study of females with background diseases were revealed lesions of the epithelium of varying severity: ASCUS 54 (4,5%), LSIL 246 (20,2%), HSIL 302 (24.8 per cent). Histologically, at 575 (66,9%) patients verified eroded ectropion, 285 (33,1%) women endocervicoses. PCR with detection results of the determination of the 16-th and 18-th types of HPV. Results. According to the obtained results, women were divided



into 2 groups: HPV negative — 462 women (38%) and HPV-positive — 755 women (62%). CIN was diagnosed in 536 (70,9%) HPV-positive patients. Of them with CIN I in 18.7% of patients with CIN II at 38.9 per cent and, with CIN III at 42.4% of women by PCR detected HPV DNA 16-th and 18-th types. Were predominantly detected HPV 16 type in 52.3% of cases, HPV 18 type in 16.6% of cases synchronous data types of the virus was identified in 31.1% of cases. The overall HPV infection among patients with background diseases of the cervix was observed in 29% of cases, i.e., from 219 women. Of them in the predominantly detected HPV DNA 16-type – in 47,5% of cases, HPV 18 type at least – in 31,3% of cases, 21.2% of the cases, these types of virus were identified at the same time.

**Conclusion.** Common HPV infection in women aged 18 to 56 years with background and precancerous diseases of the cervix was 62%. HPV DNA 16-th and 18-th types in patients with underlying diseases detected in 29% of cases, in women with CIN almost 2.5 times more frequently, i.e., at 70.9% of cases. In both groups, predominantly HPV-DNA 16.

## SIDE EFFECTS OF CHEMOTHERAPY CANCER

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**Introduction:** Chemotherapy malignancies - is one of the modern high-tech methods of treating various types of malignant neoplasm by introducing into the animal or human body specialty chemicals or drugs, so-called anti-tumor (antineoplastic) chemotherapeutic agents.

**Aim of study:** chemotherapy of malignant tumors is the most complete destruction killing (eradication) or, at least, at least inhibition of growth, propagation and metastasis of malignant cell clone with as small as possible, or at least conditionally acceptable damaging effect on the host organism.

**Materials and methods:** For epidemical statistic analysis will be used the information given from Republic Center of Medical Statistics, National Scientific Center of Oncology and Tashkent City Oncology Dispenser. Patients' disease-properties will be presented on the base of analysis under 100 being enrolled patients with different cancer diseases.

**Results:** Side effects of chemotherapy of malignant neoplasms: Due to the fact that the drugs used for chemotherapy are toxic to dividing cells (slows down the process of division), the most common side effects seen in those tissues where cells are updated more quickly. Stops growing and the hair falls out, nails. Other side effects: Nausea, vomiting. Hair loss, brittle nails. Violations of appetite, taste perversion habits. Anemia, bleeding. Immunosuppression. Infertility among others. The majority of patients receiving chemotherapy, according to nausea and vomiting, the most unpleasant side effects of this type of treatment. The cause of nausea and vomiting during chemotherapy is directly emetogenic (vomit), the action of chemotherapeutic drugs on the gastrointestinal tract, liver and brain. Hair loss. Hair loss during chemotherapy is associated with a direct toxic effect of chemotherapy on hair follicles. The drop-down may be hair on the head, the body, eyebrows. Alopecia may be total or partial, depending on the drug and the individual patient response. In any case, the loss of hair due to chemotherapy significantly reduces the quality of life of patients, self-confidence. Diarrhea is a common side effect

of certain anticancer agents (5-fluorouracil, methotrexate, irinotecan). Severe diarrhea forces to reduce doses, or completely cancel them. aggressive treatment of diarrhea with strong assets, such as loperamide is used to complete the course. Many chemotherapy drugs have side effects on the mnemonic and intellectual functions of the brain. So, one of the most unpleasant effects of chemotherapy for breast cancer is an effect of “chemo brain” associated with the use of chemotherapy from the anthracycline group.

**Conclusion:** At the same time, taking into account the mortality of malignant tumors in the absence of any treatment, approaching 100%, and in the absence of sane alternative to the current chemotherapy in many types of cancers, especially when a sufficient spread of tumor (excluding the possibility of a purely surgical or ray radical solution to the problem), and a high probability of the presence of micrometastases or initially systemic nature of the tumor process (as it is the place to be prigemoblastoses), with the inevitable side effects and complications and mortality risk during the modern chemotherapy and have to put up with it in principle limited effectiveness.

## CLINICAL SIGNS OF PROSTATE CANCER

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**Introduction:** Prostate cancer is one of the most placards of malignant neoplasms of men. Annually in the world are detected over 400 000 cases of prostate cancer; in a number of countries it takes in the structure of the oncological diseases 2-E or 3-E place after cancer lighter and stomach cancer (in Europe in 2004, the incidence of cancer of the prostate gland was 214 cases on the 100,000 men, resulting in prostate cancer was 2 among the major causes of death from cancer in men, ahead of the cancer of the lighter and colorectalic cancer.

**Aim of study:** Explore the clinic and diagnostics of prostate cancer.

**Materials and methods:** For epidemical statistic analysis will be used the information given from Republic Center of Medical Statistics, National Scientific Center of Oncology and Tashkent City Oncology Dispenser. Patients' disease-properties will be presented on the base of analysis under 40 being enrolled patients with prostate cancer. In the investigation it is going to be used modern diagnostic methods, such as US with Doppler's regimen, Multi-slice CT, MRI, PSA and testosterone analysis.

**Results:** Clinical signs do not have the characteristic only for this disease symptoms. The harmfulness of the is to hold more frequent sexual intercourses at night, obstruction of sexual intercourses first night and then the day, a sense of incomplete emptying of the bladder, raises the number of Residual urine. These symptoms are so similar to the picture of hypertrophy and bph prostate cancer, also affecting men in projecting old-age that in the initial phase of the cancer to distinguish these diseases is almost impossible. Only in the future when the cancer appears haematuria and join the pain due to the germination tumor bladder and fiber pelvis. In parallel with growing kachexia (monasteries weight loss).

Phase I: clinical manifestations no, the diagnosis set accidentally when morphology study remote male sterility.

Phase II: violations of sexual intercourses and other signs of illness is NO; if the robber perspiration study become deactivated

Phase III: frequent urinating, haematuria, other symptoms; the tumor more than twelve years seed bubbles, the base of the bladder and the side walls of the pelvis; biopsy confirms the diagnosis; half of the cases are metastases in chronic metritis and postperitoneallymph nodes.

Phase IV: increasingly tumor large in size with the expressed disurical disorders; the main characteristic sign of this stage - the presence of metastases in bone and other bodies. In the blood sera in 70% of cases detected a high level of acid phosphatase.

**Conclusion:** The cancer of the prostate forecast increasingly unfavorable because of the lateness of the identification and the early emergence of multiple metastases. Unfortunately approximately 90% crayfish prostate cancer are identified in the III - IV stage. The Radical after prostectomy, held in the early stage of lung cancer in patients under the age of 70 provides the 10-15-year survival. In general after the treatment of 5-year survival when I-II stage is 85%, III stage -50%, IV stage - 20%.

## DIFFERENTIATION OF RENAL CELL CARCINOMA ON CT

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**Purpose.** The purpose of our study was to differentiate subtypes of renal cell carcinoma on helical CT scans. **Materials and methods.** We reviewed CT scans of four subtypes of renal cell carcinoma: 36 conventional (clear cell), 9 papillary, 6 chromophobe, and 2 collecting duct. We compared patient age and sex; tumor size; degree and pattern (homogeneous, heterogeneous, predominantly peripheral) of enhancement; presence or absence of calcification; and tumor-spreading patterns including perinephric change, venous invasion, and lymphadenopathy in four subtypes.

**Results.** Conventional renal carcinoma showed stronger enhancement than the other subtypes  $106\pm 48$  H in the corticomedullary phase and  $62\pm 25$  H in the excretory phase. The sensitivity and specificity for differentiating conventional renal carcinoma from the other subtypes were 79% and 92% when 84 H was used as the cut-off value in the corticomedullary phase and 81% and 93% when 44 H was used as the cutoff value in the excretory phase. Conventional (74%), papillary (65%), and collecting duct (97%) renal carcinomas tended to show heterogeneous or predominantly peripheral enhancement, whereas chromophobe renal carcinoma (69%) usually showed homogeneous enhancement. Calcification was more common in papillary (28%) and chromophobe (32%) renal carcinomas than in conventional renal carcinoma (8%). Perinephric change and venous invasion were not noted in chromophobe renal carcinoma, whereas both were common in collecting duct renal carcinoma.

**Conclusion.** For the differentiation of the subtypes of renal cell carcinoma, degree of enhancement is the most valuable parameter; enhancement pattern, the presence or absence of calcification, and tumor-spreading patterns can serve supplemental roles in the identification of the subtype of renal cell carcinoma.

## CT AND MRI FEATURES OF RENAL PAPILLARY CARCINOMA

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**Purpose.** To describe the CT and MRI appearances of papillary renal cell carcinoma.

**Materials and methods.** Retrospective study of 45 papillary carcinomas in 24 patients, 31 tumors examined by CT and 28 by MRI. Tumor size, homogeneity and contrast enhancement were recorded.

**Results.** The most common presentation of papillary renal cell carcinoma was a small homogeneous hypovascular tumor both on CT and MRI. Seventy-eight percent of lesions were hypointense on T2 weighted images compared to the renal parenchyma. Twelve percent of the lesions did not significantly enhance with contrast on CT. All of the lesions examined on MRI had a significant enhancement percentage. Calcifications were rare and only seen in 4% of cases (CT). The second most common presentation was a bulky necrotic tumor. In addition, atypical types of disease were found which were difficult to diagnose, including infiltrating tumors and tumors with a fatty component.

**Conclusion.** A homogeneous hypovascular renal tumor which is hypointense on T2 weighted images should suggest a diagnosis of papillary carcinoma. Some papillary carcinomas do not enhance significantly on CT. MRI is then required to diagnose the renal tumor.

## NEUROENDOCRINE CARCINOMA OF THE STOMACH: CLINICAL FEATURES AND CT FINDINGS

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**Purpose:** The purpose of the study is to investigate the computed tomographic characteristic and clinical findings of gastric neuroendocrine carcinoma (G-NEC) to increase awareness of this disease.

**Methods:** Twenty-two patients with a diagnosis of G-NEC were identified through the PACS of our hospital from August 2010 to November 2014. The clinical data, computed tomography (CT) features, and pathology records were analyzed.

**Results:** Among the 22 patients, 21 were male (95.45%), and 1 was female (4.55%). The mean age was 63.5 years old. Positive rates of neuroendocrine markers were 77.28% for chromogranin A staining, 86.36% for synaptophysin staining. All cases were single lesions including 16 (72.73%) in the gastric fundus, 3 (13.64%) in the gastric body and 1 (4.55%) in the gastric angle. Additionally 2 (9.09%) were found in the gastric antrum. Gastric wall was local thickening in 15 cases, and mass formation in 7 cases, with the stenosis and deformation of the adjacent gastric cavity. The long-axis diameter of the lesions ranged from 1.2 to 7.4 cm (mean diameter, 2.47 cm), and the long-axis diameter was <2 cm in 12 case, 2-7.4 cm in 10 cases. The radiodensity values of the lesions were homogeneous density in 15 cases ranging from 22 to 47 HU (mean 34 HU). An ulcer with an irregular base and slightly raised borders located in the stomach was seen in 19 cases. The CT images showed homogeneous enhancement in 15 cases and heterogeneous enhancement in 7 cases. Obvious enhancement was seen in two cases, moderate enhancement was seen in sixteen cases, and mildly enhancement was seen in four cases. The peak value occurred in the arterial phase in 5 cases and the peak value was seen in 17 cases in the portal phase. Eleven lesions invaded the gastric serosa, and lymphatic metastasis was observed in 21 cases, 8 of which were combined with liver metastasis. CT images revealed 2 cases of the liver metastasis had obvious enhancement.



**Conclusion:** The CT features regarding location, incidence rates of ulcer and enhancement pattern described in our findings are common in all malignant gastric tumors. Therefore, the diagnosis of G-NEC must be confirmed with pathological test.

## **OLFACTORY BULB VOLUME CHANGES IN PATIENTS WITH SINONASAL POLYPOSIS: A MAGNETIC RESONANCE IMAGING STUDY**

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**Objective:** The olfactory bulb (OB) is thought to be a plastic structure with highly active afferent neurons. The aim of this study was to evaluate the effect of olfactory deprivation caused by sinonasal polyps on OB volume.

**Materials and methods:** Twenty-two subjects were included: 11 adult patients with bilateral allergic sinonasal polyposis (patient group) and 11 adult healthy controls (control group). Both study groups were matched for age and sex. OB volumes in all study subjects were evaluated in T2-weighted coronal MRI images by planimetric manual contouring.

**Results:** In the patient group, OB volume measurements ranged from 5.2 to 19.5 mm<sup>3</sup> (mean±SD, 10.14±3.8). In the control group, volume measurements ranged from 35 to 75.8 mm<sup>3</sup> (mean±SD, 47.66±10.75). The difference in OB volumes between patient and control groups was statistically significant (P<001).

**Conclusions:** Our study highlights the significant reduction in OB volume in patients with bilateral sinonasal polyposis as compared with its volume in healthy controls. Further studies are required to evaluate the impact of OB volume reduction on olfactory recovery postoperatively.

# OBSTETRICS AND GYNECOLOGY



## THE OPTIMIZING THE MANAGEMENT OF PREGNANT WOMEN WITH MISCARRIAGE IN THE PAST

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The habitual miscarriage is one of the most difficult health and social problems. Most of it is unexplored cause autoimmune disorders in the form of antiphospholipid syndrome (APhS), which is most often leads to thrombophilic complications and pregnancy loss (V.M. Sidelnikov, 2000; Dry G.T. 2003, Kulakov V.I., 2006; C.V. Kovalenko, 2008).

**Objective:** to determine the role of haemostatic and immunological disorders in the genesis of habitual miscarriage and propose preventive measures in pregnant women at risk.

**Material and methods.** This work is based on a prospective examination and treatment of 130 pregnant women with miscarriage. Pregnant women were divided into 2 groups: I group consisted of 65 pregnant women with recurrent miscarriage, in the II group consisted of 65 pregnant women with a history of miscarriage. The duration of pregnancy - first trimester. The control group consisted of 40 pregnant women in similar terms without the presence of fetal loss in the past.

**Results of the study.** Antiphospholipid antibodies (APLA) in group I identified in titers greater than 20 U/ml twice a period of 6 weeks interval in 6 (9.2%) of pregnant women, in the group II - in 1 (1.5%) of pregnant women. APLA titers in the range 10-20 U/ml at intervals of 6 weeks in the group I defined in 10 (15.3%) in group II - 3 (4.6%) women. Single detection APLA titers in excess of 10 U/ml was observed in 5 (7.6%) group I pregnant and 3 (4.6%) of pregnant group II. APhS was diagnosed in 6 (9.2%) of pregnant women in the first group, 15 (23.1%) had "questionable" form in the this group. In the second group of "questionable" form was diagnosed in 7 (10.8%) pregnant. In pregnant women showed a significant increase in protrombin index, fibrinogen and D-dimer in pregnant the first group compared to women of control group, activated partial prothrombin time (APPT) was significantly reduced. Pregnant of group I who have been identified APLA (n = 21) received therapy with antithrombotic drugs: aspirin 50-75 mg/day + low molecular weight heparin (clexane) + uterozhestan at a dose of 200 mg 2 times a day vaginally. Patients of the group II (n = 7) with a one history of fetal loss received aspirin 50-75 mg/day + uterozhestan without the low molecular weight heparin. As a result of therapy it was noted normalization of APPT and D-dimer in the first group. At the same time, the second group of parameters significant changes was found. As a result of pregnancy resulting therapy could save with the birth of healthy newborns in 50.0% of pregnant women with APhS. Among pregnant women with "questionable" form the first group treated with the above treatment regimen term births occurred at 100.0%, it should be noted that the rate among pregnant women with "questionable" form in the second group who did not receive therapy low molecular weight heparin was 71.4%. Pre-eclampsia and severe placental abruption, there was not one pregnant.

**Conclusions:** APhS was diagnosed in 9.2% of pregnant women with habitual mis-

carriage. The “questionable” form only in women with early reproductive losses in history was found in 24.3% of pregnant women with recurrent pregnancy loss (group I) and 10.9% of women with one fetal loss in history (group II), with late reproductive history loss of 14.3 and 10.0% respectively. The coagulation disorders have been found among pregnant women with “questionable” form. The dynamic observation of the presence of APLA and the level of APTT and D-dimer allow for preventive treatment and reduce reproductive losses. The application antithrombotic therapy should not depend on the number of reproductive losses in history and you want to apply, of its (low molecular weight heparin) and “questionable” forms.

## THE NATURE OF THE IMMUNOLOGICAL DISORDERS IN THE HABITUAL MISCARRIAGE

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**Introduction.** It is now known that about 60% of the previously unexplained cases of repeated pregnancy losses associated with immunological disorders (A.D. Makatsaria, 2000). The most important autoimmune disorder for obstetric practice is the antiphospholipid syndrome (APhS) (G.T. Dry, 2008; V.L. Kovalenko, 2008). The frequency of antiphospholipid syndrome among patients according to the literature in the structure of the habitual miscarriage is from 27 to 42% (H. Shehate, 2001). The population incidence of this condition in any of the Russian Federation or the Republic of Uzbekistan has not been studied, and in the US is 5% (A.D. Makatsaria, 2000).

**The purpose** of the study was to determine the role of antiphospholipid syndrome in the development of habitual miscarriage in pregnant women with the burdened obstetric history.

**The material and methods.** To address this goal were examined 130 pregnant women up to 22 weeks of gestation with a familiar history of miscarriage. The pregnant women were divided into 2 groups: the I group consisted of 65 pregnant women with recurrent miscarriage, in the II group consisted of 65 pregnant women with a one history of miscarriage. The control group consisted of 40 pregnant women in similar terms without the presence of fetal loss in the past. We studied historical data of previous pregnancies, prospective data for this pregnancy. Used were clinical and laboratory examination including laboratory methods such as clinical, biochemical blood tests, urinalysis, blood tests for antiphospholipid screened by enzyme-linked immunosorbent assay (IgG and IgM). Among the instrumental methods for the use of US-call of the uterus and fetal Doppler.

**The results and discussion.** The age of the women surveyed ranged from 21 to 39 years, and in the study group averaged  $30,6 \pm 7,8$  years in the control group  $29,5 \pm 8,8$  years. The patients of the first group of reproductive losses were developing pregnancy that have taken place in the first trimester in 45(69,2%) women and in second trimester - in 20(30,8%) women. The anembrionic gestation occurred in 5(27,8%) patients. The in-time deliveries (living children) occurred only in 10(15,3%) cases, the preterm birth was in 8(12,3%) cases. The induced abortion were observed in 11(16,9%) patients, all cases occurred before the development of developing pregnancy. In the second group was burdened with one history miscarriage in 54(83,1%) patients in the first trimester, in the second trimester - in

11(16,9%) women. In addition, fetal death in history was in 8(12,3%) cases. The in-time deliveries (living children) in history, were observed in 32(49,2%) women, induced abortions - in 8(12,3%) cases. It should be noted that during this pregnancy in this group of pregnant women occurs on the background of the threat of interruption. Among the pregnant of group I in a blood test for antiphospholipid syndrome was detected in 18(27,7%) of 65 patients, in group II – in 11(16,9%). In the control group in tests for antiphospholipid syndrome showed negative results in all cases.

**Conclusion.** Thus, among the factors for recurrent miscarriage in pregnant women with burdened obstetric history should identify antiphospholipid syndrome. The define the role of immunological changes (APhS) among pregnant women with a history of one miscarriage in 16.9% and in women with recurrent miscarriage in 27.7% cases. It is advisable to conduct screening to identify antiphospholipid antibodies in pregnant women with miscarriage in order to prevent this type of complication.

## MORPHOLOGICAL CHANGES IN THE SMOOTH MUSCLE OF THE FALLOPIAN TUBES DURING AN ECTOPIC PREGNANCY

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**Relevance.** The smooth muscle component in case of the tubal pathology, including ectopic pregnancy, is currently poorly understood. The muscle tissue of the fallopian tube implements a number of features, including the functions such as peristalsis is one of the most interesting objects for studying the problem of the onset and prevention of the ectopic pregnancy (Kulakov V.I., 2003; Stupin V.A., 2000). The smooth muscle component of the fallopian tubes, and other visceral organs, has a single principle of organization and is different, including The different levels of differentiation (Bajo A.M., 2000; Downing S.J., 2002).

The purpose of the study including the study of the smooth muscle tissue of fallopian tubes in ectopic pregnancy.

**The materials and methods of research.** The study was conducted micro preparations remote of the fallopian tubes in 10 patients with ectopic pregnancy to address this goal. For comparison, the sections were taken from the fallopian tubes when conducting the voluntary surgical contraception for women of 10. There were investigated sections of the isthmic part of the fallopian tubes. The color of the slices was performed using staining with hematoxylin-eosin. We studied the state of the myocytes of the muscular layer of the fallopian tubes.

**The results of the research and discussion.** When comparing the state data of the myocytes of the muscular layer of the fallopian tubes during tubal pregnancy identified certain changes in the structure of their population. The compensatory reaction of the smooth muscle component in terms of a tubal pregnancy manifested by an increase in the proportion of large and reduction in the number of small muscle cells that is probably one of tissue adaptation mechanisms implemented in these conditions. At the same time, there was an increase in proliferative and synthetic capacity of cells in the subpopulation of medium to large myocytes. The reaction of large myocytes is mild and likely reversible. In the absence of tubal pregnancy was no definite increase of a subpopulation of myocytes.

Thus, the presence of tubal pregnancy caused changes in the structural and metabolic



organization of vascular smooth muscle component of the fallopian tubes. The adaptation mechanisms of the muscle tissue of the fallopian tubes include along with the decrease in the share of small myocytes in the population, the activation of proliferative and synthetic capacity of subpopulations of medium and large cells.

## **COMPARATIVE EVALUATION OF COMPLICATIONS AFTER ARTIFICIAL ABORTION WAS MADE BY DIFFERENT WAYS**

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The interruption of pregnancy remain relevant by various methods, despite the fact that a huge amount of work is being carried out by the health authorities to preserve the reproductive health of women, the availability and promotion of various contraceptive methods. However, a large number of long-term complications of artificial abortion evidence about the negative impact of them to the woman's body.

**Objective:** To conduct a comparative analysis of complications after artificial abortion conducted by the technique of execution.

**Materials and Methods:** We performed study in Obstetrics and Gynecological Complex №9 in Tashkent of the 110 patients who had a history of artificial abortion. We used clinical and statistical methods. Women were divided into two groups depending on the method of carrying out of artificial abortion. We examined 60 women undergoing surgical abortion – including 30 women had an abortion in the traditional way by artificial curettage of uterus (ACU), 30 – through manual vacuum aspiration (MVA). The rest of the 50 women were held pharmacological medical abortion (MA)

**Results:** Was observed that the most typical complaints during surgical abortion were pain – at 25.3%, and nausea – at 14.7% of women. Complication have been associated with hematometra in 3.6% and inflammatory reaction in 3.4% of women. Long term complications of ACU were presented of menstrual irregularities at 5.6% and changes in the mammary glands at 19.5% of cases. During the MVA data complications occurred less at 2.5 times. During MA the most common complaints of patients were: pain (14%), headache (31%), dizziness (24%), diarrhea (30%), and chills (38%). Complications were presented by bleeding and incomplete abortion by 4% in each case.

**Conclusion:** The type and frequency of post-abortion complications depends on the technique of the operation. MA and MVA give ability to do abortion safer.

## **DIAGNOSTICS OF VARICOSE EXPANSION OF VEINS OF THE SMALL PELVIC IN PREGNANT WOMEN**

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**The aim of this research:** to diagnose of varicose expansion of veins of the small pelvic (VEVSP) organs in pregnant women.

**Tasks:** 1. To determine the role of parity in the development of varicose expansion of veins. 2. To investigate the peculiarities of pregnancy with varicose veins of lower extremities (VEVLE) and varicose expansion of veins of the small pelvic (VEVSP). 3. To set the diagnostic value of ultrasound for studies of varicose veins in pregnant women.

**Material and Methods:** We observed 110 pregnant women aged between 19 and 38 years, who were divided into 2 groups: group I included 42 primiparous who during this pregnancy is detected VEV of lower extremities, VEVSP and / or mixed form; group II - 68 multigravida, who have symptoms of the aforementioned pathologies and group III (control) - 18 pregnant women who have not found signs of destruction VEV. We used a prospective, sampling methods. A clinical, laboratory, ultrasound and doppler research methods fetoplacental complex and pelvic organs. All pregnant women have been in terms of 22 to 38 weeks gestation.

**Results:** Among the first group of pregnant rate was VEVLE 31 (64.6%), VEVSP 9 (21.4%), and mixed form 2 (4.8%) in the second group 36 (53%), 19 (28%) and 13 (19%), respectively. Physical history study examined showed that the frequency of an illness in pregnant groups 1 and 2 was significantly higher than the control group. In the study of the state of reproductive function it found that the VEVSP 2 times more often occurs than repeated pregnancies. Induced abortion more often (35.3%) were made in patients of the second group compared with the control group (16.6%). The threat of premature birth by repeated pregnancies occurred in 56%, in the first group at 38.1%. Nausea and vomiting syndrome of middle severity and hypertensive syndromes in the history revealed in 40.5% of pregnant women in the 1st group, the 2nd 28%. Almost all pregnant women found varying degrees of anemia. Thus, mild and moderate anemia degree set in 70.6% (48 patients) and 22% (15) cases in multiparous, in primiparous 45% (19), 21% (9), in the control 11.1% (2) and 44.4% (8) respectively. Among gynecological diseases most frequently inflammatory diseases of genitalia, disfunction of ovaries were more common in pregnant women the second group than the first group and control group.

Doppler is the best method of investigation of patients suspected of having varicose expansion of veins of small pelvic diseases. VEVSP are visualized in the form of numerous conglomerates and gaps with poor blood flow in different directions. The color-coding mode, the resulting image is a multi-colored stains of the wrong form. This is called lakes symptom.

**Conclusion:** Based on the above should be noted that the risk factors for varicose pelvic veins are found more at multiparous than in primiparous. After clinical examination of patients with VEVSP second screening stage is the implementation of Doppler of the pelvic organs that can detect abnormal reflux of blood through dilated veins gonadal. 1. Statistically significant clinical and anamnestic factors VEVSP risk are: menarche to 12 years, dysmenorrhea, 2 abortions in history, more than 2 parity, varicose veins, obesity, adhesions in the pelvic organs, chronic salpingo-oophoritis. 2. The most informative method of diagnosis is ultrasound study VEVSP pelvic vessels.

## **RISK FACTORS FOR THE DEVELOPMENT OF PLACENTAL DYSFUNCTION FROM EARLY PREGNANCY**

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**Objective:** to develop a model for predicting the development of placental dysfunction from early gestation on the basis of the results of general clinical, sonographic, Doppler, hormonal and immunological diagnostic methods for determining rational tactics of pregnancy management.

**Materials and methods:** We examined 40 women who were observed in pregnan-

cy in family clinics. The main group consisted of 20 pregnant women with development of placental dysfunction, a comparison group of 20 pregnant women without placental dysfunction. Results of own research Sonographic studies have shown that in pregnant women with placental insufficiency of 6-8 weeks of gestation there is a disproportion in the development of amniotic and choroid cavities in the form of a decrease in the ratio of the volume of the fetal egg to the volume of the amniotic cavity in comparison with patients without PD. In 20.4% of the patients of the main group, the heterostructure of the villous chorion with the presence of small anehogenous inclusions with an echogenic contour was noted, this feature was found in 3.0% of women in the comparison group. In the intervillaceous spaces, blood flow in 6-8 weeks of pregnancy was registered in 73.3% of patients with PD and in 83.6% of women without placental insufficiency. Blood flow in the yellow body of pregnancy can be categorized into two types: type I - in the form of a continuous vascular ring around the periphery, type II - in the form of color vascular loci. In patients of the main group, type II blood was determined in 61.8% of cases, and in comparison group patients in 14.2% of cases. In placental dysfunction, a decrease in the diameter of the yellow body of pregnancy was noted against a background of increased resistance of the arteries by 1.2 times in comparison with pregnancy, uncomplicated placental insufficiency. Beginning with early gestation, women with placental dysfunction in the left uterine artery and in spiral arteries had an increase in vascular resistance 1.4 times ( $p < 0.01$ ) with a 1.5-fold decrease in the final diastolic blood flow rate compared with patients Comparison group ( $p < 0.05$ ). These changes persist in late pregnancy.

**Conclusions** When predicting the risk of developing placental dysfunction, data from the obstetric-gynecological anamnesis and the physical status should be taken into account: PD often develops after the transferred gynecological diseases (64.3% versus 47.0% compared to the comparison group,  $p = 0.003$ ), infections, Sexually transmitted infections (13.4% vs. 3.7%,  $p = 0.022$ ); In the presence of extragenital pathology detected in pregnant women with PD 1.4 times more often ( $p < 0.001$ ), smoking (11.5% vs. 1.5%,  $p = 0.008$ ). Risk factors for PD are the threat of miscarriage at an early age, a violation of the biocenosis of the vagina in the first trimester, acute respiratory viral infection in early pregnancy. At 6-8 weeks of gestation, the development of placental dysfunction reveals a disproportion in the development of the amniotic and choroid cavities ( $p = 0.016$ ) and the heterogeneity of the villous chorion with small anechogenic inclusions with an echogenic contour ( $p < 0.001$ ), as well as disturbances in blood flow in the yellow Body of pregnancy with increasing resistance of its arteries. There is an increase in vascular resistance in the left uterine artery and in spiral arteries by 1.4 times, with a decrease in the end-diastolic blood flow rate by a factor of 1.5 ( $p < 0.001$ ).

## GYNECOLOGICAL DISEASES IN ADOLESCENT GIRLS OF SURKHANDARYA REGION

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The problem of reproductive health of adolescent girls today remains one of the topical, interdisciplinary problems, since medical demographic conditions remain unfavorable and deteriorating health of women of childbearing age. However, many studies indicate that reproductive health of women is more often unsatisfactory [Asrankulova DB, Ahmedova NM, Gazieva M et al. (2014); FS Aripova, DA Zakirkhodjae-

va, MA Tadjieva et al. (2015); AA Nazhimova, GN Bekbaulieva (2015);].

**Objective:** to study the frequency and structure of gynecological morbidity of adolescent girls of Surkhandarya region.

**Results and discussions:** in 57.1% of examined adolescent girls we revealed gynecological diseases, with each fifth having a combination of two or more disorders. Among the number of identified disorders during the study disruption of menstrual ovarian cycles (DMOC) was dominant – 81.0%, among them algomenorrhea, which accounted for more than half of all identified gynecological diseases (53.0%).

Hypomenstrual syndrome was second among all identified diseases (22.1%).

Within the structure of gynecological diseases, inflammation of the genitals is ranked third (17.9%) and was found in every tenth women.

An analysis of gynecological morbidity in women of different age groups showed the highest frequency of disorders in 18 year olds (75.8±8.7%), while the lowest - in 14 year olds (57.5±7.8%) and 17 year olds 56.8±3.1% ( $p < 0.05$ ). However, in the context of individual diseases, there are some age specific features. Thus, algomenorrhea is more common in 14-15 year olds and less frequent in 17 year olds. The detection of hypomenstrual syndrome gradually increases with age of women from being 7.5 among 100 women age of 14 to 15.5 among 100 women 18 years of age (correlation coefficient  $r = +1.0$ ). It should be noted that inflammatory diseases of the genitals were more frequent in 18 year old girls (22.4±5.4% per 100 surveyed). Primary health care workers, including gynecologists should make healthier girls in this particular age group, since they will soon get married.

Attention is drawn to the correlation of gynecological diseases to past somatic diseases. For example, among those who had infectious diseases during prepubertal period (measles, mumps, hepatitis, etc.) or inflammatory extragenital diseases (urinary tract infection, sore throat, chronic tonsillitis, undergone tonsillectomy, appendectomy, etc.) damage to the reproductive system occurred more frequently (73.5±2.7%) compared to those who did not have these diseases in their medical history (56.7±2.3%),  $p < 0.01$ . This figure was even higher in girls who at the time of examination were on the dispensary observation for chronic somatic diseases (93.6±1.7% per 100 on the dispensary observation).

**Conclusion:** 1. High gynecological morbidity of adolescent girls in Surkhandarya region, which is dominated by irregular menstrual cycles, ovarian and inflammatory diseases of genitals.

2. Factors that increase the incidence of gynecological disorders are current and past infectious and chronic inflammatory diseases occurred in prepubertal age.

## THE OBSTETRICIAN AND GYNECOLOGICAL USE OF BLIGHTY “PROGEST-LIK” MEDICINE

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**Introduction.** Miscarriage is a common complication encountered during pregnancy. The role of progesterone in preparing the uterus for the implantation of the embryo and its role in maintaining the pregnancy have been known for a long time. Inadequate secretion of progesterone in early pregnancy has been linked to the etiology of miscarriage and progesterone supplementation has been used as a treat-



ment for threatened miscarriage to prevent spontaneous pregnancy loss.

**Objectives.** To determine the efficacy and the safety of progestogens in the treatment of threatened miscarriage.

**Subjects and methods.** The research was conducted in 30 pregnant women. The duration of pregnancy period accounted for 8-31 weeks. The number of threatened miscarriage showed 16 (53%), 10 (33%) of pregnant women were those with already started miscarriage, and threat of premature delivery accounted for 4(14%). The medicine was given after professional examination. During the treatment and post-treatment periods professional examination was carried out.

**Results.** No side effects were observed. All pregnant patients were preserved from miscarriage and helped to save the embryo.

**Conclusion.** Thus, it is reasonable to summarize that the mentioned medicine provides a reliable opportunity to save embryos life and make his inner development more protected.

## FORECASTING AND PREVENTION RH IMMUNIZATION IN PREGNANT WOMEN

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**Background.** Pregnant women with Rh-negative blood, regardless of the presence of the antibody titer in the blood are a risk group for the development of obstetric complications during pregnancy. In pregnant women with Rh-negative blood in repeated gestation in 10% of cases there is a vaccination that is due to the percentage of coverage of preventive vaccination Rh immunoglobulin, or other pathology. Of interest is for gestation in pregnant women with Rh-negative blood without immunization, which no vaccination has been carried out.

**The aim** of the study was to identify early diagnostic criteria for immunization of pregnant women with Rh-negative blood is not receiving immunization, offer preventive treatment.

**Material and methods.** We have studied the pregnancy and clinical manifestations of Rh sensitization in 35 multiparous women admitted to maternity complex №9 Tashkent. The survey was conducted in the gestation period from 20 to 39 weeks on the presence or absence of Rh immunization. We performed clinical, clinical laboratory, ultrasound studies, screening for Rh antibodies (direct and indirect Coombs test). Age of women surveyed ranged from 20 to 38 years old.

**Results and discussion.** The first group consisted of 12 (34.2%) patients with Rh sensitization, threatened by the implementation of hemolytic disease of the fetus (MLP) or hemolytic disease of the newborn (HDN). The second group consisted of 23 pregnant women with Rh-negative blood without immunizations. Studied pregnancy parity: the vast majority of this pregnancy was second (21 - 60%), the rest of the third and fourth (14 - 40%). In the first group of pregnant Rh-antibodies were found in the ground (10 women - 83,3%) in terms of 20-23 weeks with a planned inspection by the direct reaction. The history of these women had spontaneous abortions, fetal death at 39 weeks in 2 patients, hemolytic disease of the newborn (HDN) in 2 patients. In two patients the antibodies were not found, but there were signs of immunization - swelling of the placenta by ultrasound and weighed down by histo-

ry - in one stillbirth and spontaneous abortion in 2 other women. Antibodies were detected in them by indirect Coombs reaction. Analysis of the history of the second group of patients without immunization revealed that 6 (26%) patients had burdened obstetric history: in 5 (21.7%) patients marked spontaneous abortions in the first trimester, one patient had a history of hemolytic disease of the fetus developed in the child's 3 day postpartum period, while the mother is not found Rh antibodies. These women were classified as at risk, they carried out a dynamic examination of blood samples by Coombs, ultrasound monitoring of the state of fetoplacental complex. The appearance of signs of immunization is an indication for prophylactic treatment. Almost all the patients of the second group during pregnancy Rhesus antibodies were not detected in spite of the fact that they did not receive immunoglobulin after the first delivery. In the first group providing treatment contributed to the decline in antibody titer to a low level.

**Conclusions:** The percentage of hemolytic disease of the fetus and newborn hemolytic disease is significantly higher in pregnant women who did not receive Rh immune globulin after the first birth. Hemolytic disease of the newborn (HDN) may develop in pregnant women who had no signs of immunization during pregnancy. To reduce the risk of Rh immunization and development of hemolytic disease of the fetus (SBP), and hemolytic disease of the newborn (HDN) is necessary to improve awareness among pregnant women about the need for immunization.

## **ANALYSIS OF THE STRUCTURE AND EPIDEMIOLOGICAL CHARACTERISTICS OF SEPTIC DISEASES IN THE EARLY POSTPARTUM PERIOD**

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Postpartum pyo-inflammatory diseases (GD) continues to be one of the urgent problems of modern obstetrics, their incidence in the literature varies widely from 13.3 to 54.3%, reaching 80.4% in women with a high risk of infection. In addition, they take 2-4 place among the causes of maternal mortality. One of the most common forms of group delay postpartum postpartum endometritis (PE). Its frequency after spontaneous labor is 3-5%, after caesarean section - more than 10-20%.

Postnatal septic diseases may be associated with infection during pregnancy and getting an infectious agent during delivery or immediately after them. This contributes to a breach of the birth canal soft tissue integrity during delivery, low immunity during pregnancy. At the same time when receiving a chaotic antibiotics leads to modified forms of microorganisms from the pathogenic and nonpathogenic can cause septic diseases.

**Objective:** to study the structure and prevalence of postpartum septic diseases.

**Materials and Methods:** A retrospective analysis of 70 labor histories according to the clinic №2 TMA for the 2014-15 year.

**Results:** A retrospective analysis of the history of the birth of 70 patients II clinical TMA increased risk of infection, have shown that during pregnancy complicated by anemia (83.3%), the threat of termination of pregnancy (26,6%), subinvoljucija uterus (62.5%), postpartum endometritis (25%), endometritis after cesarean section (12.5%). In 4 cases (5.71%), the presence of septic complications requiring surgical

intervention - a total hysterectomy with appendages. A detailed study of the history has shown, inflammatory diseases of the pelvic organs (75%), the presence of chronic foci of infection (100%), difficulty during pregnancy (68%), difficulty in childbirth (50%), operational guide wire (43%) . According to the results of histological examination in 43 (75%) parturients diagnosed with purulent endometritis. In the case of 17 (24.6%) had a fungal infection (in bacterial study revealed candida), clinical signs, which is a progressive thrombosis of the pelvic vessels with the phenomena of peritonitis in the absence of fever, and the consequences of continued antibiotic therapy.

**Conclusions:** According to our data the uterus subinvoljucija diagnosed most frequently. In the case of endometriosis, the amount of frequency operations was 66.6%.

## THE INFLUENCE OF DELIVERY PROCESSING ON THE OCCURRENCE OF POSTPARTUM ENDOMETRITIS

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Despite hard work in the prevention and treatment of postpartum endometritis this problem at the present time it remains valid, and plays a significant role in the structure of maternal morbidity and mortality.

The frequency of endometritis after physiological births is 1-5%, 15-20% after pathological labors 15-20% and after Cesarean section - more than 20% (Chernuha E.A., 2000; Kulakov V.I., 2004; Serov V.N., 2007 ).

**The purpose of this study** is to investigate the influence of course and outcome of labor on postpartum endometritis.

**Materials and methods.** In historical retrospective study of 20 pregnant women were turned off with postpartum endometritis in the period 2015-2016 in the maternity complex of TMA.

**Results.** Studies have shown that out of 20 postpartum women with postpartum endometritis in 8 (40%) women endometritis observed after cesarean section, 8 (40%) cases, after complications in childbirth - prolonged labor, etc., and the rest in 4 cases, after physiological spontaneous delivery (20%).

**Conclusions.** Based on the data presented above it can be concluded that postpartum endometritis in most cases occur after complicated and pathological childbirth, while at the same time after the birth of physiological occurrence of the disease although smaller, but requires further study.

## REASONS FOR PRETERM BIRTH

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Miscarriage in the structure of one of the main places in the Republic of Uzbekistan is preterm birth(PR),which is a high frequency(6-12%).Based on numerous studies have found a number of factors that increase the risk of preterm birth in women. Therefore the aim of our study was to identify potential risk factors for preterm birth.

**Materials and methods:** A retrospective analysis of case histories of premature birth in 58 women. The controls were the results of the analysis of stories with urgent delivery in 49 women with a favorable course of gestation.

**Research results:** Somatic diseases study in women with PR showed predominance kidney disease (45,2%), cardiovascular system(11,3%).Almost at the same frequency in both groups occurred varicose veins.

The analysis of birth parity revealed that multiparous with burdened obstetric history in the group with the PR was significantly longer in the 2,48 times higher than in controls (P<0,001)group.

In the structure of preterm labor very early premature birth (22-27 weeks) were observed 7,5%; early preterm birth (23-33 weeks)- at 36,5% and preterm birth(34-37 weeks), 56% of women.

Analysis of the outcome of previous pregnancies of patients with PR showed that miscarriage occurred in 51,9%, premature birth 35,5%.Antenatal fetal death occurred in the history of women only with PR and amounted 6,5%.

**Conclusion:** In pregnant women with PR in the structure of somatic diseases prevailed kidney disease (45,2%), diseases of the cardiovascular system (11,3%).The outcome of previous pregnancies was burdened patients with miscarriage (51,9%), preterm delivery (35,5%), fetal death (6,5%),which can be attributed to these women at high risk for the development of the PR, and obstetric perinatal complications. The incidence of preterm birth 34-37 weeks significantly longer than 22-27 weeks, which corresponds to 56% and 7,5%.History of women with PR only 6,5% occurred fetal death.

## STRUCTURE OF EXTRAGENITAL PATHOLOGY IN WOMEN WITH PRETERM LABOR

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According to WHO guidelines, premature births are divided by gestational age at a very early (22-27 weeks), early (28-33 weeks) and the actual PL (34-37 weeks).

The most significant risk factors for idiopathic prematurely at 22-27 weeks of pregnancy are abortion and miscarriage, chronic urogenital infection, SARS during pregnancy. The main reasons for the elective preterm birth in the 2nd trimester of pregnancy are preeclampsia and fetal abnormalities.

**Objective:** To study the structure of extragenital disorders in women with preterm labor

**Sources and methodology:** We performed a retrospective analysis of 100 stories of premature births.

All subjects were divided into 3 groups: group 1 very early preterm delivery - 22-27 weeks of pregnancy; Group 2 - early preterm delivery - 28-33 weeks of gestation, and Group 3 preterm birth at term of 34-37 weeks. The control group consisted of 50 pregnant women who gave birth in gestation pregnancy which proceeded without the threat of miscarriage and other obstetric complications.

**Results and Discussions:** The most commonly premature labor was observed at term 34-37 weeks - at 361 (51.6%) pregnant women at term of 28-33 weeks - 304 (43.4%). The lowest number of premature births in the 1st group - 35 (5.0%). In the analysis of parity childbirth attention is drawn to the fact that in all groups of multiparous and nulliparous distributed almost equally, and every third - primigravida. Age of women in all three groups ranged from 17 to 40 years, with most large number of premature births accounted for an average age of 21 to 34 years.



An analysis of the outcome of previous pregnancies in women with preterm delivery showed that obstetrical history was complicated with medical and spontaneous abortion, premature birth and perinatal loss. Analysis of extragenital pathology showed that in the groups of preterm birth anaemia and chronic pyelonephritis were the most frequently encountered. It should be noted that in comparison with the control group the presence of anaemia was not significantly different from the group of preterm birth. A pyelonephritis, on the basis of our data, can be considered a risk factor for preterm birth. Among the factors for abortion a special place belongs to cervical incompetence, which during the term of 22-24 weeks occurs in 5.7% of pregnant women. In our groups, malformations of the uterus and uterine were rare. In groups of pregnant women with preterm labor the most frequent complications were pre-eclampsia (11.4-21.1%), IUGR (14.3-18.0%) and subcompensated decompensated FPN (11.4-22.9%) as a result of which frequency of abortions for medical reasons increased. There also was a high percentage of prenatal rupture of membranes (20.0-33.2%) and premature placental abruption (4.9-17.1%).

**Conclusion:** The most important risk factors for the PL in women with inherited and acquired defects of haemostasis are: age over 30 years, the presence of thrombophilia in relatives, the high frequency of extragenital diseases, complicated obstetric and gynecological history.

## FERTILITY RESTORATION IN WOMEN WITH UTERINE MYOMA AT LATE REPRODUCTIVE AGE AFTER MYOMECTOMY

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**Objective:** To determine efficacy of myomectomy in relation to realization of reproductive function in women with infertility and uterine myoma (UM) of the elderly reproductive age.

**Material and methods:** In order to evaluation of the results of myomectomy related to restoration of fertility in 68 patients of the late reproductive age, in which infertility was the main indication to surgery the clinical-statistic analysis of the long-term results of the operative treatment has been performed. The age of studied women fluctuated from 35 to 44 years and, on the average, accounted for  $37,4 \pm 2,3$  years ( $\sigma \pm 5,3$ ). Among the patients with UM of the late fertile age the primary infertility was in 12 women (17,6%) and secondary – in 56 women (82,3%). The indication for reconstructive surgery on the uterus was presence of interstitial or interstitial-subserous junction of diameter from 3,5 to 7,0 cm, not deforming uterine cavity and groups of comparison were composed only from patients who had single node on the anterior uterine wall.

**Results:** The investigation showed that efficacy of myomectomy in the patients with UM of the late fertile age was low that was connected with initial reduced ovarian functional activity. Thus, of 68 patients with UM of the late fertile age pregnancy occurred only in 8 women (11,8%): in 5 of 68 patients (7,4%) independently after stimulation of ovulation and in 3 of 68 women (4,4%) – occurred only with high reproductive technologies – extracorporeal fertilization by selection of oocytes from donors. It should be noted that all pregnancies occurred in interval from 5 months to one year. The occurrence of pregnancy was not observed in the more long-term periods.

**Conclusions:** Thus, the patients with UM and infertility of the late reproductive age should be informed about possible failed realization of the reproductive function after myomectomy. In case of absence of need of its realization according to wish of patient myomectomy in women of late reproductive age should be carried out only due to organ-preserving surgery.

## **FREQUENCY AND FACTORS OF THE RISK OF THE DOROD REDUCTION OF WATERWATER IN THE PREGNANT PERIOD OF PREGNANCY**

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**Objective:** to study of the incidence and possible risk factor of prenatal rupture of amniotic fluid according to the data of the maternity hospital No.9 in Tashkent.

**Materials and methods:** Retrospective analysis of birth histories for 2015 was conducted. To identify the frequency and possible risk factors for prenatal outflow of amniotic fluid in the period of pregnancy 37-42 weeks. The diagnosis was made on the basis of complaints and anamnesis of the mother, as well as on the results of the subsequent examination in the mirrors given by the ultrasound of the fetus. Control over the condition of a woman during pregnancy, during childbirth and the postpartum period was carried out according to clinical protocols.

**Results:** Observation revealed that in every fourth woman, labor was complicated by an anterranean outflow of water in a term (24.1%). Among somatic diseases, inflammatory diseases of the urinary system (chronic pyelonephritis, chronic cystitis, pyelonephritis of pregnant women), respiratory diseases, anemia of pregnant women, thyroid disease were more common. More than a third of women with prenatal discharge of amniotic fluid have a different urogenital pathology. Given this, it can be assumed that the existing chronic foci of infection were one of the reasons for the prenatal discharge of water in the term of pregnancy.

**Conclusion:** Thus, the frequency of occurrence of prenatal outflow of amniotic fluid does not decrease, which dictates the need for further study of the problem and the identification of optimal obstetric tactics.

## **NATURE OF REPRODUCTIVE FUNCTION AND DURING PREGNANCY IN WOMEN WITH HYSTEROMYOMA**

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**Relevance.** Uterine fibroids are among the most frequent benign tumor of the genital organs of women and has a significant place among the diseases of the reproductive system. Its frequency in the general population varies between 7,8-28% in the structure of other benign tumors of the genital organs, and the combination of pregnancy and uterine fibroids occur 0.5 to 6%.

**The aim:** to study the effect on uterine fibroids during gestation in primary pregnancy and again pregnancy women.

**Materials and methods.** We examined 60 pregnant women with uterine fibroids,

which were divided into 2 groups based on parity. 1 group consisted of 18 primary pregnancy, 2 group consisted of 42 again pregnancy women with uterine myoma. Age of women surveyed ranged from 23 to 42 years old. The most common age group women were among primary pregnancy aged women 30-39 - 11 (61.1%), while in group 2 - 30 (71.4%) again pregnancy women, indicating that the connection between the frequency detection of fibroids with parity.

**Results of the study.** Surveys of pregnant women revealed that in 1st group diagnosed with fibroids was installed prior to pregnancy in 7 (38.9%) patients. The rest of fibroids first detected during pregnancy in 5 (27.8%) or during operative delivery, the operative findings at caesarean section in 6 (33.3%).

In group 2 the presence of fibroids before pregnancy is established in 12 (28.6%), and the rest - during pregnancy in 5 (11.9%) or during caesarean section operations in 25 (59.5%) women. Therefore, the higher parity and older age of the pregnant woman, the more fibroids detected, which is sometimes an indication for operative delivery.

In 2<sup>nd</sup> group of again pregnancy women in reproductive anamnesis was burdened with a variety of reproductive losses: delay in growing pregnancy - 23 (54.7%), induced abortions in 10 (23.8%) and spontaneous abortions rate was in 17 (40.4%) women. In the control group of reproductive losses in history were in 4 (28.5%) of pregnant women (abortions - 3).

The 1<sup>st</sup> and 2<sup>nd</sup> groups during pregnancy women had own characteristics and accompanied by a number of complications. The most frequent complaints were abdominal pain in the I and II-trimester. Ultrasonography is diagnosed in 1<sup>st</sup> Group of abortion in 15 (83.3%), while in group 2 in 34 (80.9%) women. All births in group 1 were operational. Indications for surgery were predominantly from the mother PDNSP in 3 (16.7%), prenatal rupture of membranes - 3 (16.7%), cephalo-pelvic disproportion - 5,6% and others. The presences of uterine fibroids were only indication for surgery in 2 (11.1%) cases with large amounts fibroids.

In 2<sup>nd</sup> group, 80.9% of women delivered with cesarean section and in 8 women (19.1%) - delivery with natural ways. The indications for surgery PDNSP prevailed (11.8%), preeclampsia (17.6%), scar on the uterus (11.8%), and others. Fibroids were the indication for operative birth only in 2 cases (5.9%). The volume of transactions has been expanded to myomectomy in virtually all female in 2<sup>nd</sup> groups and 1st group 88.9% female. Consequently, uterine fibroid is not always an indication for cesarean section.

**Conclusions.** 1. The presence of uterine fibroids complicating pregnancy, which manifests threat it, interrupts in 1<sup>st</sup> and 2<sup>nd</sup> trimesters, the development of preterm delivery in one-third of women.

2. High percentage of operative delivery in pregnant women with uterine fibroids due to the development of obstetric complications (PDNSP, preeclampsia, prenatal rupture of membranes, etc.).

## RETROSPECTIVE ANALYSIS ATONIC BLEEDING

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Obstetric hemorrhage is the leading cause of maternal mortality in the world and account for 27%, with the most frequent cause of massive hemorrhage is uterine atony (WHO, 2015).

The aim of our study was to analyze the phasing treatment of patients with obstetric hemorrhage based on the study of clinical material.

**Materials and methods.** A retrospective analysis of 88 stories of childbirth for the period 2010-2012 with atonic bleeding. Among nulliparous surveyed accounted for 28 (32%) women, 60 multiparous (68%) women. All the women were made conservative measures, and 23 of them (26%), surgical hemostasis with the ineffectiveness of conservative therapy.

**Results of the study.** Depending on the methods of a surgical hemostasis taken all the women are divided into 4 groups: 1 group performed ligation of the internal iliac artery in 4 women (17.4%); 2 group that produces supravaginal uterus amputation was 30.4% (7 women); 3 Group hysterectomy performed in 8 patients (34.8%); Group 4 was 4 (17.4%) of women who performed a hysterectomy with ligation of the internal iliac artery. Interoperation average blood loss was 980 ml, 1180 ml, 1950 ml, 1360 ml, respectively, in groups. Lethal outcome was observed in one (1.13%) women with a total blood loss 4000ml. The results of our study have shown that the optimal method of surgical hemostasis in the absence of IVDS remains ligation of the internal iliac artery especially in nulliparous to maintain menstrual and reproductive function and to reduce intraoperative blood loss during hysterectomy.

**Conclusions.** Thus, our analysis has shown that the actions of having to stop the bleeding, have a certain sequence and in cases of failure of usually end with the removal of the uterus. In this regard, the choice of means of rapid reliable hemostasis in bleeding atonic definitely need to pay more attention to the development and introduction of new technologies and therapies to improve organ preservation for obstetric bleeding.

## **LIGATION OF THE INTERNAL ILIAC ARTERY AS ALTERNATIVE METHOD TO HYSTERECTOMY IN MASSIVE OBSTETRIC HEMORRHAGE**

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According to WHO (2015) in 2015, about 303,000 women died during and after childbirth, which is the root cause is massive bleeding (27%). Massive atonic postpartum hemorrhage is occupied in the maternal mortality rate of 1.5-1.7% structure (Radzinsky V.E., 2014).

The aim of our study was to evaluate the effectiveness of bilateral ligation of the internal iliac artery (WPA) spent about atonic postpartum hemorrhage.

**Materials and methods.** A prospective study of 14 women in the period from 2012 to 2014, that bilateral ligation of IIA was made. All women conducted clinical tests: complete blood count, coagulation, and estimated blood loss, ultrasound.

**Results.** Of the 14 women 4 (29%) - nulliparous, 10 (71%) - multiparous. When postpartum hemorrhage 900-1200ml ligation was performed only IIA, the number of women was 5 (36%). At the same time intraoperative blood loss in these patients observed in the amount of 150-200ml. If postpartum hemorrhage exceed 1300 ml and a dressing made with IIA hysterectomy followed, the number of these women was 9 (64%). Ligation IIA first stage was carried out in order to reduce intraoperative bleeding, which was 300-700ml. The positive effect of IIA dressing was observed in 4 (80%) of women 5, in which the post-operative period was uneventful. The rate of uterine involution, the nature and



amount of bleeding in the postpartum period did not differ from those after physiological labor. In 1 (20%) women in childbirth after tying IIA and waiting for 15 minutes the bleeding continued, in connection with what made a hysterectomy (low placentation noted).

**Conclusion.** Timely ligation IIA, representing an effective, less traumatic, less technically elaborate method for emergency hemostasis in atonic uterine bleeding in the postpartum period, is an alternative to hysterectomy and the method of choice, allows you to save the reproductive and menstrual function of women.

## THE RISK OF DEVELOPING ANEMIA IN PREGNANT WOMEN WITH DIFFERENT BLOOD GROUPS

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Studying disease, doctors have noticed that there is a certain regularity between blood group and susceptibility to certain diseases. However, a predisposition to certain diseases is not yet the decisive fact that they can occur and progress. This is attended by many factors and blood group - only one of them.

**Aim:** To determine the risk of anemia in pregnant women, depending on the blood group.

**Objectives:** 1) retrospectively to determine the level of hemoglobin and blood group of pregnant women in the third trimester; 2) study the dependence of the degree of anemia from blood group.

**Materials and Methods:** A retrospective analysis of 80 stories of pregnant women with anemia confirmed by laboratory tests before delivery.

Results: there were studied 80 stories childbirth in pregnant women with anemia of varying degrees. Among them OO (I) Rh + blood group was determined in 25% of women; A (II) Rh + at 31.25%; In (III) Rh + -20%; AB (IV) Rh + - 8,75%; OO (I) Rh-5%; A (II) Rh- -3,75%; In (III) Rh- -6,25%.

At women with OO (I) Rh + blood group anemia of the first degree is defined in 40% of cases; 2nd degree anemia in 45%; 3rd degree anemia in 15%. Pregnant with A (II) Rh + blood group are anemic 1st degree in 40% of cases; anemia 2nd degree in 44%; 3rd degree deficiency anemia in 16%. We studied women with B (III) Rh + blood group 1st degree anemia occurred in 31.25% of cases; 2nd degree anemia in 68.75%. In a study of women with AB (IV) Rh + blood group anemia 1st degree set in 57.14% of cases; anemia 2nd degree - 42.86%.

A survey of women with Rh negative blood showed: the OO (I) Rh- blood group anemia 1 degree is defined in 25% of cases; 2nd degree anemia - 50%; 3rd degree anemia - 25%; at women with A (II) Rh- blood group 1 degree anemia was 66.7%; 2nd degree anemia 33.3% of cases; In pregnant women with (III) Rh- blood group become sick anemia 1 degree in 60% of cases; 2nd degree anemia - 40%; Thus, studies have shown that A (II), As (III) blood group and Rh negative factor is the risk of anemia in pregnant women in the third trimester.

**Conclusions:** 1) The most prone to anemia pregnant women with A (II) Rh + blood group; 2) Depending on the degree of anemia: in pregnant women with A (II) Rh- blood group most frequently develop anemia 1 degree; 2nd degree anemia most prone at holders (III) Rh + group; for A (II) Rh + blood group anemia more common 3 degrees.

# COMPLICATIONS OF LABOR IN PREGNANT WOMEN WITH CHRONIC DISEASES (ANEMIA, PYELONEPHRITIS)

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Chronic diseases during pregnancy are one of the most actual problem of modern obstetrics. Despite the large amount of research devoted to the study of this issue, so far there is no mentioned to downward trend in the frequency of extragenital pathology.

The presence at a pregnant woman chronic diseases, is the unfavorable background of pregnancy, on that are reduced or limited possibilities of adaptation mechanisms, and are compounded all the complications that occur during pregnancy, childbirth and the postpartum period. Especially relevant these issues from the perspective of modern obstetrics and perinatology. Miscarriage, premature birth, placental insufficiency, fetal growth restriction syndrome, intrauterine infection of the fetus, anemia - this is not a complete list of complications of pregnancy and childbirth for mother and fetus at women with chronic pyelonephritis.

**Objectives:** To determine the possible complications of childbirth in women with chronic diseases.

**Objective:** To identify the most frequent complications in labor in pregnant women with chronic diseases with a combination of anemia and pyelonephritis.

**Materials and methods:** on basis of the set of 2 maternity clinic of the Tashkent Medical Academy by a retrospective analysis of 80 stories was studied childbirth in pregnant women with anemia and a pyelonephritis.

**Results:** In the study of labor histories revealed that: a birth took place from 27 to 36 weeks gestation at 5% of women; prenatal rupture of membranes met in 7.5% of cases; development of chorioamnionitis complicated childbirth 1.25% of women in childbirth; 13.75% in the amniotic fluid were muddy, green, and 1.25% - meconium; in 13.75% of pregnant women defined oligohydramnios, polyhydramnios, as was 6.25%; 2.5% of complications manifested in the form of poor progress of labor; defect in placental tissue was detected in 3.75% of cases, the incidence of premature detachment of normally situated placenta was 5%; surgical delivery took 43.75% of pregnant women.

Thus, we can conclude that in the combination at pregnant woman such chronic diseases as anemia and pyelonephritis should be most expect the following complications: prenatal rupture of membranes, preterm labor, premature detachment of normally situated placenta, which in turn may be the indication for operative delivery, both in the interests of the mother and fetus.

## PREVALENCE OF MASTOPATHIES AMONG WOMEN OF TASHKENT CITY, UZBEKISTAN

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During the last five years, averagely  $\frac{3}{4}$  of women appealing to the clinic with benign breast diseases have mastopathies, which has a tendency to progress. Out of the total incidence of women with mastopathy has a leading place in: diseases of the genitou-

rinary system, endocrine disorders of nutritional and metabolic systems, diseases of the digestive system, blood and blood-forming organs, respiratory organs.

The aim of the research: to assess the prevalence of mastopathies and assessment of the overall morbidity of women suffering from mastopathy.

The methods and materials: Negotiability of women about breast pathology and the prevalence of mastitis in the dynamics in the last five years (2011-2015 years) were studied leaning on statistical records of the city Oncology Center in Tashkent. To assess the overall morbidity of women with mastopathy analyzed the results of medical examinations made in the medical records of women. In order to identify suspected risk factors for mastitis conducted a survey of women. Taken results processed by the method of variation statistics.

**The obtained results.** Results of the study negotiability of women in the city Oncology Center about breast pathology indicate that appealing of women to oncology clinic is increasing annually.

We drew attention to the negotiability of women for breast cancer. This rate ranged from 3.8 to 4.8% of all those who applied to the city Oncology Center. The survey interviews of these women showed that 67.1% of them had mastopathy.

Mostly, the disease (27.18%) was observed on patients aged from 40 up to 49. Next place occupied the age from 30 up to 39 (23.9%); the lowest proportion of mastitis was recorded at the age of 60 years and older (14.12%).

Therefore, mastopathy occurs more in women in the most active working age (30-49 years). In our opinion, this may be due to their more passive reproductive function during employment: decreasing of birthrate and limiting or even cessation of breastfeeding.

Thus, the largest number of complaints about mastitis in the studied years (2011-2015 years) were in March (45.4), April (53.2%), September (41.3%), October (50.0%) and November (44.0%), while the average number of diseases registered on age about 39. Mostly, the disease recorded in the spring and autumn seasons. Certain seasons of mastopathy incidence appears to be related to the climate change, a change in weather conditions, the reactivity of the body of women and their way of life in different periods of the year. The study showed that the level of overall morbidity women mastopathy was 1590.3 ‰. The structure and the level of general morbidity of women with mastopathy ranks firstly in genitourinary system disorders (17.4% and 276.4 ‰); secondly, endocrine, nutritional and metabolic diseases (13.8% and 219.4 ‰); thirdly, diseases of the digestive system (10.7% and 169.7 ‰); fourthly, in blood and blood-forming organs (10.2% and 162.4 ‰); fifthly, respiratory system (7.5% and 118.8‰). It is really important to pay attention to the prevention of inflammatory diseases of pelvic organs, gynecological diseases, pathologies of thyroid gland, and diseases of digestive system and formation of healthy life style clues.

**Conclusion:** Morbidity of mastopathy has distinctive seasonality. The level of general morbidity of women with mastopathies is averagely 1590,3 from 1000 cases of women. Out of the total incidence of women with mastopathy has a leading place in: diseases of the genitourinary system, endocrine disorders of nutritional and metabolic systems, diseases of the digestive organs, blood and blood-forming organs, respiratory system organs. It is important to pay attention to the prevention of inflammatory diseases.

# **THE ROLE OF DELIVERY METHOD FOR THE DEVELOPMENT OF SEPTIC COMPLICATIONS IN THE POSTPARTUM PERIOD IN WOMEN WITH A UTERINE SCAR.**

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Nowadays, the frequency of operative delivery remains high, which enables reduction of the level of perinatal losses, but at the same time, remains relevant in the maternal mortality rate system. Some authors believe that the development of postpartum endometritis after vaginal delivery is 8-15%, and after surgical births, this figure reaches 25-35%. The main causes of failure of the scar on the uterine are postpartum endometritis, abortion, and presence of intra-uterine manipulation after cesarean section in the anamnesis.

Our goal of the survey: to study the value of the delivery method in the development of purulent septic complications in the postpartum period in women with a uterine scar.

We conducted retrospective analysis of the history of the birth of 90 women with a uterine scar in age from 19 to 40 years, the average age of  $25,6 \pm 2,3$  years, and a prospective analysis of 30 women with a uterine scar, the mean age was  $24,8 \pm 2,6$  years. From them women with second pregnancy was - 39,2%, with third pregnancy was - 39,8%, with fourth pregnancy - 23,4% and with fifth pregnancy - 7,6%. Birth vaginally totaled 10,4%, and repeated cesarean section was 89,6%, which was more than in the group of prospective analysis - vaginal birth 15%, repeated cesarean section 85%. Development of postpartum endometritis in retrospective analysis group was 15,4%, while in the group of prospective analysis, the figure was 10,7%, which is significantly lower than in the group of retrospective analysis ( $p < 0,05$ ). The development of postpartum endometritis in all groups preceded the birth by caesarean section. Risk analysis of the development of septic process showed that the first place is the inflammation of the pelvic (25,4%). In second place were the inflammatory diseases of the respiratory tract (23,2%), followed by intrauterine manipulations in the previous delivery (15,4%), defective hemostasis (11,8%), prolonged surgery (9,2%), abnormal blood loss (8%), rapid thinning of the lower segment (7%).

Thus, the structure of the development of postpartum endometritis in the postpartum period in women with a uterine scar play significant role in the development of inflammatory processes, frequency of which is increasing after caesarean section. Therefore, the development of rational tactics of childbirth in women with a uterine scar prevents the development of postpartum endometritis.

## **EVALUATION WITHIN MISCARRIAGE IN WOMEN WITH VAGINAL BLEEDING IN THE FIRST TRIMESTER OF GESTATION**

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The problem of miscarriage is relevant in obstetrics. Thus, according to different data abortion rate is 2 to 55% of all pregnancies of which 50% occurs in the first trimester of gestation. Diagnosis of spontaneous abortions in the first trimester is im-



portant to prepare the planning of future pregnancy. The frequency of miscarriage after the first miscarriage is 23%, after 2 miscarriages 29%, after 3 miscarriages 55%.

**The aim** of the work was to establish the possible outcomes of pregnancy loss in women with vaginal bleeding at early stages of gestation.

**Methods:** We evaluated obstetric history, gynecological and extragenital pathology, complications of pregnancy, bad habits in 80 women with vaginal bleeding in the first trimester of pregnancy.

**Results:** Age of women surveyed main group ranged from 21 to 35 years. The outcomes of previous pregnancies among women surveyed: one woman screened had 4 pregnancies ended in childbirth in 29,8% of cases, including premature birth occurred in 15,6% of cases, urgent - at 14,2%, spontaneous miscarriage occurred in 40,8% cases, no developing pregnancy - in 26,8% of cases, for medical abortion was performed in 2,6% of cases. Spontaneous miscarriage up to 5-6 weeks occurred in 10,4%, in terms of 7-12 weeks - 11% of cases, in terms of 13-21 weeks - 19,4% and prematurity in terms of 21-27 weeks - 16,3% of cases. No developing pregnancy there was a maximum of 12 weeks (33% of cases), in 6,3% of cases in terms of 13-27 weeks.

Total perinatal mortality rate was 52,7%. Of these, premature labor and perinatal mortality was 50%, which is 18 times higher than for urgent delivery (2,8%). This antenatal, perinatal and postnatal mortality was 18; 4,2 and 30,5%, respectively, the total perinatal mortality.

According to historical data it found that 72 (50%) cases marked by varying degrees of severity of preeclampsia and eclampsia. In this mild preeclampsia was noted in 42 (29,2%) cases, severe preeclampsia - 28 (19,4%) cases, eclampsia - 2 (1,4%) cases. Abruptio placenta noted in 23 (16%) cases, which is 3,2 times more frequently than in the control group, and fetal malnutrition of varying severity was noted in 61 (42,5%) cases.

**Conclusions:** Women with vaginal bleeding in the first trimester of pregnancy characterized by high levels of somatic disease, and chronic inflammatory diseases of genitals.

## **CHANGES OF FUNDAL HEIGHT GROWTH RATE OF THE UTERUS DURING PREGNANCY DEPENDING ON PREGNANT BODY MASS INDEX**

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To improve the diagnostic value of the fundal height measurement graphs, they must be constructed taking into account ethnicity, parity, and the mother of anthropometric indicators. Body mass index (BMI) is one of the variables that affect the fundal height during pregnancy.

**Research objective:** Identify the features of the fundal height growth rate of the uterus in pregnant women of normal weight, underweight and overweight with BMI taking into account.

**Material and Methods:** A retrospective cross-section study was conducted in Semey city and surrounding region. 2387 cases with physiological pregnancy without hypertension complications, childbirth ended full-term fetus in cephalic presentation, with the weight of a fetus from 2500 to 4000 grams were selected for analysis. Inclusion criteria were the presence of the first ultrasound screening at 10-14 weeks of pregnancy, dispensary of women in the first trimester of pregnancy. Depending on the body mass index, the

cases were divided into 3 groups. The first group included pregnant women with underweight with a BMI less than 18.5. The cases with a BMI 18.5-24.9 included into the second group, which corresponds to a normal weight. The third group included pregnant women with a BMI over 24, which corresponds to overweight and obesity. Statistical processing has been done with SPSS package, version 20. We used descriptive statistics, nonparametric tests for the three unpaired samples (Kruskal Wallis, Mann-Whitney).

**Results:** Evaluation and comparison of the average values of fundal height held in the period from 20 to 40 weeks inclusive in each group. Given the non-normal distribution of the data in each group, for the adoption of the hypothesis that there is a difference in growth rates among women in the three groups, Kruskal Wallis test applied. As a result, women with a low, normal and high BMI revealed statistically significant differences between the mean values of fundal height in all gestation ( $p = 0.001$ ), except for 22 ( $p = 0.347$ ), 28 ( $p = 0.14$ ) and 31 ( $p = 0.18$ ) weeks. To approximate the results Mann-Whitney criteria was applied with paired comparison of the results with each other, which showed that differences between groups are statistically significant in all stages of pregnancy, except for the above written. At 22 weeks gestation at paired comparison showed no statistically significant difference in the values of fundal height, in a period of 28 weeks, statistically significant differences were found between the first and third groups ( $U = 1075,0$ ;  $Z = -1,774$ ;  $p = 0,07$ ); at 31 weeks of gestation fundal height in women with underweight was significantly different from the fundal height in the group of pregnant women who are overweight ( $U = 16876,0$ ;  $Z = -1,700$ ;  $p = 0,08$ ).

**Summary and conclusions:** The growth rate of fundal height in pregnant women of normal weight, underweight and overweight are significantly different and should be taken into account in the construction of the fundal height graphs to increase their sensitivity.

## PECULIARITIES OF PREGNANCY IN WOMEN WITH A UTERINE SCAR

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It is known that the health of the fetus and newborn depends on the condition of the reproductive system of the mother during pregnancy. Development of fetoplacental system deficiency in the presence of structural changes in the uterus leads to violation of functional and metabolic and morphological changes in a single system of mother-placenta-fetus, accompanied by fetal hypoxia, its delayed development and prematurity, being one of the causes of perinatal morbidity and mortality.

**Aim:** To study peculiarities of pregnancy in women with a uterine scar.

**Sources and methodology:** To study the course of pregnancy, we carried out clinical and laboratory examination of 62 women within the age range of 18 to 41 during their II and III trimesters.

The control group included 34 healthy women with physiological course of pregnancy and their newborns. Diagnosis of fetoplacental insufficiency in pregnant women with structural changes in the uterus was exposed during gestation of 18 to 30 weeks.

**Results and discussions:** In the group with a uterine scar 13 (21.0%) women were hospitalised during gestation period of 18-23 weeks, 31 (50.0%) within 23-26 weeks., 18 (29.0%) - 27-29 weeks. Development of the threat of termination of pregnancy in women surveyed was observed in the early as well as the later stages

of: 35.5% of pregnant women, which not significantly higher than the control group.

Fetal biometry data showed that 20 (32.3%) patients had asymmetric form of intrauterine growth retardation and was characterized mainly by normal parameters of biparietal diameter of the fetal head with a simultaneous reduction in the size of the abdomen and chest, and 5 (8.1%) women had symmetrical shape. The thickness of the placenta, set by ehoskopy, pointed on its thickening in 26 (41.9%) cases. In 10 (16.1%) cases, premature "maturation" of the placenta was identified, which evidently indicated a compensatory process.

The most frequent complications of pregnancy and childbirth in women studied were abruptio placentae in 6 (9.7%), uterine inertia in 3 (4.8%), delayed rupture of membranes was observed in 10 (16.1%) women. Postpartum period was complicated by placenta defect in 6 (9.7%) women in childbirth, which required manual examination of the uterus. Regarding hypotonic bleeding after childbirth, supravaginal amputation of the uterus was made in 2 (3.2%) women in childbirth, ligation of the three pairs of major vessels was performed in 3 women in childbirth.

Urgent delivery within the study group occurred in 43 (69.4%), premature in 19 (30.6%). In 56 (90.3%) cases, women were accepted for surgical delivery, of whom 3 undergone supravaginal amputation of uterus due to hypotension, 3 (4.8%) women in this group gave birth naturally.

**Conclusion:** Thus, on the basis of anamnesis, gynecological and extragenital diseases in pregnant women, we can conclude that the development of fetoplacental insufficiency depends on the age of a woman, complicated obstetric and gynecological, in particular, the presence of structural changes in the uterus that affect pregnancy and cause a risk of miscarriage.

## PECULIARITIES OF THE PREGNANCY OF PREGNANCY AND ORIGINS IN CHRONIC PYELONEPHRITIS IN ANAMNESIS

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**Objective:** To reveal the features of the course, complications and outcomes of pregnancy with chronic pyelonephritis in the anamnesis.

**Material and methods:** A retrospective study was conducted of 30 stories of the genera of women delivered in 2015-2016. At the 9th maternity hospital in Tashkent. Selection criteria: the presence of chronic pyelonephritis in remission, the absence of a previous cesarean operation, abortion, genital infections, somatic and infectious diseases.

**Results:** 54% of women enter the labor with the beginning of regular labor, 14% - water outflow, 12% - false contractions, 6% - with a pregnant pregnancy, and 14% - planned cesarean section. Emergency surgical delivery was performed in 3 cases. The most common cause for cesarean section was severe preeclampsia. The most common diseases studied are: mild anemia (26%) and moderate degree of anemia (14%). Six women received treatment for the threat of abortion. There are various changes in the ultrasound from the fetus (14%) and the placenta (18%). The analysis of laboratory indicators was carried out. Coagulation rates in all women were within normal limits. Proteinuria in operative delivery is not available in 2 cases. Proteinuria in women with natural delivery took place in 29% of cases. The average weight of the fetus was  $3297 \pm 650.2$  grams, length  $52.6 \pm 4.0$  cm. 6 newborns had a mass below 2500 g. The av-

erage blood loss during cesarean section was  $669.5 \pm 221.9$  ml, with natural childbirth -  $201,4 \pm 69.4$  ml. In one case, there was atonic bleeding with a blood loss of 2500 ml. On the Apgar scale at 1 minute with moderate grade asphyxia, 2 newborns were born, 3 - with mild asphyxia. At 5 minutes, there was a slight improvement in performance.

**Conclusions:** In the presence of chronic pyelonephritis, a high percentage of ante-natal outflow of water (14%), false labor (12%) and transferred pregnancies (6%) are noted in the anamnesis. There is a high percentage of anemia during pregnancy (40%). It is necessary to sanitize the infectious focus before pregnancy in order to reduce the risk of a threat. There is a high percentage of changes in the fetus (14%) and placenta (18%) in the absence of genital infections and abortions in the anamnesis. When pregnancy against a background of chronic pyelonephritis, the percentage of low-fat children is high.

## ORGANOS-CONSISTENT APPROACH IN TREATMENT OF UTERINE MEMBERS

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**Objective:** To study the increase in the effectiveness of treatment of patients with uterine myoma by performing organ-saving operations to preserve genital and menstrual function.

**Materials and methods:** Twenty-five women aged between 31 and 40 years old were diagnosed with a diagnosis of uterine myoma. Patients underwent conservative myomectomy. The site of the remote node was sutured with separate sutures. All patients from the early postoperative period underwent complex treatment, including the use of aHNRH, COC.

**Results:** The mean age of the examined subjects was  $36.2 \pm 2.8$  years. The age of the disease from the time of detection of uterine fibroids ranged from 1 to 10 years, an average of  $5.2 \pm 1.8$  years. Among women who wished to have children after myomectomy, 5 patients had a pregnancy in the first year. In 4 (16%) of the patients, the pregnancy ended in urgent deliveries, and in 1 (4%) - with an official abortion. In 4 (8%) women, the course of pregnancy was complicated by chronic intrauterine hypoxia and delayed fetal development. Given the high incidence of recurrence of uterine fibroids after conservative myomectomy, organ-preserving surgery should not be considered as an alternative to radical surgical treatment.

**Conclusions:** When choosing the extent of surgical intervention in women of childbearing age who are interested in maintaining menstrual and restoring reproductive function, one should adhere to the principles of reconstructive and conservative surgery. The significance of this operation is determined by the possibility of creating favorable conditions for bearing pregnancy and implementing reproductive function in women with impaired fertility.

## PRETERM DELIVERY IN OBSTETRICS

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**Actuality:** Every year, the world's more than 15-million newborn are born prematurely and this number is increasing. Premature birth - one of the potentially



dangerous risks to the fetus and the mother. Often happens as a result of premature delivery is unspecified reasons, prenatal rupture of membranes or as a result undertaken for various reasons obstetric intervention, there are a number of maternal, fetal, and placental complications in which either a late-preterm or early-term delivery is warranted. The timing of delivery in such cases must balance the maternal and newborn risks of late-preterm and early-term delivery with the risks of further continuation of pregnancy. Decisions regarding timing of delivery must be individualized. Despite widespread recognition that preventing preterm birth is the most important perinatal challenge facing industrialized countries, preterm birth has increased steadily in recent years. Live births at 34 to 36 weeks' gestation have increased largely as a consequence of increases in preterm induction and preterm cesarean delivery among women at high risk for adverse pregnancy outcomes. Increased obstetric intervention at 34 to 36 weeks' gestation appears to have led to larger-than-expected temporal declines in stillbirth rates at this gestation. Infant mortality rates have declined overall and also among live births at 34 to 36 weeks' gestation. Obstetric intervention at preterm gestation, when indicated, can prevent stillbirth and reduce infant morbidity and mortality despite the increasing rates of preterm delivery.

**Objective:** Aim of this study is frequency and indications for elective and emergency abdominal premature birth in a hospital.

**Material and Methods:** We retrospective analyzed 40 cases with premature delivery. Patients examined at the maternal hospital 9 at 2015 year. All women are at high risk of perinatal pathology. Age of pregnant women was 15 to 46 years, most had family history of somatic and obstetric history. Delivery is carried out in the gestation of 22 to 36 weeks. 20 women primapara, 20 women multiparous 5 women provided surgical procedure. 2 women with Rh negative blood group and 8 women with first blood group.

**Results:** Very early preterm birth (before 27 weeks) were held in 3 patients (7.5%) , in the 28-33 weeks of gestation - at 16 (40.0%) , in 34-36 weeks - in 22 (55, 0%) women. Abdominal delivery was performed in 30 patients (75.0% of the number of premature births), and in 17 (56.7%) - in a planned manner, in 13 (43.3%) - in an emergency. Indications for emergency abdominal delivery were: progressive detachment of normally situated placenta (in 3 pregnant women or 23.1% of the number of emergency caesarean sections), bleeding under the central placenta previa (about 1 - 7.7%), a defective scar on uterus (about 1 - 7.7%), placental insufficiency, progressive gipoxy of fetus (y 2 - 15.3%). The indications for elective caesarean section with preterm birth were: hemolytic disease of the fetus on Rh - factor (from 1 women or 5.9% of the planned abdominal delivery), pregnancy triplets (about 1 - 5.9%), malpresentation of the fetus at the twins (3 women - 17.7%), as well as Co-indications as severe physical illness in the mother or severe intrauterine growth retardation in the presence of a uterine scar, severe PE (in 9 pregnant women - 52.9%).

**Conclusion.** Thus, the delivery is incomplete pregnancy at term in a perinatal approach often performed cesarean way. Very early premature births are organized through vaginal, abdominal way - in emergency indications. Elective cesarean section at term early preterm delivery is carried out with the same frequency as an emergency. When planned preterm delivery, increases the likelihood of delivery in several later stages of gestation, after a successful treatment course for neonatal RDS, as evidenced by higher index of adaptation in children of this group.

## DURING PREGNANCY IN SYSTEMIC LUPUS ERYTHEMATOSUS WITH ANTIPHOSPHOLIPID SYNDROME

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**Relevance.** Among the causes of recurrent miscarriage special importance given to the influence of the formation of antibodies (autoimmune reactions) to certain phospholipids on its own implantation processes of growth, development of the embryo and fetus during pregnancy and birth outcomes.

The term “Antiphospholipid Syndrome” (APS) denote the group of autoimmune disorders characterized by a significant amount of antibodies contained in blood plasma phospholipids (APLA), as well as associated with these phospholipids glycoproteins.

APS found up to 5% of cases. Among patients with recurrent miscarriage rate of this disease is increased to 27-42%. The relevance of APS is that the main complication of this disease is thrombosis. The risk of thrombotic complications during pregnancy and the postpartum period increased significantly.

Development and carrying of pregnancy in systemic lupus erythematosus (SLE) is a complex problem. The presence of antiphospholipid syndrome (AFS) in SLE during pregnancy creates no less difficulty than the disease activity and damage to vital organs.

**Objective.** Examine the course of pregnancy in SLE patients in the presence of AFC.

**Materials and methods.** We observed 30 patients with SLE at the age of 17 to 45 years with disease duration of 1-18 years. In 11 of them (34.1% of cases) had SLE place with the presence of APS manifesting arterial or venous thrombosis, miscarriage, the presence of anticardiolipin antibodies.

**Results.** In 2 of the 11 patients the pregnancy to SLE, it ended favorably the birth of one or two healthy children. In 9 women with SLE presence of APS were 2-4 pregnancy that ended in miscarriage or stillbirth. After the suppression of the activity of SLE, low-dose prednisolone, Plaquenile, antiplatelet agents, plasmapheresis sessions in 2 women became pregnant, which proceeded normally and ended with the birth of the baby full. 1 patient in the background drug remission was still 1 pregnancy, which in spite of the above-mentioned treatment ended in miscarriage. The remaining 3 patients subsequently were 1-3 pregnancy, which in early pregnancy proceeded without the threat of termination, but later pregnancy was terminated due to growth SLE activity. In one out of 17 was not examined pregnancies. 1 patient in this subgroup was not planning a pregnancy. 1 patient has followed the recommendations of doctors unreasonable “not to have children.”

**Conclusions.** The course and outcome of pregnancy in SLE patients with APS is influenced by the presence of SLE activity, adequate treatment of the disease. When properly selected treatment possible favorable outcome of pregnancy in these patients.

## THE ROLE OF ANTIPHOSPHOLIPID SYNDROME IN THE STRUCTURE OF MISCARRIAGE

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Clinically recognized pregnancy loss is common, occurring in approximately 15-

25% of pregnancies. The majority of sporadic losses before 10 weeks gestation result from random numeric chromosome errors, specifically, trisomy, monosomy, and polyploidy. In contrast, recurrent pregnancy loss is a distinct disorder defined by two or more failed clinical pregnancies. It is estimated that fewer than 5% of women will experience two consecutive miscarriages, and only 1% experience three or more.

Pregnancy is a physiological state, but it might be accompanied by some pathological complications. Some of these complications occur more often among APS patients. 2%–5% of women of reproductive age experience two or more abortions. Pregnancy loss during any stage of pregnancy may be the first and occasionally the only sign of APS.

The aim of the study was to analyze the causes of hospitalization of women with spontaneous abortion in the gynecology department of the Tashkent Medical Academy (TMA) for the period from 2013 to 2015. During this period, 4275 women applied, age ranged from 20 to 37 years old and the average age was  $25,6 \pm 2,4$  years. 50 (15.9%) patients were admitted with abortion in the course and bleeding, and not developing pregnancy was diagnosed in 72 (22.9%) women, and incomplete abortion in 27 (8.6%) patients. The pregnancy caring therapy received 498 (47.3%) pregnant. Among women with incipient miscarriage, 24% ended in abortion. Primigravidas was 297 (31.4%) women, patients with 2-3 pregnancies and multiparous with 4th and more pregnancies accounted for 336 (35.6%) and 312 (33%), respectively. In the analysis by gestational age, it was found that in 135 (35.4%) women miscarriage occurred in the period up to 6 weeks of gestation, 108 (28.3%) - in a period of 7-12 weeks, in 93 (24.4%) pregnant women - 13 -16 weeks, in 45 (11.8%) patients abortion occurred from 16-22 weeks of gestation. In 14% of patients with a spontaneous miscarriage was diagnosed with APS.

Thus, these data indicate a high incidence of miscarriage in early pregnancy. The most frequently observed abortion up to 12 weeks (52.7%). Every 6<sup>th</sup> women with reproductive losses was identified APS. Given the specifics of the region, where high birth rate remains high, finding ways to save the pregnancy and birth of a healthy baby is relevant and unsolved problem.

## EVALUATION OF EFFECTIVENESS OF ANTIANEMIC THERAPY IN PREGNANT WOMEN SUFFERING FROM ANEMIA

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In modern obstetric practice, iron deficiency is considered to be main cause of anemia. Therefore, ferrotherapy for many years remains the main method of treatment of IDA in the world. However, often observed resistance to treatment with iron, as well as data from a number of foreign and domestic authors that up to 30-50% of anemia is not associated with iron deficiency suggest the existence of other pathophysiological mechanisms of anemia in pregnant women.

**Objective:** to study the effectiveness of antianemic therapy in pregnant women who has been accepted to maternity home number 9 of Uchtepa district in Tashkent.

**Materials and methodology:** 33 anemic pregnant women were under observation, aged 16-45 ( $21 \pm 0,1$ ), registered in antenatal clinics and treated in the department of pathology of pregnant midwifery complex number 9 in Tashkent.

The criteria for selection of pregnant women in the group were hemoglobin content of

90 g / l or less gestational period 20 weeks or more, the absence of other blood diseases.

The contingent of women giving birth has been subjected to thorough clinical and laboratory survey. The clinical examination included the study of complaints, life, obstetric and gynecological history, taking into account conditions endured before and during this pregnancy. There was a general and a special OB: external palpation, auscultation of fetal examination in mirrors at the prenatal rupture of membranes, and the outpouring of water, vaginal examination, to determine the degree of cervical dilatation. General analysis of blood, urine, secretions from the cervix, vagina, and urethra were carried out women in childbirth. Group and Rh affiliation of blood was determined, a blood test for NVsAg, RW, with the consent of women-HIV / AIDS. Pregnant women received Ferrovir 5 ml / m daily for 5 days.

**Results and discussions:** women were mostly in the age range of 21-30 years (40%), characterized as an active reproductive age. Primigravidae were 9 (27.3%). Re-pregnant women were 24 (72.7%) had a history of pregnancy 2 8 (24.2%), 3 pregnancy - 7 (21.2%) of 4 or more pregnancies - 9 (27.2%). Among the surveyed groups dominated multigravida and multiparous women with a second or third pregnancy, which did not significantly differ.

There were women in obstetric history with: medical abortion - 5 women (15%), spontaneous miscarriage- 4 women (12.1%), nondeveloping pregnancy - 2 women (6%), fetal death-1 (3%). 4 out of 33 pregnant women (12.1%) started receiving Ferrovir during 20-27 weeks of pregnancy, 17 (51.5%) - after 28-32 weeks, 12 (36.4%) - after 33-40 weeks. The average level of hemoglobin (Hb) before treatment was  $86,3 \pm 2,2$  g / l. Allergic reactions, increased blood pressure and increase of platelet count during treatment were observed. The Hb levels increased to  $120 \pm 1,5$  g / l in all pregnant women after the end of therapy.

**Conclusion:** from the above mentioned it can be concluded that in women receiving antianaemic therapy with Ferrofer hemoglobin levels increased significantly, which had its impact on the general condition of the pregnant woman, as well as on the results in these clinical - laboratory tests. Normalization of hemoglobin levels in the blood is a key approach in the prevention of complications in childbirth and the postpartum period.

## **ANALYSIS OF THE STRUCTURE AND EPIDEMIOLOGICAL CHARACTERISTICS OF SEPTIC DISEASES IN THE POSTPARTUM PERIOD**

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Postpartum pyo-inflammatory diseases (PID) continue to be one of the urgent problems of modern obstetrics; their incidence in the literature varies widely from 13.3 to 54.3%, reaching 80.4% in women with a high risk of infection. In addition, they are at the 2-4 places in the structure of the causes of maternal mortality. One of the most common forms of puerperal PID is postpartum endometritis (PE). Its frequency reaches 3-5% after spontaneous labor, after caesarean section - more than 10-20%.

Postnatal septic diseases may be associated with infection during pregnancy and getting an infectious agent during the delivery or immediately after them, which are contributed by low immunity during pregnancy, a breach of the integrity of soft tissue of birth ca-



nal during delivery. At the same time receiving chaotic antibiotics leads to modified forms of microorganisms from the nonpathogenic to pathogenic that can cause septic diseases.

**Objective:** to study the structure and prevalence of postpartum septic diseases.

**Materials and Methods:** A retrospective analysis of 70 labor histories of the №2 clinic of TMA of 2014-15 years.

**Results:** A retrospective analysis of the history of the birth of 70 patients of the II clinic of TMA, have shown that anemia during pregnancy was in 83.3% cases, the threat of termination of pregnancy - 26,6%, uterus subinvolution - 62.5% , postpartum endometritis - 25%, endometritis after cesarean section 12.5%. In 4 cases (5.71%) the presence of septic complications required a surgical intervention - a total hysterectomy with appendages. A detailed study of the history has shown the presence of inflammatory diseases of the pelvic organs (75%), a chronic focus of infection (100%), complicated course of pregnancy (68%), complicated labor (50%), and operational guide wire (43%). According to the results of histological examination, 43 (75%) parturients were diagnosed with purulent endometritis. In the case of 17 (24.6%) patients had a fungal infection combined with staphylococcal infection (*staphylococcus hemolyticus*).

**Conclusions:** According to our data the uterus subinvolution diagnosed most frequently. In the case of endometriosis, the frequency of operations was 66.6%. Thus, any surgical intervention is a risk factor for the development of obstetric complications.

## THE RISK FACTORS OF THE PERINATAL MORBIDITY AND MORTALITY IN MULTIPAROUS WOMEN

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**The aim of this research:** to investigate the risk factors of perinatal morbidity and mortality in multiparous and to develop effective methods of antenatal care.

**The tasks of the research:** 1. To investigate the course of pregnancy and birth outcomes in multiparous women based on a retrospective analysis. 2. To evaluate the clinical efficiency and acceptability of ultrasound screening in organizing antenatal care of pregnancy. 3. To evaluate of quality of patient care for mothers and newborn in childbirths complications. 4. To develop measures of improving the quality of antenatal care for multiparous women.

**Materials and methods of investigation:** We performed a retrospective analysis of 111 cards of antenatal care, labor histories multiparous women, 113 infants stories. It was accepted that the concept of "multiparous women" includes women who have given birth four or more children. Total number is composed 111. Number of perinatal losses amounted to 7 cases. Applied: **During pregnancy:** Anamnesis, clinical examination, laboratory and ultrasound studies. **In labor:** anamnesis, clinical examination, tool «Assessment of quality of patient care for mothers and newborns». **In infants:** assessment on Apgar score in term infants, on a scale Silverman in premature infants the clinical evaluation of the incidence of diseases.

**Results:** The retrospective study showed the following: ever seen got registered in early pregnant women 21.3%, 38.7% - over 30 years, 70.3% of female homemakers. This pregnancy was complicated by anemia - 97.3% obese - 21.3%, varicose veins - 23.4%, kidney disease - 11.1%, preeclampsia-10, 8%, large fruit -19.4%; syndrome fetal growth restriction - 8.1%, overdue - 3.7%. According labor histories: the total number of births to 3.6% of women, they were premature, four women

were overdue. The remaining 92.7% of the women had been timely delivery, including at 26.1% were operational labor. The complication of birth: premature rupture of membranes, 4.5%, hand benefits Sovyanov-2, 7%, uterine inertia -7.2%, defect placenta-6.2%, hand examination of the uterus-6, 2%, difficulty in removing shoulder-1,8%, cesarean section, followed by amputation-0, 9%. Among infants identified: at 8.0% incidence, mortality at 3.2%. The results of assess the quality of hospital care for mothers and newborn complications in childbirth: partograph - 2,1 grade, care during the first stage of labor- 1,8 grade, care during the second stage of labor - 1,9 grade, active management of the third stage of labor -1,6 grade, care of the mother after birth-1,4 grade. From total births in 5 (4.5%) women were premature, four women were overdue. The remaining 103 (92.7%) women were timely delivery, including in 29 (26.1%) were operational. Complications of labor are occurred in 27 (24.3%) women.

**Conclusions:** Based on the foregoing, it should be noted that the risk factors for perinatal morbidity and mortality occur more in multiparous than the first. Increase in the frequency of complications in multiple births gives grounds to recommend for the health of women compliance birth spacing of at least 3 years, limiting the number of pregnancies after 3 births.

1. After 4-5 childbirth significantly increases complications of pregnancy and childbirth. More frequent extragenital pathology, preeclampsia, a complication during delivery, large fruit contribute to the growth of perinatal mortality.

2. The most important factors of perinatal morbidity and mortality is the quality of antenatal care of pregnant women and extragenital diseases predisposing the development of obstetric and perinatal pathology.

## REHABILITATION OF THE PATIENTS AFTER LARYNGECTOMY WITH THE PROVOX VOICE PROSTHESIS

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**Introduction:** Total laryngectomy, although highly undesirable, is still indispensable procedure in treating advanced or recurrent cancer of the larynx and hypopharynx. This procedure is not without consequences and results in altered respiration and loss of voice coupled with disfigurement. Rehabilitation of a laryngectomized patient requires a multidisciplinary team effort in order to achieve optimal results and good quality of life.

**Aim of study:** A study was under taken to determine whether the Provox voice prosthesis provides good voice rehabilitation following a total laryngectomy.

**Materials and methods:** Fourteen patients underwent insertion of the Provox voice prosthesis (Provox™, Provox 2) after total laryngectomy between February 2013 and July 2015 at the Tashkent City Oncology Centre. 11 (78,6%) patients had primary insertion at the time of laryngectomy and the remaining 3 (21,4%) patients had secondary insertion at varying intervals of time after their laryngectomy followed by radiation therapy. A 6 mm prosthesis was used in all patients.

**Results:** Most patients were able to develop satisfactory speech with in 2-3 days of speech practice. All patients who had laryngectomy only or laryngectomy with partial pharyngectomy had uniformly good quality of speech approximately at 10 days after surgery. One patient (7,1%) required replacement of the prosthesis at in-

tervals of 8 months after insertion. This patient had leakage through the prosthesis indicating incompetence of the valve prosthesis was changed. No problems or complaints were seen in the remaining of the 13 (92,9%) patients . None of the 14 patients have developed disease recurrence at the time of writing this abstract at follow up periods ranging from 2 months to 18 months.

**Conclusion:** In advanced laryngeal and hypopharyngeal cancer, total laryngectomy often offers the best chance of a cure. However, the resultant loss of speech deters many patients from accepting this option and trying other treatment modalities (Radiation with/without chemotherapy) with a compromise in their cure rates. The quality of speech was uniformly good in all patients who underwent laryngectomy alone or with partial pharyngectomy. Only in one case was determined complication due to failure of prosthesis valve which was easily changed. The quality of speech was found to be somewhat better in patients with primary insertions than in secondary insertion . In general, patients are encouraged to have primary insertions at the time of laryngectomy itself. Only in cases where patients have received radical dose of radiation in the recent past (within 6 months) is secondary insertion advised, due to the risk of postoperative fistula and tracheostomal problems.

## **DETERMINATION OF THE PROGNOSTIC VALUE OF PREMENSTRUAL SPOTTING IN THE DIAGNOSIS OF ENDOMETRIOSIS**

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**Introduction.** Endometriosis - one of the most urgent problems of modern gynecology due to the increasing incidence, increasing detection rate in young patients under the age of 30 years and the absence of effective methods of conservative therapy. When choosing tactics and treatment should take into account not only the form of the disease, but also the age of the patient, severity of clinical manifestations, reproductive attitudes, and the risks and possible complications of treatment. At the same time identify the prevalence of the disease in the population seems a daunting task, as detection of adenomyosis in the preoperative period is from 2.6% to 26.0%, although the sensitivity of ultrasound and MRI is quite high and is 88% -100%. However, advances in preoperative diagnosis does not have sufficient efficiency that makes it relevant to further study the data research methods. In addition, in the current literature is not much data on the nodular adenomyosis, which some authors even consider a special individual pathology that has nothing to do with diffuse adenomyosis. The purpose of this study was to evaluate the prevalence of endometriosis in women with spotting before menstruation and to determine the prognostic value of this symptom in the diagnosis of endometriosis.

**Materials & Methods.** We conducted a retrospective cohort study of 60 women observed in the clinical treatment of infertility with or without pelvic pain, and who subsequently underwent laparoscopic surgery for the treatment of infertility.

**Results.** The main parameter of our results was the presence or absence of histologically -confirmed endometriosis in women with and without premenstrual spotting. Endometriosis more prevailed in women with subfertility who reported

spotting before menstruation for 2 days or more, relative to women without these symptoms (89% (34/38 women) versus 26% (11/42 women). Multinomial Logistic regression analysis demonstrated that the presence of menstrual discharge. In the group of women with infertility, premenstrual spotting were strictly associated with histologically confirmed endometriosis and are a better predictor than dysmenorrhea, or dyspareunia found endometriosis at laparoscopy.

**Conclusion.** Premenstrual spotting at least for 2 days, it was also associated with higher severity of illness and red vascular peritoneal endometriosis.

## **ANALYSIS OF PERINATAL OUTCOMES IN PRETERM LABOR**

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Each year are born prematurely about 15 million children. More than 1 million children die each year from complications related to premature delivery. Many of the surviving children suffer from permanent disabilities, including learning difficulties and also have problems with vision and hearing.

**Objective:** to analyze prenatal outcomes in preterm labor.

**Materials and methods:** prospective current analysis were conducted preterm delivery in 79 women, as well as assessment of their newborns. Depending on the time of birth, the women were divided into 3 groups: 1group - women with very early preterm delivery, in terms of 22-27 weeks, (n = 19), 2group - with early preterm birth - at 28-33 weeks, (n = 27), 3group - premature birth in 34-37 weeks, (n = 33). Conducted clinical general and special - obstetric research methods, as well as the assessment of infants born with a weight of 500 to 2500 m and more. The obtained data were statistically processed.

**Results:** showed that less than gestational age, the symptoms were more common intrauterine infection, as in group 1 - 100% of cases in group 2 - 96% (27) and in group 3 - 81% (27). Fetal pneumonia was diagnosed in 100% of infants of group 1, 2 in the group - in 77.7% (22) 3 group - 27.2% (9). From the total number of births in 5 (5.9%) cases of intrapartum fetal death was observed in 13 (15.3%) - early neonatal mortality. Of the remaining live births - 42 (62.3%) were transferred to the 2nd stage of nursing, 19 (28.3%) infants were discharged home.

**Conclusions:** The data set forth above show that extremely early and early preterm birth due to infection of the fetus, and it is likely the infection is the cause of their occurrence. Intrauterine infection is clinically manifested infection of the respiratory tract of the fetus, the smaller the gestational period - the higher the risk of prenatal mortality.

## **RISK FACTORS AND PROGNOSIS OF PREMATURE DETACHMENT OF NORMALLY SITUATED PLACENTA IN WOMEN**

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The frequency of premature detachment of normally situated placenta (PDNSP) is from 0.3 to 0.5% of the total number of births. PONRP often occurs against a background of hypertensive conditions, systemic diseases - kidney disease, diabe-



tes, chronic and acute infections, as well as placental insufficiency.

**The aim** to study the risk factors PDNSP patients and to determine the nature of morphological changes in the placenta in these women.

**Material and methods:** A total of 22 patients from placental 2 groups were studied. 1 group - 12 patients with hypertensive syndrome without PDNSP, 2 group - 10 patients with PDNSP on the background of hypertensive syndrome admitted to obstetric complex №9 Tashkent. The survey was conducted in the gestation period from 26 to 39 weeks. The 6 placentas from women with physiological course is studied as a control.

**Results:** All patients received in-patient treatment with complaints of bleeding from the genital tract. Age surveyed ranged from 18 to 35 years. Pregnancy proceeded against the background of hypertensive syndrome, moderate in 3 (13.6%) or mild - in 5 (22.7%) patients. US fetoplacental complex conducted in II half pregnancy, showed signs of placental insufficiency in 14 (63.6%) patients. When a pregnant condition assessed as serious, they made operative delivery. Perinatal mortality was 3 births (13.6%) cases, the rest of the children transferred to the second stage of nursing. Histological characteristics of placentas from patients 1 and 2 groups showed certain differences in the micro- placentas from women in the control group. For patients 1 group without clinical hypertensive syndrome have been chaotic and disorderly branching small sclerosed and immature villi, a clear violation of the branch. In some of the sclerosed villi syncytia was thinned. In some areas it was a relative lag in the cotyledon villi maturation, in others - a compensatory increase in terminal vorsin. sopostavlyaya them with clinical signs, it can be concluded that the presence of placental insufficiency, detectable on ultrasonography in pregnant women with abnormal course of gestation is a risk factor for PDNSP, are the most frequent complications of SARS, deferred during pregnancy and hypertensive syndrome, which is consistent with literature data. The nature of the changes of the placenta morphostructure with placental insufficiency indicates long duration of the process, hardening of the placenta, the presence of calcification foci, the emergence of compensatory changes in the villi in patients 1 group compared with the 2-group.

**Conclusion:** The most important risk factors for premature placental abruption are fetoplacental failure and hypertensive syndrome, which lead to destructive processes of placental tissue.

## **STRUCTURE OF BACKGROUND CONDITIONS OF THE NECK OF THE UTERUS AT WOMEN OF REPRODUCTIVE AGE WITH THE 5-CLASS OF CYTOLOGIC SMEAR ON PAPANICOLAOU**

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**Objective:** To define frequency of occurrence of background changes of a neck of a uterus in the anamnesis at women having changes in cytologic smear, characteristic for a 5-class on Papanicolaou. Frequency of occurrence of such background conditions of a neck of a uterus - a polyp, erosion and leukoplakia at the women of reproductive age having changes, characteristic for a 5-class on Papanicolaou has been investigated now.

**Methods:** There were investigated 55 women of reproductive age having changes, characteristic for a 5-class on Papanicolaou. Middle age of the investigated has made  $36 \pm 2$  years. the general clinical and anamnesis (the analysis of out-patient

cards and case records), gathering of complaints; special - gynecologic survey - visual methods of an estimation of a condition of a neck of a uterus; cytologic - smear on Papanicolaou; tool - colposcopy and statistical.

**Results:** The received results of research have shown, that the polyp of a neck of a uterus was marked at 2 (3,6+1,8%); leukoplakia - also at 2 (3,6+1,8%), erosion and pseudo-erosion of a neck of a uterus - at 17 (30,9±2,1%) patients.

**Conclusions:** At 38,2% of women of reproductive age having changes, characteristic for a 5-class on Papanicolaou, instructions on the transferred background diseases of a neck of a uterus are marked. Timely diagnostics, treatment and preventive maintenance of background diseases of a neck of a uterus is its prevention of atypical changes.

## **MORPHOLOGICAL AND FUNCTIONAL CHANGES IN THE MYOMA NODES IN WOMEN USING ESMIA BEFORE OPERATION PREPARATION**

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**Introduction.** One of the most important medical and social problems is saving of reproductive function in women of reproductive age. Proliferative processes endo- and myometrium, which include uterine fibroids are the most common gynecological diseases. The disease is diagnosed in 20-30% of women aged 15-45 years. The goal - to evaluate the efficacy Esmia in preoperative preparation and in study morphological changes in the remote myoma nodes in patients with uterine myoma.

**Materials & Methods.** The study included 60 patients with uterine myoma at the age of 27 to 35 years old: all patients with uterine myoma with the aim of preoperative treatment prescribers Esmia (5 mg / day for 3 months).

**Results.** Remote sites fibroids subjected to comprehensive histological studies including immunohistochemistry using monoclonal antibodies against estrogen and progesterone receptors, vascular endothelial growth factor. After 3 months of treatment Esmia in all 60 patients, the core group size of uterine fibroids decreased in volume, respectively 2-3 weeks of pregnancy, the size of the dominant unit decreased by an average of  $3\pm 0,4$  cm in diameter, in the first cycle developed amenorrhea (stopped complaints of heavy menstruation). At the same time there were no adverse events, the women emphasized the ease of use of the drug. Morphological study found large pockets of degenerative changes of leiomyocytes, less active perivascular zone growth pseudocapsule sclerosis, isolated mitotic figures expressed apoptosis. It is proved that under Esmia reduced the number and size of uterine leiomyoma cells smooth cells, increased apoptosis, while under the influence of the surrounding myometrium Esmia not changed.

**Conclusion.** Thus, Esmia is an effective drug for the treatment of uterine fibroids in preparation for the effective operation of the conservative myomectomy. Application Esmia allow you to save women's reproductive capabilities, allows for reduction of blood loss during surgery, to increase hemoglobin and reducing the size of fibroids and uterine volume.

# RETROSPECTIVE HISTORY OF WOMEN WITH MISCARRIAGE

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The main task of modern obstetrics is to reduce the number of reproductive deaths, and the actuality of miscarriage is not in doubt, since it is the most frequent complication. Despite the progress made in the last years in the prevention and treatment of this disease, the frequency of miscarriage is stable and high enough. Thus, according to different authors, it ranges from 2% to 55%, this trend may reach 80% in the first trimester.

**Materials and methods.** The study is based on clinical and laboratory tests of 126 women with a history of reproductive losses, and 126 of their children during their neonatal period and 40 healthy pregnant women with physiological pregnancy at comparable age.

**Results.** Examined women who had reproductive losses with history of chronic viral infections (HSV and CMV), are divided into two groups depending on the treatment (Fig. 1) .:

- 1<sup>st</sup> group of 60 pregnant women with reproductive losses in the history of the chronic viral infection (HSV and CMV), which hadn't taken treatment.

- 2<sup>nd</sup> group - 65 pregnant women with a history of reproductive losses and chronic viral infections (HSV, and CMV), which was proposed by a complex rehabilitation method with the immunization methods.

An analysis of pregnant women surveyed by age showed that the majority of women in both groups (85.2%, 76.9% respectively in groups) had reproductive losses in history in terms from 20 years to 29

Social status of surveyed women with reproductive losses in history is represented mainly by housewives (63.9%, 52.3% respectively).

Primary pregnant in group 1 were slightly more than half (51.2%) in group 2 - 41.9%

In somatic history of childhood infections occurred in 16 (39.6%) of pregnant women group 1, 19 - (44.2%) in 2<sup>nd</sup>.

Frequent ARVI until present pregnancy occurred in 33 (80.5%) of pregnant women 1 group, 24 (55.8%) - 2 group

The index of an illness in group 1 was 1.9, in group 2 - 1.6, indicating the connection between the frequency of an illness and reproductive losses. Apparently, this dependence is the result of reduction of immunity in women-communities with more burdened history. Diseases of the liver and bile ducts, thyroid, respiratory and urinary system is not common, and in rare cases.

A history of spontaneous abortion observed in 10.0% of cases in group 1, in group 2 - 5.0% in the cases. Inflammatory diseases of uterus observed in 6 (14.6%) women and in 1<sup>st</sup> group and 4 cases in 2<sup>nd</sup> group.

The frequency of gynecological diseases in both groups is the same as in all other surveyed pregnant women. Non-developing pregnancy occurred in 3 (7.5%) 1 group and 1 case in second group, pre-eclampsia in 1 (2.5%) and 1 (1.7%) respectively. Late amniorrhea was observed in 7 (17.5%) of pregnant women of group 1, which is about one-fifth part, in group 2 - in 4 (6.7%).

The same trend is observed in preterm labor: Group 1 - 5 (12.2%), Group 2 - 2 (3.3%), and stopping intrauterine fetal development (10.0, and 6.7% respectively by groups).

**Conclusion.** While analyzing the history of women with reproductive losses have been identified, that the reproductive losses are more often in women with burdened obstetric and gynecological history.

## **MEANING OF HORMONOTERPY AND REHABILITATION OF REPRODUCTIVE FUNCTION IN WOMEN WITH INFERTILITY CAUSED BY BENIGN OVARIAN STRUCTURAL CHANGES**

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The treatment and rehabilitation of patients after endosurgical treatment for benign ovarian structural changes are very relevant, since relapses PCOS and FCO fair and worsen the prognosis in relation to the generative function, which is an important social and economic problem. Benign ovarian structural changes accompanied by significant violations of state function of the hypothalamic-pituitary system that in 20% reduction appears secretion of sex hormones; 30% - lack of the luteal phase, the monotony release of gonadotropins and anovulation. Thus, anovulation is a single pathognomonic sign of benign ovarian structural changes. To date, the main reserve in dealing with the problem of infertility is the operative laparoscopy - as the most modern method Endosurgical long has found worldwide recognition. Although laparoscopic surgery for benign ovarian structural changes to restore the state gipoprogeronemy is not always possible. Low efficiency of the combined treatment, which according to various authors ranges from 20 to 30%, dictates the need for new clinical approaches in the treatment of infertility due to, benign ovarian structural changes. In this case, the selection and application of effective progestogen-containing preparations for the correction of hormonal homeostasis endosurgical after treatment is very important.

**The aim of this work** was to study the effectiveness of the drug in correction of hormonal homeostasis after endosurgical treat Utrozhestan® women with infertility caused by benign ovarian structural changes.

### **Materials and methods.**

The study involved 270 women, including: 1st group - 120 women with polycystic ovary syndrome (PCOS), 2nd group - 120 women with follicular cysts of the ovary (FCO), and third comparison group - 30 women of similar pathology but refused to hormonal correction. The average age of patients was  $24,6 \pm 3,2$  years. infertility duration was from 2 to 8 years. All the women were operated laparoscopically, women with PCOS was made partial resection of the ovaries and in the FCO, cystectomy. In order to restore the second phase of the menstrual cycle for all natural micronized progesterone 200 mg® patients was applied Utrozhestan® (2 mg per os) for 10 days. Utrozhestan® administered with the advent of menstruation after the operation on 16 - 25th days of the menstrual cycle for 3 - 6 cycles. appointed from the 16th to 25th days of 200 mg of the menstrual cycle (200 mg per os). Utrozhestan® All patients were followed for 3 months after completion of treatment to follow-up the results Utrozhestanom therapy. Evaluation of the clinical effect of treatment included: the restoration of a normal menstrual cycle, basal body temperature data, the levels of estradiol and progesterone on the 20 - 24th days of the menstrual cycle,



ultrasound examination of the ovaries. After endosurgical treatment of benign ovarian structural changes and application utrogestan for 3-6 cycles of all the women of the main group, restored the correct mode of the menstrual cycle in women with secondary amenorrhea. After recovery ovulatory cycle performed ovulation stimulation with clomiphene citrate, 5<sup>th</sup> to 9<sup>th</sup> days of the menstrual cycle in a dose of 50 to 150 mg. Pregnancy occurred in the 1st group, 102 (85%), in the 2nd - in 108 (90%) in the comparison group in 6 (20%) patients. Thus, Utrozhestan® is an effective drug for the correction of luteal insufficiency after endosurgical treatment of women with infertility caused by benign ovarian structural changes.

**Conclusion.** Efficiency utrozhestan the treatment of luteal insufficiency in patients with infertility caused by structural changes benign ovarian zndohirurgicheskogo after treatment was 60%, the drug is

## FEATURES OF BRONCHOPNEUMONIA IN PREGNANT WOMEN

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**Introduction.** Bronchopneumonia during pregnancy is one of the leading causes of obstetric complications. According to various sources, the role of bronchopneumonia in the structure of the causes of obstetric and perinatal complications ranges from 20 to 56%. Special predisposition to infection in pregnant women does not exist, but the infectious respiratory diseases and viral nature of pregnant women are often more severe and produce more complications. Compared with the general population, in pregnant women in the III trimester increased the risk of developing complications from cardiovascular, respiratory and placental system associated with pneumonia.

**Materials and Methods:** It conducted a retrospective analysis of 664 case histories of pregnant women with ARI who were in the obstetric hospital during the epidemic of influenza and viral pneumonia in November-February 2014-2015 and ambulatory charts of pregnant women. In the study group were included 132 pregnant women with pneumonia. The average age of women was  $27,0 \pm 2,5$  years. The control group included 54 pregnant women with physiological gestation.

**Results:** Frequently pneumonia occurred in gestational period from 22 to 37 weeks - 98 patients (74.2%), in 32 women - in a period of more than 37 weeks of pregnancy (24.3%) and only two pregnant women (1.5%) - in term of 21 weeks of pregnancy. Hypertensive disorders developed in 22 of pregnant women after bronchopneumonia (16.7%), which is higher than the control group values is almost 3 times. Among these women, hypertension induced by pregnancy developed in 6 of them (4.5%); mild pre-eclampsia - in 15 (11.4%) women; severe preeclampsia in only one (0.75%). Among the most common complications of gestation fetoplacental insufficiency (FPI) was observed in 32.5%, which was complicated by polyhydramnios in 10 (7.6%), oligohydramnios in 12 (9.1%), fetal growth lag syndrome in 5 (3.8%) of pregnant women suffered pneumonia. The most common complication of childbirth was untimely rupture of membranes: in the main group - 35.6% in the control group - 9.3%. The weakness of labor activity in the study group was observed in 8.3% of patients in the control group - 3.7%.

**Conclusion:** Analysis of pregnancy and childbirth has shown a high frequency of complications in patients undergoing bronchopneumonia in the III trimester of ges-

tation. The frequency of complications in pregnant women with bronchopneumonia was 38.6%, among which were the most frequent FPI, premature labor, hypertensive disorders.

## EVALUATION OF ORAL CONTRACEPTIVE PILLS IMPACT ON IRON METABOLISM

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Oral contraceptive pills (OC) are the most common form of reversible hormonal contraception, used as the primary method of contraception. The most notable effect of OCs on iron status is the reduction in menstrual blood loss that occurs for about 60-80% of the women who use them. The current evidence warrants testing the hypothesis that prolonged OC use increases body iron stores. The most convincing piece of evidence to support this hypothesis is the reduction in menstrual blood loss in some OCs users, although other mechanisms are plausible.

**The aim** of the study was to quantify iron stores via serum ferritin and measure other indices of iron status, while controlling for several variables that can confound the effects of OCs use on iron metabolism.

**Materials and methods:** A comparison of serum ferritin and other parameters of iron status was made between 40 women taking OCs for two or more years continuously and 20 women who never took OCs who were attending outpatient clinic of Obstetrics and gynecological complex № 9 in Tashkent.

**Results:** All subjects in the OC users group were taking combination oral contraceptive agents. The duration of menstrual bleeding was significantly less for OC users and the length of the menstrual cycle was shorter. Results for determinations carried out on cellular constituents of blood. The red blood cell count (RBC) and hematocrit are significantly lower, while the mean corpuscular hemoglobin (MCH) and mean corpuscular hemoglobin concentration (MCHC) are significantly higher for the OCs users group.

No significant differences in white blood cell count (WBC), hemoglobin and mean corpuscular volume (MCV) are observed between control and OCs users groups. All of the biochemical parameters are significantly higher for the group of OCs users ( $p < 0.001$ ), except for transferrin percent saturation which is not significantly different. The serum ferritin mean value for the control group is  $25.4 \pm 15.96$  and for OC users it is  $39.5 \pm 21.5$  nanograms per milliliter (ng/ml). The mean serum ferritin for OC users is 14.1 ng/ml greater, or more than 50% higher than the control mean. The mean serum ferritin level for OC users was  $39.5 \pm 21.5$  ng/ml and the control group mean level was  $25.4 \pm 15.96$  ng/ml which is significantly different at  $P < 0.001$ .

Serum transferrin, serum iron, MCH, and MCHC levels were significantly greater for the group using OCs. Significantly lower RBD and hematocrit levels were found for OC users while other parameters, hemoglobin, MCV, and percent transferrin saturation were not significantly different. No major differences in subject characteristics and dietary traits were in evidence, except for a difference in reported menstrual cycle losses and a higher heme iron content in the diet of OC users.

**Conclusion:** In order to conclude that the higher serum ferritin level actually represents a greater amount of stored iron for OCs users, further study is needed to determine whether induction of apoferritin synthesis can be produced by sex steroids

independent from iron.

The higher serum ferritin level for OCs users can be attributed to a variety of potential effects of OCs use: 1) decreased menstrual blood loss; 2) hormonal stimulation of apo-ferritin biosynthesis in the liver; and/or 3) increased iron absorption.

## NEW ASPECTS IN THE TREATMENT OF UTERINE MYOMA

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Uterine fibroids frequency ranks first among the benign tumors of the genital organs, with one in ten suffers from gynecological patients with uterine myoma. Thus, the search for efficient and sparing methods of treatment of uterine fibroids in women in order to preserve their reproductive organ and reproductive function continues to be an urgent problem of modern gynecology. Our aim is to study the effectiveness of the drug Ulipristal acetate in preoperative preparation of patients of reproductive age.

**Materials and research methods:** The study involved 65 women of reproductive age with uterine myoma in need of organ-sparing surgery (myomectomy). They are divided into 2 groups: 1 group - 35 women with multiple fibroids, 2-group of 30 women in one of myoma node. All patients received the drug Esmia 1 tablet per day for 90 days before surgery. Preoperative preparation was carried out in order to reduce the blood supply to the myometrium, reduce the size of fibroids. Collection of clinical material was conducted in the 9th obstetric complex UchTepa district, Tashkent city.

**Results:** A change in the size of fibroids, the most significant effect was at a 2-group. Mean reduction unit when receiving Esmia volume was  $34 \pm 8\%$ , which was significantly higher than with multiple nodes. The volume of blood loss was 350 ml of medium. At 1-group reduction in uterine volume when receiving Esmia was 24-28%. The volume of blood loss was on average 450 to 500 ml.

**Conclusion:** To reduce the volume of the uterus and the fibroids enough destination Esmia course of 3 months. This method of treatment may be useful to the organ-sparing surgical treatment, especially in the case of women in one of myoma node.

## A COMPARATIVE ANALYSIS OF DELIVERY OUTCOMES IN WOMAN WITH HYPERTENSIVE DISORDERS

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Hypertensive disorders during pregnancy, childbirth and puerperium are the leading cause of maternal mortality in the last decades, and it's consist 15-25% among all cases. Gestational hypertension is in the 33rd place in the structure of maternal mortality. Besides, rate of preterm birth in gestational hypertension is 20-30% of cases, perinatal morbidity and mortality make up 56% and 12%, respectively. It is important to note, that perinatal mortality in 3-4 times higher than the population mortality (Aylamazyan E. K., 2008). In this regard, solution of this medical problem and complications associated with this pathology is an important task of modern obstetrics and perinatology.

**Aim of study:** evaluate outcomes of pregnancy and delivery in women with gestational hypertension.

**Materials and methods:** evaluation of labor outcomes in 40 women with gesta-

tional hypertension were done by retrospective analysis of clinical records. Diagnosis of Hypertensive disorders were diagnosed on the basis of international guidelines and national standards of the Ministry of health of the Republic of Uzbekistan dated from 22.03.2016. All pregnant women were registered in primary care in the antenatal surveillance. Women were divided into 2 groups: 1 group consisted of primiparas -15 (37, 5%); 2 group – deutiparas - 35 (62.5%). The average age of women of the first group was 20.5 years; in the second group is 23.4 years. Clinical and laboratory tests (medical history, complaints, general physical examination, ultrasound, Doppler) and special obstetrical examination were conducted at those patients.

**Results:** analysis of pregnancy and childbirth revealed that the most frequent complications were among primiparous : labor anomalies – 3 patients (20%), the accession of severe preeclampsia in 1 woman (6, 6%), placenta abruption and preterm labor in 1 woman (6.6 percent). While in women of the 2<sup>nd</sup> group (multiparous) severe preeclampsia developed almost in 2 times more often than in average – in 4 women (11,4%); anomalies of labor activity in the form of unsatisfactory progress and premature birth – 2 women (5.7%) and placenta abruption developed almost twice less – 1 women (2.9%).

**Conclusion:** data collected in this study shows necessity in further investigations: there is a need to work out optimal management, timely diagnosis, prevention of complications among women with pregnancy-induced hypertension.

## **EFFECT OF PROSTAGLANDIN E2 ON LACTATION IN THE POSTPARTUM PERIOD IN WOMEN WITH COLPITIS**

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Breastfeeding is the key feature to proper growth and development of children, and is a major health factor that increases the immunobiological protection of the organism. Breast milk contains all the necessary nutrients for the baby, which is a protecting factor against infectious diseases, which leads to the reduction of child morbidity and mortality.

One of the most common disorders of lactation in the postpartum period is hypogalactia. Today, according to various authors hypogalactia affects 26-80% of women and has no tendency to decrease. High frequency of hypogalactia and artificial feeding are factors adversely affecting the health and development of the child, which in turn leads to increased morbidity and mortality. After analyzing the results of studies of laboratory animals, it was revealed that an increase of prostaglandin in the blood concentration increases the secretion of milk.

**The aim of the study was:** to study the effect of prostaglandin E2 on lactation in postpartum women with colpitis.

We examined 40 women with colpitis during pregnancy, childbirth and the postpartum period. They were divided into 2 groups. Among women of group 1 (20) was used medication - Glandin E2 vaginally in order to mature the birth canal, while in group 2 (20) tablets Glandin E2 was not used. The average age of women was  $29 \pm 0.6$ , the average gestational age  $41 \pm 0.3$ . To women without extragenital diseases have been conducted clinical and laboratory studies, the concentration of serum prolactin was studied in the postpartum period.

The result of the study showed that 15 women in group 1 and 9 women in group 2 in the postpartum period was an increase in prolactin concentrations in the blood. Thus, it was observed normogalactia in 15 (75%) cases and hypogalactia in 5 (25%) in wom-



en of the 1<sup>st</sup> group. While in the control group the figures showed 9 and 11 respectively.

Prostaglandin E2 (E2 Glandin) is used not only for the induction of labor and for the maturation of the birth canal, but also affects the increase of the concentration of prolactin in the blood, thus decreases number of hypogalactia.

## **SOME ASPECTS OF OUTCOMES OF PREGNANCY IN URINARY TRACT INFECTIONS**

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Urinary Tract Infections (UTIs) are one of the most common bacterial infections during pregnancy because hormonal, physiologic and mechanical changes increase the risk of urinary stasis, vesico-ureteral reflux and urine alkalinity all of which facilitate bacterial growth. Urinary tract infections during pregnancy are among the commonest health problems world wide, specially in developing countries. It has several adverse outcomes not only on the pregnant women and mother but also on the fetus as well. Ante-partum UTI has been implicated as a risk factor for adverse perinatal outcomes, premature birth and/or low birth weight and perinatal death.

**Objective:** The aim of our study was to determine the effect of Urinary tract infections in pregnancy on maternal and perinatal birth outcomes in Tashkent Maternity Hospital.

**Material and methods:** This is a follow-up study on a group of pregnant women at different trimesters attending outpatient antenatal care clinic of Obstetrics and gynecological complex № 9 in Tashkent. They were recruited over a period from September to December 2016. Sample size was 42 (22 women with UTI & 20 without UTI). Those with known underlining renal pathology or chronic renal disease were excluded. For every UTI positive case the next consecutive non-UTI respondent was considered for the control group. Samples of freshly void mid stream urine were analyzed within an hour of collection and for culture and sensitivity using deficient Agar. Data were collected through a pretested questionnaire, repeated urine analyses and recording of outcome of pregnancy. Participants were monitored at each antenatal visit until delivery and assessed for premature labour, mode of delivery, presence of foul smelling liquor, pregnancy-induced hypertension and antepartum and post partum haemorrhage. Neonates born to participants in both case and control groups were assessed for the following variables; gestational age, stillbirth/live birth, birth weight, Apgar score at minute one and five minutes.

**Results:** The study revealed that the incidence of UTIs during pregnancy was 31.3%. The commonest microorganisms were Klebsiella (45.8%) and E-coli. There were significant differences between the pregnant women with UTI and those without UTI in several pregnancy outcomes e.g. period of gestation before delivery (pre-term/term;  $p < 0.001$ ); birth weight of the newborn ( $p = 0.01$ ); Apgar score at one minute ( $p < 0.001$ , presence of foul-smelling liquor ( $p = 0.006$ ), premature rupture of membranes ( $p < 0.001$ ) and bleeding (both APH & PPH;  $p < 0.001$ ). There were statistically no significant differences between the groups in terms of presence of pregnancy-induced hypertension (PIH,  $p = 0.75$ ) and baby's Apgar score at 5 minutes ( $p = 0.39$ ), mode of delivery ( $p = 0.36$ ) and occurrence of stillbirth ( $p = 0.02$ ).

Discussion Routine pre-natal urine screening for bacteria is important to identify patients at risk and commence treatment early. In many hospitals in developing countries including Ghana, routine urine culture test is not carried out for pre-natal patients and

some women with UTI present in hospital too late to achieve effective treatment.

**Conclusion.** Urinary tract infections with pregnancy still constitute a big problem with high incidence. It has a great impact on pregnancy outcome mainly pre-mature labor. UTI in pregnancy adversely affects pregnancy outcomes in the mother and the baby thus confirming the need for diligent diagnosis and early treatment of maternal UTI in pregnancy.

## IMMEDIATE POSTPARTUM INSERTION OF INTRAUTERINE DEVICE FOR CONTRACEPTION

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**Actuality:** Globally, in spite of many available contraceptives most pregnancies are unwanted and unplanned. Women who want to start intrauterine contraception (IUC) during the postpartum period might benefit from IUC insertion immediately after delivery. Postplacental insertion greatly reduces the risk of subsequent pregnancy and eliminates the need for a return visit to start contraception. Without the option of immediate insertion, many women may never return for services or may adopt less effective contraception.

**Objectives:** Aim of this study is effects of IUC insertion immediately after delivery and outcomes. We compared IUC with other insertion types at the puerperium.. We considered on successful IUC placement (insertion), subsequent expulsion, and method use.

**Materials and methods:** We studied from 1 October till 1 April 2015year at the 9th maternal hospital. We assumed effects immediate IUC placement , compared standard insertion. We used small, T\*shaped, non-medicated copper flexible device. We study 2 groups. We inserted IUC 20 women immediately after delivery and 20 women during the postpartum visit. All women examined with USD (ultrasound diagnosis) after 3-4 days insertion. Also we examined two groups amount and duration of vaginal discharge. Study could also have compared different IUC methods or insertion techniques. Delivery may have been vaginal or cesarean..

**Results:** Study compared immediate postplacental insertion versus early (15 minutes to 48 hours) or standard insertion (during the postpartum visit). All women had the IUS inserted. By two months, the groups had the same expulsion rate and did not differ significantly in IUC use. Expulsion IUC at the both groups similar, appropriately 15% and 15%. Insertion rates did not differ significantly between study arms IUC use at two months was more likely with immediate insertion than with standard insertion.

**Conclusions:** Recent study compared different insertion times after vaginal or cesarean delivery. Contraception immediately after delivery was IUC. Because IUC after delivery is effective, low expense and women cant need go to hospital. All gynecologists must to talk about IUC, during the third trimester, provide the opportunity to discuss effective contraceptive methods and desired timing for initiation. Clinical follow-up can help detect early expulsion, as can educate women about expulsion signs and symptoms.

## CLINICAL-ANAMNESTIC ASPECTS OF THE PATIENTS WITH THE POLYCYSTIC OVARY SYNDROME

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**Actuality:** Polycystic ovary syndrome (PCOS) is a complex endocrine disorder affecting 5–10% of women of reproductive age. It generally manifests with oligo/anovulatory cycles, hirsutism and polycystic ovaries, together with a considerable prevalence of insulin resistance. Although the aetiology of the syndrome is not completely understood yet, PCOS is considered a multifactorial disorder with various genetic, endocrine and environmental abnormalities. Moreover, PCOS patients have a higher risk of metabolic and cardiovascular diseases and their related morbidity, if compared to the general population.

**Aim:** Study clinic-anamnestic aspects of the patients with PCOS

**Materials and methods:** We observed 20 women with polycystic ovary syndrome in maternal hospital №9 in Tashkent. They were studied for the sickness anamnesis, nature of the menstrual cycle and the reproductive function. Average age of the patients were  $22 \pm 3,2$  year.

**Results:** Most of them approached to doctor 80% with menstrual disorders, 35% dermatopathology, 45% complained over weight and 25% hirtutism. 1/3 patients inheritance have been complicated with diabetes mellitus 2. 10 (50%) patients observed primary amenorrhia , uterus bleeding 15% and 1 patient with secondary amenorrhoea. Gynecologic disease such as myoma noted 5 patients and 5 complex hyperplasia endometrium, fibro-cystic mastopatia noted 10 patients.

**Conclusions.** To sums up, results of our study showed that, the main clinical signs of PCOS were: menstrual disorders from the start of menarche, over weight and hirsutism.

## THE REPRODUCTIVE FUNCTION IN WOMEN WITH HYPERPROLACTINEMIA

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Nowadays, syndrome of hyperprolactinemia is observed in the majority of women with menstrual disorders and infertility, the same phenomenon immediate cause reproductive disorders. In hyoerprolactinemia, menstrual disorders ranging from irregular bleding, insufficient luteal phase, spanio-amenorrhea, to anovulatory cycle and amenorrhae, are frequent.

**The aim of study** - to identify the characteristics of the reproductive function in women with hyperprolactinemia of different genesis.

**Materials:** The subjects of the study were 85 women with galactorrhea varying severity, which appealed to the clinic of Gynecological complex № 9 in Tashkent in 2015 and 2016. All women was in active reproductive age  $26,8 \pm 1,5$  years. Methods: medical history, clinical and laboratory research, consultation of endocrinologist.

**Results:** hormone level was determined in all patients while maintaining the menstrual cycle in 3-5 days, in case of disorders - at the time of resort. Painful cramps (dysmenorrhoea) during menstruation was detected in 13%. Primary dysmenorrhoea

is caused by menstruation itself, secondary dysmenorrhea is triggered by another condition, such as endometriosis or uterine fibroids. Heavy bleeding (menorrhagia) includes prolonged menstrual periods or excessive bleeding was in 8%. Absence of menstruation (amenorrhea) secondary amenorrhea occurs when periods that were previously regular stop for at least 3 months in 38%. Light or infrequent menstruation (oligomenorrhea) refers to menstrual periods that occur more than 35 days apart. It usually is not a cause for concern, except if periods occur more than 3 months apart.

Reproductive dysfunction was noted in the majority of women, but it depended on the genesis of hyperprolactinemia. Since primary infertility was noted in 26% of women with functional hyperprolactinemia, with hypothyroidism - in 45%. Secondary infertility is more common in women with pituitary microadenomas in 38%, and in the presence of hypothyroidism in 22% of cases. Miscarriage was typical for women with hyperprolactinemia on the background of hypothyroidism (67%), while functional - 22%.

**Conclusion:** The incidence and severity of disorders of the reproductive function depends on the genesis of hyperprolactinemia and more pronounced changes were observed in women with hyperprolactinemia caused by hypothyroidism and pituitary microadenomas.



# MEDICAL AND BIOLOGICAL SECTION



## AGE FEATURES OF MORPHOMETRIC INDICATORS DIFFERENT PART OF SPINAL COLUMN IN GIRLS AGED 13 TO 16

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Manifold pathological processes, which develop in spine cause suffering of people of different ages from child to senile. Information about age dynamic, gender, individual and topographic variability of spine in whole, its parts, separate vertebrae and their parts has important theoretical mean and find a use in practical health care. In this connection there is need to study age features of morphometric indicators of different part of spine in children and adolescents.

**Aim.** To study the growth parameters of different parts of spine in healthy girls at the age from 13 to 16 years old.

**Material and methods.** The objects of study: healthy girls from 13 to 16 years old, pupils of school №278 Almazar district of Tashkent. We have examined 133 girls: 13 years old - 31, 14 years old- 34, 15 years old - 33, 16 years old - 35. The determination of growth is performed by using medical stadiometer. Evaluation of anthropometric measurements were performed by using regional age-gender estimated percentile tables which represent the physiological range of anthropometric parameters for age and gender. For the studied parameters was determined minimum and maximum value, average value.

**Results.** The study has shown that the total length of the vertebral column of 13 years old girls ranges from 52,56 cm to 60,12 cm, on average  $55,93 \pm 3,13$ cm; 14 years old – from 50,0 cm to 61,92 cm, on average  $56,34 \pm 3,02$  cm; 15 years old – from 54,8 cm to 61,92 cm, on average  $63,6 \pm 3.43$ cm; 16 years old - from 58 cm to 69,2 cm, on average  $64,74 \pm 3.82$  cm. The length of the cervical part in 13 years old girls varies from 6,35 cm to 7,27 cm, on average  $6,77 \pm 0,36$ cm; 14 years old – from 6,05 cm to 7,49 cm, on average  $6,82 \pm 0,29$  cm; 15 years old – from 6,90 cm to 8,92 cm, on average  $8,02 \pm 0.43$ cm; 16 years old - from 7,31 cm to 8,72 cm, on average  $8,16 \pm 0.39$  cm. The length of the thoracic part of 13 years old girls ranges from 27,27 cm to 31,20 cm, on average  $29,03 \pm 1,71$  cm; 14 years old – from 25,97 cm to 32,13 cm, on average  $29,24 \pm 1,67$  cm; 15 years old – from 27,95 cm to 36,1 cm, on average 32,45 cm; 16 years old - from 29,58 cm to 35,29 cm, on average  $33 \pm 0.32$  cm. The length of the lumbar part of 13 years old girls ranges from 9,93 cm to 11,36 cm, on average  $10,57 \pm 0,57$  cm; 14 years old – from 9,45 cm to 11,70 cm, on average  $10,64 \pm 0,55$  cm; 15 years old – from 10,2 cm to 13,17 cm, on average  $11,83 \pm 0.54$ cm; 16 years old – from 10,78 cm to 12,87 cm, on average  $12,04 \pm 0.56$  cm. The length of the sacro-coccygeal part of 13 years old girls ranges from 8,98 cm to 10,28 cm, on average  $9,56 \pm 0,45$  cm; 14 years old – from 8,55 cm to 10,58 cm, on average  $9,63 \pm 0.53$  cm; 15 years old – from 9,8 cm to 12,7 cm, on average  $11,38 \pm 0.56$  cm; 16 years old – from 10,38 cm to 12,39 cm, on average  $11,58 \pm 0.65$  cm.

**Conclusion.** The total length of the vertebral column of girls at age from 13 to 16 years old increases at 1,16 times. The length of cervical part of the vertebral column on girls at age from 13 to 16 years increases at 1,20 times; the length of thoracic part

increases at 1,14 times; the length of lumbar part increases at 1,14 times; the length of sacro-coccygeal part increases at 1,21 times. The rate of growth in cervical and sacro-coccygeal parts is more intensive than in thoracic and lumbar parts.

## **DISTURBANCES IN THE HEMOSTATIC SYSTEM IN EXPERIMENTAL ALLOXAN DIABETES**

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**Actuality.** In diabetes type 1 and 2 confirmed of activation of hemostasis systems involved in the regulation of vascular tone, state of blood cells and plasma enzyme systems. According to the classification Z.S Barkagan diabetes is included in the group VIP hemogenous thrombophilia involving violations of the various components of the hemostatic system, due to changes in metabolism and blood chemistry. One of the pathogenetic factors in the development of diabetic angiopathy in diabetes are changes in the vascular system -trombotsitarnogo hemostasis, coagulation dysfunction and fibrinolytic systems in the early stages of the disease leads to retinopathy and nephropathy With increasing duration of the disease increases the concentration of fibrinogen, decreased fibrinolytic activity that creates conditions opportunities for increased thrombus formation.

**Objective:** To investigate and evaluate the hemostatic disorders hemostasis in experimental alloxan diabetes.

**Materials and methods.** Research were conducted on white rats, weighing 120-140 g. Model alloxan diabetes induced by administration of alloxan 15mg per 100g of body weight. At 7,14,21 days experiment investigated the glucose in the blood.

**Results :** Study of the hemostatic process showed that in experimental animal diabetes observed hypercoagulation. In these patients revealed shortening clotting time to 4.8 min, recalcification - to  $(88.5 + 4.7)$  c, increasing the amount of fibrinogen - to  $(3.57 + 0.1)$  g / l and prothrombin activity - up  $(93.2 + 1.2)\%$ . At the same time, anticoagulant and fibrinolytic mechanisms remained at the same level as that of the control group: fibrinolysis was  $(26 \pm 2)\%$ , thrombin time -  $(22.3 + 0.7)$ .

**Conclusion.** Received a significant amount of new evidence proving complicated mechanism of diabetic angiopathy, including metabolic, hormonal, hemorheological, autoimmune and other disorders raises the need for drugs that act on different links in the pathogenesis of vascular lesions. Pharmacological correction includes lipid-lowering therapy in addition to the glucose-lowering, detoxification drugs gipokoagulyants, desagregants, angioprotectors, antispasmodics, etc.

## **STUDY OF MOLECULAR-GENETIC MECHANISMS OF THROMBOPHILIA IN PATIENTS WITH DIABETES MELLITUS**

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**Relevance.** The problem of diabetes mellitus (DM) is one of the most pressing health and social problems of the present, due to the prevalence of this disease in almost all countries, the trend towards an increase in its frequency, the severity of many complications that are difficult to treat. Currently, a predisposition to the development of various disease is considered from the position of molecular genetics.

The effects of exogenous and endogenous factors formed mutational measurement of regulatory systems of the body. Studying them in relation to the risk of developing the disease characteristics of its course, the effectiveness of the treatment and prognosis of the disease is one of the urgent problems of medicine. **Objective:** to study gene polymorphism of thrombophilia in patients with diabetes, depending on the shape and course of the disease.

**Scientific novelty.** For the first time Uzbek population of individuals will elucidate molecular and genetic mechanisms of thrombophilia with a complication in diabetes. Correlation analysis will be carried out with calculation of its predictive value, risk of thrombophilia, dependence monogenic and polygenic mutation in the formation of complications in patients with diabetes of second types.

**Clinical material and methods.** Material for study of incidence of single nucleotide substitution C677T in the gene for methylenetetrahydrofolate reductase (MTHFR) dependence of monogenic and polygenic mutation in the formation of complications in 50 patients with diabetes of the second type, and 10 of the control group, a point mutation (G1691A) gene for factor V clotting (FV), dubbed FV Leiden (Leiden mutation) and the G20210A mutation in the 3'-untranslated region of the gene of coagulation factor II blood (FII) will serve as the genomic DNA samples obtained from peripheral blood leukocytes of patients (50 patients with type 1 diabetes and 50 patients with type 2 type) by phenol-chloroform extraction, polymerase chain reaction with the following will be carried out by restriction analysis will be used to identify gene polymorphism FII and FV Leiden, as well as for genotyping C677T variant of the MTHFR gene. Amplification and restriction products are separated by electrophoresis in respectively two percent agarose and 7 percent polyacrylamide gels, staining with ethidium bromide. The paper will be used reagent kits, including specific primers and restriction endonucleases, courtesy of the staff group pharmacogenomics.

Analysis of repeated measurements will be carried out using the Wilcoxon test. Power connection between the studied quantitative measures and its focus expressed through the Spearman's rank correlation coefficient.

**Results.** Will be processed by the application program Statistica 6, Biostat. Data are presented as arithmetic means (M) and standard deviation (m). For comparison, samples were used Student's t-test or paired criterion Wilkinson. The significance level were considered significant at  $P < 0.05$ .

**Conclusion.** Current work is fundamental, deepens the knowledge of the molecular mechanisms of genetic thrombophilia in diabetes. Figuring predisposition of diabetics to develop thrombophilia, based on the study of genes, will allow a focused approach to the treatment and prevention of severe complications. Reports on meetings of scientific societies, congresses, conferences, pathophysiology, biochemistry, hematology. Publication of scientific articles in scientific journals.

## FORENSIC MEDICAL EVALUATION OF PATHOMORPHOLOGICAL FEATURES OF MYOCARDIUM IN STAB WOUNDS

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Important in mechanical trauma is the definition of prescription of damage formation. Resolving this issue is based mainly on reactive changes of tissues, vascular re-

actions, as well as on the development of the cellular response in the injured tissues.

**Purpose and objectives.** Assessment of pathomorphological signs of myocardium in penetrating stab wounds of the chest with heart injury.

**Material and methods.** A comparative analysis of cardiomyocytes in various areas of the wound channel in different intervals of post-traumatic period was held. In all cases the time of death did not exceed 24 hours. The material for microscopic examination was obtained from 27 cadavers of both sexes aged 15 to 60 years. Microscopic examination was performed on the MBS-10 microscope. Changes of myocardium were evaluated in four areas of the wound channel: 1) clearance of the wound channel; 2) edge or end zone of the wound channel (formed with myocardium areas that are the walls of the wound channel); 3) near-edge zone of the wound channel (part of myocardium in the circle of edge area); 4) intact myocardium zone (areas of myocardium, located outside of the wound channel, and surrounding areas of the myocardium). We assessed the following characteristics: the presence and volume of hemorrhage; morphofunctional state of the vascular walls and their permeability; hemodynamic disorders in the vessels of microcirculatory bed; violation of rheological properties of blood; types of degenerative changes of cardiomyocytes; contracture damage of cardiomyocytes.

**Results and discussions.** In the expert evaluation of each area of the wound channel there can be distinguished following characteristic pathomorphological signs:

a) in the clearance of the wound channel - the presence of hemorrhage, fibrin masses, fragments of injured cardiomyocytes;

b) in the edge or end zone formed by parts of the myocardium that are wound channel walls - a thickening and shortening of cardiomyocytes in "trapezium" shape with the greatest severity of contracture damage and lump decay;

c) in the near-edge zone there is a severe cardiomyocytes fragmentation accompanied by lateral deformation of the nuclei;

g) in the intact myocardium area - undulating deformation of cardiomyocytes, perivascular and stromal edema, mosaic character of contracture damage.

**Conclusions.** Assessment of pathomorphological changes of the myocardium in penetrating stab wounds of the chest with heart injury can solve the issue of prescription of damage formation.

## ENSURING RADIATION SAFETY IN THE EVENT OF RADIATION ACCIDENTS AND EXTREME SITUATIONS

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It was noted that up to 50-ies of the last century, the greatest threat in terms of major radiation accidents were laboratories and enterprises for processing of radioactive materials. Since the second half of the 50-ies of XX century, the main danger have become a major nuclear reactors, mainly - nuclear power plants, although marked and the accident at the nuclear materials processing facilities. The majority of accidents at nuclear power plants was accompanied by explosions, fire and environmental releases huge quantities of radioactive substances.

Of the 39 analyzed events in the RSA 2 accident attributed to the 7th level (the accident at Chernobyl and about Fukushima.), 2-accident - to 6 level ("Kyshtym" acci-



dent and the accident at the plant “Uindskayl”), 6 accidents - to 5 level, 8 accidents - to 4-level on the INES scale. The rest of the analyzed events attributed to the radiation incident levels 2-3. Thus, a significant portion of radiation accidents at nuclear power plants and nuclear reactors is in the nature of accidents, accompanied by the release of radioactive substances into the environment and exposure of personnel and the liquidators. Among radiation accidents with broad adverse effects may also include events that occurred on smaller-scale facilities, including, when using the enclosed IRS and even radiation generators. When an RA 4-7 level in 51.8% of cases, the main cause is human error (mistakes in the management of equipment, lack of training of personnel, violation of safety negligence). When the “human factor” occurs, the radiation incident was even more significant: from 22 to analyze the situation he was in 81.8%. Causes of technological accidents at nuclear power plants are presented, mainly, a failure of the reactor cooling system (80%), but in some cases (10%) there was a deterioration of the equipment or structural defects (10%). The emergence of radiological incidents 1-3 level only 13.6% was due to technical reasons. The ability to influence the natural factors in the event of accidents at nuclear power plants was 11.1%, and in radiation incidents 1-3 level - 4.5%.

It is noted that at the time of the accident at the nuclear reactors and directly after the main danger is posed by high power radiation, causing the reception staff and the liquidators of large doses; on non-nuclear facilities is a risk of exposure is maintained throughout the emergency period. When an accident at a nuclear reactor a virtually mandatory consequences of a radioactive contamination of the environment; in case of accidents at other facilities of the radioactive pollution of the likelihood of the medium depends on the type of source.

CSES Analysis of materials revealed that in the Republic of Uzbekistan also has a number of objects that can be attributed to radiation hazardous facilities that pose a potential risk of radiation accidents or incidents. At the same time so far in the country did not have any significant radiological accident. At the same time analyzed the indirect radiation safety indicators of the population of our country (individual doses of personnel of category A, the level of atmospheric fallout) suggest that radiation events previously occurred, but according to their characteristics, they should be referred not to the Radiological Accidents and to radiation anomalies, incidents 1-2, maximum - 3 level on the INES scale.

In view of the above analysis, we proposed a number of measures in the event of radiation incidents in order to prevent exposure of both staff and the public. The nature of these measures should depend on the type of radiation incident.

## **MEASURES TO REDUCE AIR POLLUTION IN TASHKENT**

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Wide and general introduction to the livelihoods of the people of scientific and technological progress changes the environment globally, formed man as a species. Habitat destruction has had a negative impact on health and quality of life, and may adversely affect the health of future generations. Numerous studies indicate that, despite the awareness of the dangers of environmental pollution, the destruction of the human environment due to its economic activity continues (Galazii OB, 2003, Onishchenko GG 2003).

One of the main negative effects of scientific and technological progress is a chem-

ical air pollution. Most it concerns territories on which the main stationary and mobile polluters of atmospheric air are concentrated. Basically, it refers to the industrial cities and large megacities-cities with heavy vehicular traffic (AA Lysenko, 2002, Revich BA, 2003, GG Onishchenko, 2003, et al.).

All this is largely related to the city of Tashkent, which is not only the capital of Uzbekistan, but also the largest administrative center of the republic.

In this context, issues of urban air pollution protection require further development. It is necessary to improve the organization of cooperation and coordination among all bodies interested in environmental issues, including the sanitary-epidemiological bodies of executive power and local governments.

Taking into account the conditions for the formation of air pollution in the city of Tashkent, the priority actions to improve its status should include:

To reduce air pollution, including carbon dioxide, we recommend for urban populated areas a number of activities, namely:

- Increasing the requirements for the use by enterprises of modern technological equipment, involving the reduction (and ideally - no) atmospheric emissions.

- forbiddenness maximum concentration of stationary sources of pollution in the vicinity of residential areas. This air measure of protection from pollution is leading in all industrialized countries, since the introduction of modern scientific and technological development allows to achieve amazing results. In market conditions there is a practice order to develop the necessary technology, using intellectual potential existing in our Republic.

- The creation of a 3-tiered protective green areas (lawns, bushes, trees) along the highways; it should be borne in mind the inappropriateness of using for this purpose coniferous trees; such trees may only be used for the air volatile production and enrichment of their landing zone. For delays and absorption of aerosols and gases, air pollutants, especially along the roads, can only be used deciduous tree species.

- The need to strictly forbid the felling of healthy trees in the cities. For improvement of a microclimate of the cities we also recommend such actions, namely:

- cleaning and correct maintenance of city network of the stormwater drainage system
- creation of the boulevards, lawns and parks equipped with fountains sprayers
- creation of zones of recreations, with open reservoirs (lakes, ponds, pools)
- creation of complexes of fountains. These measures allow not only to reduce air pollution, but also greatly improve the urban microclimate, which is not less important problem.

## **BIOCHEMICAL INDICATORS IN ASSESSING THE REGENERATIVE CAPABILITY OF THE BONE TISSUE**

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**Actuality.** Biochemical processes reflect the response of the body to any injury, manifested by common non-specific and specific changes in all parts of metabolism, changes in local and systemic effects of regulatory mechanisms.

**Objective:** To develop criteria for evaluation of regenerative capability of bone tissue in patients with fractures.

**Patients and methods.** A total of 97 patients (16-57 years) with the closed trau-

ma of leg bones, divided into 2 groups: non-comminuted (32) and multi-comminuted (39). The degree of damage was evaluated by the X-ray and computed tomography. Perosseous osteosynthesis was carried out for 1-3 days by Ilizarov method. The control group consisted of 10 healthy individuals. In blood serum was measured activity of alkaline (AP) and bone tartrate (TrKF) acid phosphatase, the concentration of total calcium, inorganic phosphate, glucuronate acid (GAM), the daily excretion of oxyproline, calcium and phosphate. Digital material is treated by variational statistics.

**Results.** Initially established increase in the activity of alkaline and TrKF, their relations, especially in the affected multiple comminuted fractures. Subsequently, alkaline phosphatase activity continued to grow more significantly than TrKF in patients of the second group, while maintaining a high at the time of device removal. The concentration of total calcium in both groups did not change significantly, increased phosphate levels, particularly in the 2nd group, due to increased urinary excretion of the first and reduction in second group. The presence of the degradation of the extracellular matrix of connective tissue showed a high concentration of GUK and oxyproline excretion in all terms of research, especially in the 2nd group.

**Conclusions:** 1) During the first weeks after the fracture activated destructive processes in the bone tissue, especially in the multi-comminuted fracture; 2) Activation of local and systemic biochemical reactions in the body after the 15th day end up with the acceleration of reparative osteogenesis.

## THE MAINTENANCE OF HEAVY METALS AND RADIONUCLIDES IN THE RAW MEDICINAL PLANTS FERGHANA VALLEY

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**Purpose and Objectives.** Anthropogenic pollution leads to the fact that the chemicals get into the food chain of the human body, representing thus a potential danger to health and life. When this plant is an important transmission link through which the chemical elements come from the soil, water and air in animals and humans. Therefore, the actual problem is to assess the levels of heavy metals and radionuclides in medicinal plant raw materials and the development of their maximum allowable levels (A.P. Avtsyn, 1991, A. Kabat-Pendias, 1998).

The goal of this study - the study of the content of heavy metals, As and radionuclides. in the vegetative organs of medicinal plants growing in the Fergana Valley.

**Material and methods.** The objects of the study were 40 species of wild medicinal plants, which are potential sources of biologically active and mineral substances, such as *Taraxacum officinale* Wigg. SL, *Inula helenium* L., *Hypéricum perforátum*, *Capsella bursa-pastoris*, *Arctium tomentosum* Mill., *Achilea msllefoSium* L., *Tussilago farfara* L., *Plantago major* L., *Urtica dioica* L., *Herba Origanii vulgaris.*, *Marrubium vulgare* L., *Thimus serpyllum* L., *Althaea officinalis*, Et al.

The quantitative determination of heavy metals in the plant was carried out by the method of neutron activation analysis (NAA) in the analytical laboratory Research Institute of Nuclear Physics of the Academy of Sciences of Uzbekistan.

**Results and Discussions.** Comparison of the results with acceptable standards show that all plants analyzed are environmentally friendly in content of heavy metals and gamma-nuclides. These results indicate that plant organs content of heavy metals is not

higher than the MAC level and are in a typical range of the content of these elements in vegetation South Fergana that complies with the hygienic safety San PiN Uzbekistan.

**Conclusions.** Thus, the test plants can be recommended for industrial and medical use of procurement of raw materials.

## DIAGNOSTIC VALUE OF ENDOTHELIAL DYSFUNCTION IN THE DEVELOPMENT OF METABOLIC SYNDROME

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**Objective.** To Study role of endothelial dysfunction during development of thrombophilia in patients with metabolic syndrome.

**Material and methods.** Research involved 45 patients aged 18 to 60 years, diagnosed with metabolic syndrome. Metabolic syndrome is diagnosed on basis of performance criteria developed by an expert committee of the National Cholesterol Education Program (NCEPATP-III, 2005).

To estimate insulin resistance index was used HOMA-IR, an endogenous production of nitric oxide (NO), the content of endothelin-1 and von Willebrand factor was determined using a commercially proven set of company "Tech-noclone", "Biomedica" and "RED", represented by "BioKhimMak" (Russia) at the company's enzyme immunoassay analyzer «HUMAN».

**Results.** It is known that the link between insulin resistance syndrome, and metabolic syndrome is endothelial dysfunction. Endothelial dysfunction may be defined as inadequate (increase or decrease) of content desquamated endothelial cells in blood plasma. We surveyed persons, number of desquamated endothelial exceeded the initial values by an average of 2.1 times ( $P < 0,05$ ), indicating the presence of the expressed vascular endothelial damage. One of the products synthesized by endothelial cells is NO (nitric oxide). Patients with metabolic syndrome NO level in blood plasma was significantly reduced, indicating a lack of base formulation of NO in the endothelium and metabolic syndrome.

One of vehicles - a stabilizer for the procoagulant protein F VIII C and protein adhesion is to von Willebrand factor, the level of which the examined individuals exceeded the original figure of 30%, the observed dynamics of the adhesive protein, probably due to damage to the endothelium.

**Conclusions.** Thus, the dynamics of the studied markers of endothelial damage in patients with metabolic syndrome reveal a violation of the functional state of the endothelial cells of the vessel wall, and thus can be a cause of disturbances in the hemostatic system, and vascular tone.

## POSTNATAL DEVELOPMENT OF THE THYROID GLAND OF POSTERITY IN CONDITION OF EXPERIMENTAL DIABETES IN THE MOTHERS

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**Background.** In recent years, it has been an increase in the incidence of diabetes. Often diabetes occurs or develops on the background of pregnancy. A complication



of pregnancy diabetes adversely affects fetal development and postembryonic organs and tissues of offspring. The most vulnerable are the bodies of the nervous, endocrine and immune system of the offspring. However, this problem remains poorly understood.

**The aim** of the work was to identify morphological, morphometric and electron microscopic features of thyroid gland of the offspring obtained from the mothers with experimental alloxan diabetes.

**Material and methods.** Experiments were conducted on white nulliparous females of rats. The animals were divided into two groups: group 1 - control; 2 - experimental. Diabetes was induced by alloxan administration into the body of females of the experimental group. The control group in the same way received the same volume of sterile saline. The development of diabetes in experimental group was monitored by study of level of blood glucose. On 7 day of experiments female rats of both groups were combined with male rats for fertilization. Pregnancy was monitored by the presence of sperm in vaginal smears. After becoming pregnant females separated from males and placed in separate cages for future research. The thyroid gland of posterity from both groups has been studied on days 3, 7, 14, 21 and 30 after birth. The methods of light microscopy of thyroid gland, electron microscopy of thyrocytes and connective tissue cells, morphometric studies of thyroid follicles, identifying the amount of mitotic and destructed thyrocytes has been used.

**Results.** The thyroid gland in newborns enough formed and is composed of two lobes connected by a thin isthmus. On day 3 after the birth a gland surrounded by a thin connective tissue capsule. Parenchyma of thyroid gland consists of the new forming follicles of various sizes. On the periphery of the gland follicles enough are large and contain a different amount of colloid. In the center of the gland revealed predominantly small, emerging follicles and interfollicular epithelial islands. This morphological pattern of the thyroid gland was typical for both the control and experimental groups of neonatal rats. Further dynamics of growth and the formation of the thyroid gland had the same type of character in all groups studied animals. It manifested itself in an increase in the size of the thyroid gland as a whole, as well as in increase the number of medium and large follicles and reducing the number and size of interfollicular epithelial islands. On days 21 and 30 after the birth of the thyroid gland was almost completely formed. However, morphometric studies provide evidence of certain violations of the dynamics of growth and the formation of thyroid gland of offspring in conditions of alloxan diabetes. It was shown that diabetes in the mother's organism significantly reduces the growth rate and the formation of the thyroid gland in postnatal ontogenesis. Electron microscopy studies of thyroid of offspring of experimental animals showed the presence of certain submicroscopic changes, which is evidence of violations of certain phases of the secretory cycle of thyrocytes. More often than in the control group have been found thyrocytes in various stages of destruction of the cytoplasm and nucleus.

**Conclusion.** Diabetes in pregnancy contributes to a slowdown in growth and postnatal development of the offspring of the thyroid gland. This in turn can lead to secondary hypothyroidism with all emerging negative consequences.

## MODERN APPROACHES IN THE DIAGNOSIS OF DIAGNOSING POSTMENOPAUSAL SINDROM IN WOMEN

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**Objective.** To develop a program and criteria for early diagnosis of metabolic syndrome (MS).

**Material and methods.** In the study involved 50 women with suspected metabolic syndrome in pre- and postmenopausal period. Result of screening for in-depth study was 32 patients, which was diagnosed by WHO criteria (1999), WHO events, ATRIII (2001), IDF (2005 ) IDFmod.

**Results.** The study was conducted in a 3-to-TMA spacecraft. As a result of screening women in 18 pre- and postmenopausal women, incidence of MS look like this; I-VOZ1999 (hypertension > 140/90 mm.rt.st., dyslipidemia (TG>1,7mol/l or HDL cholesterol <1.0 mmol/l), central (visceral) obesity, (the ratio of waist / hips>0.85 in women or mass index > 30 kg/m<sup>2</sup>), mikroalbuminuriya-31,8%, II-VOZmod-62,3%, III -ATPIII2001 (central obesity, waist circumference > 88cm for women., increased triglycerides (>1.7 mol/l), low cholesterol LDL (<1,3mmol/l in women), high blood pressure >130/85 mm hyperglycemia fasting (blood plasma-fasting glucose (FPG)> 6,1 mmol/l) -68,4% .IV-IDF2005- (increase triglyceride levels > 1.7 mmol/l., low cholesterol LDL (<1,3mmol/l in women), high blood pressure > 130/85 mm. hyperglycemia fasting (blood plasma-fasting glucose (FPG)>5,6 mmol/or previously diagnosed diabetes) -67.3%, IDF-74,1%

**Conclusions.** For those women a modified criteria for age-appropriate levels of drugs and blood levels AD. Criteria ATRIII (2001), IDF (2005), and modified WHO criteria (MS detection in 38.4%, 37.3% and 32.3% ., cases, respectively).

## MORPHOLOGICAL TYPES OF IMMATURE PLACENTA DURING PRE-ECLAMPSIA

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It is known that preeclampsia is often accompanied with placental insufficiency, structural component which is the immaturity of a villous tree. The purpose of this research was to evaluate the morphological variants of the immaturity of the placenta in pre-eclampsia.

The material of this study were the placentas of 41 women, who during pregnancy were undergoing various degrees of pre-eclampsia. There were conducted a histological examinations of sections after staining with hematoxylin-eosin, using the methods of Van Gieson and PAS reaction. In this research, it was applied the classification of A.P. Milovanova (1991) for the diagnosis of the placenta immaturity, which consists of 6 variants of maturity of a placenta depending from sequential progress of villi.

**Study results.** According to the classification we used the 1st type of mesenchymal villi is the earliest pathological form, which was observed among 8 (19.5%) women with severe form of preeclampsia in combination with anemia and chronic pyelonephritis. In the placenta, there were revealed large, rounded naps with thin epithelium

and hydropic degeneration of stroma. The 2nd type of embryonic villi was diagnosed in such cases, when in the slides dominated by large, multi layered villi, and containing stromal channels with Gofbauer cells and a sufficient amount of capillaries. This version of immature placenta was observed in 5 (12.2%) women with an average level of pre-eclampsia in combination with anemia. The 3rd option of intermediate immature villi was typical those observations, when micro slides dominated by oval villi of medium caliber with the presence of stromal channels and Gofbauer cells. Present version of the immaturity of the placenta contact was observed in 7 (17.1%) women suffering from preeclampsia in combination with endocrine disorders and premature labor. The 4th version of the intermediate differentiated villi was represented by a halt in the development of villous tree in the 21<sup>st</sup>-25<sup>th</sup> week of histogenesis. Mainly dominated by large rounded villi with a dense stroma, without stromal channels and Gofbauer cells, with 4-5 narrow capillaries in the center of the villi. The given version of the immaturity of the placenta was the most common form of the backwardness of the villi in the pre-eclampsia and was identified in 11 (26.8%) women with such extragenital diseases as anemia, and chronic hepatitis, chronic pyelonephritis. The 5th type chaotic, sclerosed villi was identified in such cases, when there was a chaotic branching of small villi, forming a mesh structure. The stroma of such villi is dense, cellular and avascular, which reflects the violation of formation of the fetal capillaries and villous stroma with a predominance of fibroblast proliferation. This version of immaturity of the placenta was observed in 6 (14.6%) women, occurring in severe forms of preeclampsia complicated by hypertension, edema, severe nephropathy. The 6th version of premature maturation of the villi occurred in particular group of women (4, 9.7%) in the prematurity of pregnancy as a result of preeclampsia in combination with such extragenital diseases as rheumatism, cardiomyopathy, and vasculitis. Microscopically, in these microslide, there discovered an increased amount of specialized terminal villi, which normally appear only after the 36 th week.

Thus, if to consider all the above stated morphological variants of immaturity in the form of various degrees of villous hypoplasia in women with pre-eclampsia, it should be ascertained that in all cases, there was the presence of chronic placental insufficiency. Morphogenesis and pathologic manifestations of chronic placental insufficiency in women with preeclampsia in combination with various extragenital diseases consist mainly of disfunction of utero-placental blood circulation, the delay in the formation of the cellular elements of the villi, structural damage of placental villi, implemented mainly in the 3<sup>rd</sup> trimester of pregnancy.

## CASE-BASED METHOD IN LEARNING LANGUAGE

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**Objective:** The aim of this thesis is to study efficacy of case-based method in the learning English language. There are to many learning methods but so popular and common is traditional. In traditional method students are expected to sit for hours, listening information which presented by the lecturer. In contrast case-based method when students also can are actively participate on the lesson process. The great advantage of the case method is that it brings real life into the classroom in concentrated form and gives students the opportunity to participate actively in their own learning.

The teacher's questions not only generate dialogue, they encourage students to build on each other's comments, probe each other's assumptions and hypotheses, communicate with one another, and reach consensus on recommendations for action. In addition case-based method can help and improve their all skills as : speaking, spelling, listening, writing and expound thoughts. The traditional method teacher does not require any special technical knowledge and language can focus more on his subject for imparting the best knowledge to the students. In the traditional teaching method, teachers illustrate the concept to the students with the help of chalks and blackboard. Every important thing regarding the topic is written on the blackboard and students make important notes from the blackboard. After the lecture is over students revise their notes and try to memorize the notes. The main objective of traditional teaching is to pass the examination but in this case the students play the role of passive recipients, and instructor plays the active role of purveyor of knowledge. This style of instruction encourages memorization, but not active learning.

**Material and methods:** The students of Uzbekistan state university of world languages, traditional and case-based methods learning English language.

**Results:** Considering it was conducted lesson using the case-based method in English group(10 students). The results of the lesson showed that at 30% -40% of students improved skills of speaking and listening, spelling, better to write and all of them actively participated in educational process.

**Conclusions:** Thus the main motives of the education should be to build the overall character and to bring the all-round development of the students. Instead we should concentrate on providing the best education system to the students as it's the students who will run the nation in future.

## **MORPHOMETRICAL AND ULTRASTRUCTURAL FEATURES OF THE THYMUS OF OFFSPRING UNDER EXPOSURE PESTICIDES THROUGH THE MATERNAL ORGANISM**

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**Objective.** To study and evaluation of morphological and functional changes of the thymus offspring in the condition prenatal and early postnatal pesticides' impact.

**Material and methods.** The experiments were performed on white adult nulliparous female rats which were divided into 3 groups of 30 animals each. Animals of two groups were received daily per os pesticides sigalotropin (8mg / kg) or fipronil (3.6 mg / kg) respectively, the third group, which served as a control, was given analogically volume of sterile physiologic saline within 30 days. The following day, the females tucked in healthy males. Pregnancy was monitored by the presence of sperm in vaginal smears. Administration pesticides females' remained continuously during pregnancy and after giving birth, until the end of lactation. Offspring obtained from the experimental control females were studied in dynamics in the 3-, 7-, 14-, 21-th and 30-th day after the birth. Thymus rats were fixed in Bouin solution, after conventional wiring material embedded in paraffin. Made sections were coloured with haematoxylin and eosin. The study was performed by light microscopy. In histological preparations of the thymus determined the correlations in the



cortex and medulla, width of sub capsular layer, the number of cells Hassall per 2 mm area of medulla, evaluated the stage of development parts and the number of retikuloepitelial cells included in their composition

**Results.** In the thymus of rats in the control group after ten weeks after the start of the experiment were observed age-dependent involutive changes. At the cortex detected death areas lymphocytes were identified with the appearance characteristic of the painting “starry sky”. Density of lymphocyte was reduced from the previous study period, as a result that became apparent retikuloepiteliotsytes. Significant changes in the proportion of cortex ( $76,4\pm 1\%$ ) and brain ( $23,6\pm 1\%$ ) of substances were not found.

**Conclusions.** The impact of fipronil for at six and ten weeks leads to a change in morphological and functional characteristics of the rat’s thymus, manifesting increased destruction of lymphocytes and retikuloepiteliotsytes. Significantly increase the rate of involution changes retikuloepiteliotsytes, which manifested an increase in the number of thymes’ cells, and an increase in the number of cells in the composition of thymes’ cells.

## **FACTORS SOCIAL ENVIRONMENT THE EPIDEMIOLOGY OF HIV-INFECTIONS KASIMOVA KHILOLA TASHKENT MEDICAL ACADEMY, DEPARTMENT OF EPIDEMIOLOGY**

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**The purpose of the survey.** HIV/AIDS epidemiology and prevention properties.

**Research materials and methods.** Ministry of Health and the AIDS center official statistical analysis of epidemiological data.

**The results of research and discussion.** Uzbekistan HIV / AIDS, leading to the importance of new infection through sexual transmission through dialogue. HIV / AIDS transmission through this sexual relations with suppliers, in particular, in some cities, causing widespread commercial sex. According to the results of the rapid assessment, Tashkent, Samarkand, Ferghana, Termez, as well as the cities of Tashkent region, sex service providers (SXX) 1000 the number of people 2 to 4 people, so that the country can say that there are 30 000 SXX.

HIV/AIDS infection cases in young persons under the age of 19, according to the results of the analysis of the distribution of HIV / AIDS cases has been observed. High levels of dangerous behavior by young people, and as a result, the consumption of drugs and the large number of sexually transmitted infections HIV-infection indicates the presence of favorable conditions for the development of the epidemic.

Young people, especially girls, the level of awareness about this disease transmission lines, resulting in safer behavior among the key factors influencing the choice of discussing sexual issues and HIV infections may ban the traditional way. This ban on discussion of the issues of women, gender inequality, and the woman’s financial dependence on men, and men’s and women’s premarital sexual relations as well as the application of two different opinions on the social and moral violence against women increases due to more tolerant of the public. Public awareness remains low demand for condoms.

HIV infection is one of the factors that lead to the development of AIDS in people infected with tuberculosis infection with the disease (HIV infection, and that this led to the development of tuberculosis who are infected with TB or HIV-infection cases required). According to the report from the list in 2005, 138 of every 100,000 people were suffering from TB. It is no doubt that TB in HIV-infected people in primary and secondary disease. As of January 1, 2006, simultaneously with tuberculosis and HIV infection from the HIV cases detected in 655 people died, 366 people were diagnosed with tuberculosis.

Uzbekistan HIV-infection epidemic on the rise of internal factors, together with the population dynamic migration of powerful countries, especially the Russian Federation, as well as Kazakhstan and Tajikistan, which is associated with the prevalence of HIV infection also feel the impact of external factors.

**Conclusion:** As a result, the HIV-infection epidemic process development mechanism and the process of epidemic among the population in the study of the characteristics of modern laws to be effective preventive measures for the development, coordination and implementation of great scientific and practical importance. To accelerate the work performed in this area is imperative.

## ENVIRONMENTAL HEALTH PROGRAM MANAGEMENT

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Environmental health specialists are responsible for the assessment and enforcement of standards governing the safety of air, water, food, sewage, noise, radiation, hazardous waste, and other hazards. They are actively involved in the overall environmental quality within a community and prevention of diseases associated with environmental factors. Industrial hygienists conduct health hazard evaluations and recommend controls to minimize the health risk to workers in the occupational environment. Similarly, occupational safety professionals assess risk in the workplace, concentrating on the acute hazards that could result in immediate injury or death. Both industrial hygienists and occupational safety professionals manage programs for private industry, government organizations, academic institutions, and military installations. The goals and objectives of the state program plan should address how the environmental health program for hospitals will work to protect the health of children and staff. When setting program priorities, states should first ensure that hospitals and hospital districts understand and adhere to local, state, and federal environmental health laws and regulations. States can then focus on ways to help hospital districts address hospital facilities with the greatest needs, or those with immediate health issues and concerns (e.g., extensive water damage or mismanaged chemicals). State program plans should consider ways that assistance can be provided to hospitals that serve students with disabilities and to hospital districts in underserved or low-income areas. Hospitals serving these communities often face the most challenging hospital environmental health issues. Hospital districts with funding limitations might need additional resources and information to address environmental health concerns. These hospital districts also could need additional assistance with identifying issues and solutions that are inexpensive to implement and can have an immediate positive impact on the hospital environment.

States should reach out to potential partners such as colleges and universities, state associations and organizations, and other stakeholders that can provide technical assistance and resources to hospitals and hospital districts in these areas. An important part of implementing the state environmental health program for hospitals is evaluating progress made toward adopting the state program, as well as the program's goals, activities, and milestones, to determine whether they need to be revised or expanded to improve the program. Ideally, hospital districts and other stakeholders should take part in the evaluation. Evaluations should be conducted on a regular basis and might include:

- Reviewing the effectiveness of relevant state environmental health policies;

- Identifying any new funding sources;

- Recognizing any obstacles or challenges encountered when implementing the program;

- Identifying areas of the program that need improvement or refinement (e.g., the emergency management plan or communication and outreach strategy);

- Assessing the training opportunities and resources that states provide to program participants and hospital districts;

- Assessing each hospital district's progress toward implementing environmental health programs in hospitals; and

- Reviewing the membership of the steering committee or program participants, as necessary.

Existing state healthy schools initiatives can serve as a foundation for establishing or improving a state environmental health program for schools. By identifying a lead office to coordinate and, where feasible, expand on existing initiatives, states can begin to build the infrastructure necessary to maintain a successful program.

## **THE ROLE OF NUTRITION IN WOMEN DURING MENOPAUSE VITAMINS AND MINERALS**

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Since the days of Hippocrates, and Abu Ali Ibn Sina, any doctor with specialized practices has been a major depository of knowledge about nutrition. A healthy, balanced diet potions and at the same time is one of the main factors preventing many diseases. Menopause in the last century, in 1990, was one of the most pressing issues related to women's health. Menopause is something like that women's health largely depends on how the food is treated. Menopausal women should have enough protein in the diet.

Women sources of calcium and phosphorus in the diet, especially milk and milk products must be involved. At the same time, the lower the fat content of milk, it will be so much calcium. Excessive intake of fat to obesity, atherosclerosis, metabolic and cardiovascular system may lead to damage to the system. Women over the age of 50 physiological extent of 65-70 grams of fat. In addition, cooked meat products are delicacies in the table of representatives of the fair sex, so it has to be in a very small amount. Nutrition for Women and full of nutrients - proteins, fats, carbohydrates, vitamins and minerals, sufficient coverage. Nutrients must be balanced ratio, but the diet is to decrease the power supply and slightly reduces the amount of carbohydrates and fats of animal fat and cholesterol to reduce the consumption

of resources it is necessary to accommodate the changes in metabolic processes. Women's diet are milk and dairy products, fish and seafood, meat, eggs, cereal, delicious variety of food spices, bread (large scale or better). Fruits and vegetables, in particular, provides the body with a complex of vitamins and minerals, creates the power mandatory as leafy vegetables, and must be ensured. During menopause women daily meals must meet the following requirements: savory or half a glass of water before meals is recommended to drink the juice; eating a variety; The food should be sufficient; little and often (every 2.5-3 hours), While eating should control the amount of food nutrition foods; easy digestion of carbohydrates (sugar, milk chocolate, jam) should reduce consumption; should not drink tea or coffee is very bitter, but it is also necessary to limit the intake of fluids; The best option - a day to 1.5 liters of liquid cooled boiled water or green tea to drink it; food eaten too quickly, should thoroughly chew and that his digestive, but it also creates a feeling of fullness more quickly; less than 3 hours of sleep before eating (especially while eating) should be avoided. As a result, the female menopause food - any kind of diet, but this diet, depending on the needs of young and hormonal changes associated with the construction of the body gradually changes depending on nutrition.

## FEATURES OF MESENCHYMAL CHANGES OF INDICATORS OF INFLAMMATION IN DRUG-INDUCED LIVER INJURY

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**Objective.** To optimize of methods of diagnosis drug liver damage.

**Materials and methods.** Review case histories. Selected 18 case histories of patients with arterial hypertension (group 1), 48 patients with hypertension and drug liver disease, which, depending on antihypertensive therapy were divided into groups: 2-I (26 patients receiving long-term antagonists calcium) and third (22 patients treated with Angiotensin converting enzyme inhibitors), and 16 healthy volunteers.

**Results.** Study showed that cholestasis indicators in patients of the 1st group with hypertension absence of this syndrome. Gamma glutamyl trans-peptidase activity and alkaline phosphatase values were within healthy individuals. However, the total cholesterol level in this group of patients was significantly increased in 1.31 times values of healthy individuals, indicating the presence of hypercholesterolemia and atherosclerosis in this group of patients.

Layering drug injury of liver hypertensive patients were identified the development of cholestasis syndrome. For patients in group 2 Gamma glutamyl trans peptidase activity significantly increased by 3.13 and 2.81 times, respectively, the values of healthy individuals and patients of the 1st group. Patients of group 3 increased activity of the enzyme was 2.01 and 1.81 times, respectively, indicators of the above groups. It was found that the activity Gamma glutamyl trans peptidase was significantly higher by 1.55 times as compared with the third group of patients, indicating that the more pronounced as the destruction of the hepatocytes and epithelial cells of the bile ducts.

Comparative analysis of serum alkaline phosphatase activity of the patients in group 2 showed a significant increase in enzyme activity in the 2.77 and 2.62 times the values of healthy individuals and patients of the 1st group. Patients of group 3



increased activity of the enzyme was 1.43 and 1.36 times, respectively, indicators of the above groups. It was found that the activity of alkaline phosphatase was significantly above 1.93 times as compared with the third group of patients, indicating a more pronounced destruction of epithelial cells of the bile ducts.

**Conclusion.** Thus, completing this study should be noted that in patients with hypertension receiving long-term antihypertensive drugs, drugs can develop liver damage. In our study, comparing two commonly used classes of antihypertensive drugs - calcium antagonists and angiotensin converting enzyme inhibitors, it can be said that the more calcium antagonists are hepatotoxic. With prolonged use of them we have seen the development of mesenchymal changes of liver.

## PROPERTIES OF BLOOD AT THE THYROTOXICOSIS

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**The urgency of the problem.** Last years, the literatures are actively discussing on haemostatic disorders in patients with thyroid disorders. There is increased mortality from cardiovascular and cerebrovascular diseases on the background of hyperthyroidism. The mechanisms underlying the high cardiovascular mortality rate for diseases of the thyroid gland permanently remain outstanding. Biochemical level of thyroid hormones cause prothrombotic and antifibrinolytic effects are known (Guldiken S. et al., 2005, Beshevskiy A.Sh et al., 2006). However, long-term increase in the level of T3 and T4 by several authors (Kovalev A.P., 1990, Michiels J.J. et al. 2011) found, development, the mechanism of which is associated with increased consumption of clotting factors in thyrotoxicosis. The need for correction of haemostatic disorders in thyrotoxicosis, at high risk of thrombosis remains open. Given the fact that Central Asia region is an endemic area for thyroid disease, the urgency of this problem becomes even higher. These factors were identified.

**The purpose of this study** is to examine the spontaneous aggregation of red blood cells and platelets in the experimental thyrotoxicosis in hot climates.

**Material and method.** To perform the over-cottages thyrotoxicosis conducted experiments on a model obtained by administering L- thyroxine in a dose of 200 mg/kg for 90 days. The spontaneous aggregation of platelets and red blood cells was studied by hemolysate-aggregation test based on detection of changes in light transmission of plasma. The test was done on white rats.

**Results:** Platelet aggregation was occurred in control animals after 32-35 seconds and in experimental animals after 85-89 seconds.

**Conclusion:** It is explained that hyperthyroidism is considered a chronic disease, and in some cases for a disease marked anticoagulation. Research has shown that you need to pay attention to preventive anticoagulation Mary in thyrotoxicosis. By eliminating the occurrence hypocoagulation we can avoid the severe complications of the disease because of bleeding.

# CONTROL TIMELINESS AND QUALITY OF MEDICAL EXAMINATIONS FOR PEOPLE WORKING WITH SOURCES OF IONIZING RADIATIONS

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One of the elements of the current sanitary supervision in the field of radiation hygiene is a systematic quality control of preliminary and periodic medical examinations of persons classified as "A", and execute the administration of medical institutions Commissions findings.

Medical examinations of people category "A" are carried out on the basis of the Ministry of Health of Uzbekistan Order № 200 dated 10 July 2012 "Approval of provisions on the medical examination of workers." According to the order, a medical examination by the Commission, consisting of a therapist, neurologist, ophthalmologist, otolaryngologist, and dermatologist. When conducting medical examinations of workers of category "A" is filled with a number of documents to be controlled by the center of the public epidemiological service: the list of persons subject to medical examination, schedule periodic medical examination, the form-liner in the medical card 'A' worker category with the conclusion of the medical commission, the final act of a medical board on the results of the medical examination staff category "a", and others. Our analysis of this aspect of the activity of regional center of the public epidemiological services showed that in the departments of radiation hygiene no single approach physicians to conduct this work in connection with what is difficult to assess its quality. We propose to adhere to the following sequence in the conduct of such control:

- the presence of documents in the institution to conduct medical examinations of persons category "A";
- the presence of the facility agreement with the appropriate medical institution to conduct medical examinations;
- control correctness of the design and the list of persons subject to medical examination;
- availability schedule and composition of the Commission to carry out a medical examination;
- the presence of medical records personnel, the quality of their completion;
- the presence of the final act of the medical board, the quality of its design;
- Analysis of the results of medical examinations and the measures taken in case of disease in workers.

**Conclusion:** The performance of doctors of Radiation Hygiene departments given the sequence of actions will allow unifying the methodological techniques that work and enhance its quality.

## THE ANALYSIS OF CONDITION OF FOOD INTOXICATION AMONG THE POPULATION OF THE REPUBLIC OF KARAKALPAKISTAN

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The cases of food intoxication among the population are increasing year after

year. According to data of World Health Organization, there are more than 10,000 types of food intoxication.

**The aim of the research:** The analysis of food intoxication cases among the population of the Republic of Karakalpakistan in the last 10 years.

**The methods and materials:** The research of food intoxication cases are been conducted by the assistance of workers and statistical data given by the state sanitary and epidemiology control center the Republic of Karakalpakistan.

**The obtained results:** According to the state sanitary and epidemiology center of Karakalpakistan, there were no incidents of food intoxication during 2004 and 2005; in 2006, there was 1 case where 6 people were victims and no death; in 2007, 2 cases, 10 victims and 2 people died; in 2008 also there was no any incidents of intoxication; in 2009, 1 case of incident, 2 victims and no deaths; in 2010-2011-2012-2013 years also there were no cases of intoxication. According to the statistics of the Republic of Karakalpakistan the highest rate of victims of food intoxication were in 2014 and 2015. The cases of intoxication in last years explained in following order: 85% of incidents happened at home, 10.2% at wedding parties, 1.8-2% were in the conditions of workplace (occupational). The valuableness of the case is that in the last years, there were no incidents of intoxication from the food products bought in the supermarkets and tinned goods produced in the industries. The analysis of food intoxications in the critical control places shows that 70-82% incidents happened because of toxicities, 28-38% cases because of toxic-infections, 7.5-10% cases because of chemical factors, 1.87% because of the mycotoxicosis. The 36% of all incidents of intoxications diagnosed to botulism, 335 people are intoxicated from salads, and this number contains 39% of intoxication from all incidents. The 41 cases or 8.8% of intoxications from all incidents belongs to hard sauce cakes, 0.7% from it contains homemade cakes. The 80% of intoxications from general number of incidents belongs to intoxication from tinned goods, 213 out of it i.e., 25% belongs to tomato and cucumber conserves. In the spring season, 415 cases of intoxication revealed, it contains 48% of all researched intoxications. In the summer season, 221 cases of intoxications revealed and it contains 26% of all researched intoxications. In the winter season, the numbers of intoxications were 219 and it contains 25% from all cases of intoxications. Here are the leading factors of food intoxications: in 65-70% cases the non-acquaintance of the conserving rules, 65% cases not following the rules of sterilizing and temperature regimen, in 20.5% cases poor quality of goods, in 25% cases wrong conserving, in 22.8% cases the outer condition factors, in 16% cases other factors are the reasons.

**Conclusion:** 1. The food intoxication analysis among the population of the Republic of Karakalpakistan in the last years shows that 85% of them were intoxicated at home; 10.2% in the wedding parties, 1.8-2% at the workplace (occupational), as registered. 2. The leading factors of food intoxications: in 65-70% cases not knowing the conserving rules, 65% cases not following the rules of sterilizing and temperature regimen, in 20.5% cases poor quality of goods, in 25% cases wrong conserving, in 22.8% cases outer condition factors, in 16% cases other factors are the reasons.

# THE ORIGINS AND EVOLUTION OF GENETIC DISEASE RISK IN MODERN HUMANS

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Patterns and risks of human disease have evolved. In this article, I review evidence regarding the importance of recent adaptive evolution, positive selection, and genomic conflicts in shaping the genetic and phenotypic architectures of polygenic human diseases. Human disease due to these processes appears to be concentrated in three sets of phenotypes: cognition and emotion, reproductive traits, and life-history traits related to long life span. Diverse, convergent lines of evidence suggest that a small set of tissues whose pleiotropic patterns of gene function and expression are under especially strong selection—brain, placenta, testis, prostate, breast, and ovary—has mediated a considerable proportion of disease risk in modern humans.

How might the selective pressures, genes, and phenotypes that “made us human” make us vulnerable to particular forms of disease? Of all the morphological, physiological, and life-historical traits that distinguish humans from other primates, none appears more obvious than the large human brain, which has increased threefold since our common ancestor with chimpanzees, especially from 2.5 to 0.5 and developed specializations for general intelligence, language, complex social cognition, social emotionality, and causal thinking more generally. Human reproduction has also evolved substantially, though less obviously: human’s exhibit relatively low per-copula fertility in association with concealed ovulation, an especially invasive form of hemochorial placentation coupled with copious menstruation compared to other primates, and remarkable fatness in babies, well beyond that of other mammals. Finally, humans have evolved substantial alterations in life history, with neurologically precocial yet physically antiracial infants, remarkably short afterbirth intervals despite the high costs to mothers of fetal development, a relatively elongated childhood period and rapid growth transition to adulthood, a greatly extended adult stage, and a post reproductive period in females associated with alloparental care.

This set of changes appears to be functionally coupled, with a central role for increased brain size coevolving with a suite of physiological, anatomical, and life-historical mechanisms that support this organ, which is energetically highly expensive for its bearer and caregivers to grow and maintain, yet yields increasing, compensating returns on investment with age. The convergent findings regarding selection on brain size and intelligence genes described earlier suggest a contrast between frequent positive selection on a small set of human “brain-size” genes, and the lack of overall enriched selective signal across a large number of genes that mediate intelligence and intellectual disability. Such results maybe explicable in part by three considerations: (1) a much larger number of genes, each of smaller, less-detectable effect, that influence intelligence compared to brain size; (2) the presence of purifying selection, rather than positive selection, on amino acid change in most brain-expressed genes; and (3) the inference that much of increased human intelligence, compared to other primates, is mainly a simple function of increased brain size itself (which is correlated with measures of intelligence both across primates and within humans) coupled with brain-specific elevated rates of overall gene expres-



sion. Some such changes in gene expression rates may themselves have been driven by positive selection, given that genomic regions inferred to have undergone selective sweeps in humans show the greatest acceleration in brain-specific expression. Indeed two categories of genes showing notably pronounced brain up regulation in humans are those involved in lipid metabolism, and energetics; both categories of gene are also known to have undergone accelerated adaptive evolution in humans and other primates, in both the nuclear and mitochondrial genomes.

## FORENSIC MEDICAL FEATURES OF STRANGULATION ASPHYXIA IN HANGED ELDERLY PEOPLE

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**Purpose and objectives** - to study quantitative and qualitative characteristics of morphological manifestations of mechanical strangulation asphyxia in hanged elderly people.

**Material and methods.** There were studied 92 corpses of hanged people. The 1<sup>st</sup> group included 60 corpses of people who died at the age of 50 to 83 years in varying degrees of severity of chronic diseases of the cardiovascular and/or respiratory system, the presence of which was confirmed by histological examination of internal organs. Control (2<sup>nd</sup>) group consisted of 32 died at the age of 18 to 50 years. We studied the bodies only with the typical location of loop on a neck, made of a rigid or semi-rigid material, which left on the neck pronounced strangulation furrow.

**Results and discussions.** We compared the qualitative and quantitative indicators of the incidence of asphyxia signs in the 1<sup>st</sup> and 2<sup>nd</sup> groups and found significant differences. So, subconjunctival ecchymosis was found in the 1st group in 43%, in the 2nd – in 88% ( $p<0.001$ ); hemorrhages in the soft tissues by the furrow course – 38% and 88% ( $p<0.001$ ), in regional lymph nodes – 67% and 91% ( $p<0.01$ ), in the pool of ophthalmic veins – 29% and 41% ( $p<0.01$ ), under the visceral pleura (Tardieu spots) – 38% and 91% ( $p<0.001$ ), in the front pedicles of sternocleidomastoid muscle (Walcher symptom) – 47% and 59% ( $p<0.05$ ), in the extensors of back muscles – 19% and 41% ( $p<0.001$ ), respectively. These hemorrhages were of significant lower intensity and small amount in the group of elderly. There were not found significant differences in frequency of occurrence of the following symptoms in groups: involuntary salivation, excretion of feces, urine, semen and Kristeller plug - in 1<sup>st</sup> group 71% and 81% in the 2<sup>nd</sup>; pinching the tip of the tongue between the teeth - 47.6% and 41%; a circular arrangement of cadaveric spots in the distal parts of upper and lower extremities – 43% and 53%; hemorrhages in the intervertebral discs (Simon symptom) – 33% and 34%; anemia of spleen – 43% and 41%; general acute venous plethora of internal organs – 90% and 100%; dilatation and blood overflow of the right half of heart – 71% and 96%, respectively.

In the control group in frequency dominated anisocoria - 22%, and in 1<sup>st</sup> group it was 5%, cyanosis of the face and neck – 81% and 38%, muscle strangulation furrow – 59% and 23.9%, acute swelling of the lungs – 53% and 14% ( $p<0.001$ ), respectively. Noteworthy is that in the 1<sup>st</sup> group was more common fracture of the hyoid bone and cartilages of larynx – 29% and 19% of patients, respectively ( $p<0.01$ ).

**Conclusions.** Thus, performed research proved the significant decrease in the frequen-

cy of occurrence and intensity of common asphyxic and specific signs of death in hanging, natural changes of biochemical indicators in biomaterials of corpses of persons older than 50 years as a result of decrease in response to a particular physical impact.

## EPIDEMIOLOGICAL FEATURES OF HIV INFECTION AMONG MIGRANT WORKERS OF FERGHANA REGION

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**Objective:** Study the pathways of transmission of HIV among migrant workers.

**Materials and Methods:** Reports, epidemiological and statistical data of the Center of action against for AIDS of Ferghana region. Official report information of the Center of action against for AIDS of Ferghana region, epidemiologic and statistic methods. Materials of studies are patients situated in list of the Center of action against for AIDS of Ferghana region. Dynamic of spread of AIDS study for 2013-2015 years.

**Results and Discussion:** In 2013, employees of the Center of action against AIDS checked 23,455 migrant workers for the presence of HIV infection; in 2014 a similar check up was conducted among 53,680 people, in 2015 41, 276 people were checked. During 2013-2015 years total 122,114 migrant workers have been screened of whom 118,411(96.9%) patients underwent laboratory examination among migrants in 2015, when the survey compared with the results of 2013 HIV infection rates have increased by 3 times.

**Results and Discussion:** In the Center of action against for AIDS of Ferghana region in 2013 year was examined 23455 migrant workers, in 2014 was examined 53680 migrant workers and 2015 was examined 41276 (1 table). In 2013-2015 118411 migrant workers was examined for HIV in laboratory. 258 from them was infected HIV, it consist 21.7 for 10000 population. The results of laboratory researches of this group increase for 1,7 from 2013 to 2015. Definition of disease among migrants was 57 in 2013, but it was 127 in 2015, so it was increase for 3 time. Among infected HIV migrant workers 5,3% consist 20-24 years old, 24,6% consist 25-29 years old, 19,3% consist 30-34 years old, 28,1% consist 35-39 years old and 22,8% consist 40-49 years old.

In disease foci at epidemiologic researches it was determined that HIV infected patients was infected by different causes when they where in other countries. The spreading of HIV infection was irregularly, and was more spread on: 37 in Ferghana, 26 in Qoqon, 18 in Margilan, 18 in Bagdad, 14 in Beshariq, 13 in Rishton, 14 in Toshloq, 15 in Ferghana, 16 in Uzbe,kiston 13 in Quva, 10 in Qoshtepa, 23 in Soh regions. In other regions the mark of HIV infection was less.

From all 258 migrant workers men consists 217 – 84,1%, and women 41 -15,9%.

92,5% from them consists sexual way transmission, 2,9% parenteral way and 4,5% unknown way transmission.

By the statistic information HIV infection is widely spread among migrant workers. It was determined the differently spreading in all regions HIV-infection among migrant workers. Especially in Ferghana, Margilan, Qoqon, Bogdod, Beshariq, Rishton, Toshloq, Ferghana, Uzbekiston, Quva, Qoshtepa and Soh regions sexual way transmission spread widely.

**Conclusion:**1. Definition of HIV-infection among migrant workers increase for 3 time from 2013 to 2015.

2. Definition of HIV-infection among migrant workers spread especially among 20-49 years old men.
3. HIV infection spread especially sexual way 92,5% and parenteral way 2.7%.
4. It was determined that migrant workers infected their relatives.

## **INFLUENCE OF PHYSICAL TRAINING ON FREQUENCY OF BREATH AND PULSE OF PUPILS OF COMPREHENSIVE SCHOOLS**

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Today, in the conditions of a large-scale education modernization, the problem of preservation and strengthening of health of children in the course of training is recognized by priority, and creation of conditions of training adequate to a children's organism, use of correct construction of employment by physical training and pedagogical technologies get a special urgency.

**Research objective:** studying of influence of physical training on frequency of breath and pulse.

Research problems is studying of changes of frequency of breath and pulse under the influence of physical training and on the basis of the received data drawing up of conclusions.

**Object of research:** as objects of research 2 comprehensive schools of Tashkent are used: №29 and №249.

**Research methods:** carrying out of a comparative estimation of the received results of physical training with sanitary norms and rules, carrying out of timing of activity of children and teenagers, research of dynamics of sizes of a pulse rate and frequency of breath, depending on character of the organization and physical training carrying out.

Timing of educational day of schoolboys has shown, that at investigated schools the actions providing sufficient impellent activity of children are not to the full used. In particular, the introduction gymnastics prior to the beginning of employment is not spent, breaks between lessons last 5 minutes, carrying out of employment in preparatory and special groups is not organized.

At pupils of the basic group in 2015-2016 educational year frequency of breath at boys fluctuated from  $23 \pm 0,4$  (11 years) to  $20,9 \pm 0,4$  (16 years), and at girls, accordingly from  $22,0 \pm 0,4$  to  $21,1 \pm 0,4$ . In 2015-2016 educational year frequency of breath at boys has authentically decreased in all age groups, having reached physiological norm; at girls indicators have decreased slightly.

At control school frequency of breath of children in 2015-2016 educational year was close to physiological norm and for a year practically has not changed.

Pulse rate at schoolboys as the basic, and control groups, though submitted to the general law (decrease in a pulse rate with age increase), nevertheless in all age-sexual groups was on 4-7 blows more than physiological norm.

The cited data allow to conclude, that at construction of employment by physical training without hygienic requirements, conducts to a deviation of indicators of frequency of breath and pulse from norms.

Above the stated data it is enough to draw following conclusions: in comprehensive schools at the organization of employment physical training ignores the hygienic bases, concerning the account of correctness of carrying out of lessons of physical

training that leads indicators of a functional condition to discrepancy to age physiological norms: the increase in frequency of breath (during a warm season of year) and pulse rates is noted.

## **THE ANALYSIS OF FOOD PRODUCTS IN THE DIET OF PATIENTS WITH DIABETES**

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Today, the global number of diabetes cases is increasing day by day. According to the World Health Organization (WHO), people with diabetes made up 366 million in the world in 2013; by 2025 this number is estimated to be 380 million, but this approximate numbers rate behind the expectations. Diabetes is considered as a disorder of metabolism. One of its features is the high blood sugar level (hyperglycemia). This condition occurs in the body due to complete or partial pancreas' failure to produce insulin. Our research studied the real nutritional status of 32 patients with diabetes aged between 40 and 60 (24 (75%)-men and 8 (25%) women who live in Tashkent city. Patients' diet has been studied using a questionnaire survey. Collection of the material has been carried out in expedition conditions 2 times a year in winter-spring and summer-autumn periods with registration in the individual sheets of food actually eaten by patients for 7 days. The amount of essential nutrients and energy has been calculated according to the table of the chemical composition of food. Obtained results were compared with SanR&N.

Patients consumed such meat products as lamb, beef, sausages, frankfurters, knockwursts higher than norm for 9.6% in winter-spring period, and 3.2% in summer-autumn period. It found that fish products which are characterized with high biological availability are consumed very low, only 2 or 3 times a month. According to accounts there revealed that patients in the winter-spring and summer-autumn period consumed average 10-20 grams of fish and fish products daily. Milk and dairy products as cheese, feta cheese are consumed not enough, but milk, yogurt, clotted cream, kurt are more used. They revealed that the patients of main group in winter-spring period take dairy products higher of norm for 4%, and in the summer-autumn period - less for 4%. They observed that eggs consumption in winter-spring period is higher of norm (14.3%), and in the summer-autumn period it is lower than norm for 14.3%. The caloric value of the diet of patients is satisfied with the significant level of consumption of bread products, and their amount is higher than a standard defined by 0250-08 SanR&N of RUz. In winter-spring and summer-autumn periods patients eat daily 430-450 g of bread and bakery products. Fats make up 19 g in diet of the patients of main group in winter-spring period and 18 g in summer-autumn period. The total consumption of fat in winter-spring period was more than 2 g, and less than 1 g in summer-autumn period. As for vegetables and fruits, we observed that in the studied diet they are not enough to norm in winter-spring period (300 g), and they are higher in summer-autumn period (400 g). Fruits and berries in the studied group of patients were in deficit in winter-spring period for 10.4% and in summer-autumn period for 7.5%, respectively. It found that the consumption of sugar and confectionery products in both periods was higher than norm for 15.3%.

We conclude that the analysis of studied people diet determined that they take sugar and confectionery in excess consumption of the norm, which should be limited for them.



# THE POSTNATAL GROWTH AND DEVELOPMENT OF THYMUS OF RATS OFFSPRING FROM MOTHERS WITH EXPERIMENTAL ALLOXAN DIABETES

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The annual increase in the number of patients with diabetes, including among women of reproductive age, increases the urgency of the problem. Intrauterine environment nutritional factors, exposure to toxins, and stress in the mother all of these factors are involved in fetal programming. But the influence of hyperglycemia and other metabolic disorders in the development of the fetus and the newborn remains poorly understood.

The number of women of reproductive age with diabetes in Uzbekistan - 11367, of which 3177 have type 1, type 2 - 8190 women, i.e. 10.2% of the total number of patients with diabetes (according to the National Registry for 2010).

Disorders of endocrine system in such disease like DM will have reflection in structural and functional condition of immune system, particularly in thymus. Main aspect of this issue is learning of condition of early postnatal ontogenesis of immune system organ, videlicet thymus.

**Purpose** of study is to reveal the structural particularities of development of thymus in offspring of rats from mother with experimental alloxan diabetes.

**Objective** of this research is to studying the morphological, morphometrical and ultrastructural features of thymus cells in dynamic of postnatal development of offspring of rats from healthy mother and from mothers with experimental alloxan diabetes.

## **Materials and methods of study:**

**Methods:** 1. Morphological: light microscopy of thymus; electron microscopy of lymphocytes and reticuloendothelial cells of thymus. 2. Morphometric: Identifying the weight of mice's in dynamic in control and experimental groups; identifying the mitotic activity of lymphocytes and reticuloendothelial cells of thymus; identifying the amount of destructed cells in different zones of thymus; identifying the surface of different zones of thymus.

The experiment was conducted on white nulliparous females of rats. The animals were divided into two groups: group 1 - control; 2 - experimental. Experimental diabetes induced by alloxan administration into the body of females of the experimental group. The development of diabetes was monitored by study of level of blood glucose. Thymus progeny assayed in both groups at 3, 7, 14, 21 and 30 days after birth.

**Results.** Hyperglycemia during pregnancy in rats with diabetes had a negative effect on the postnatal development of the immune system, particularly the thymus. In the thymus, the offspring of the experimental group revealed a slowdown in the formation of cortical areas. The proliferative activity of thymocytes decreased. Increases the frequency of destruction and death of thymocytes are absorbed by macrophages.

**Conclusion.** Diabetes in pregnancy leads to disruption of postnatal growth and development of the thymus. This may contribute to the development of secondary immunodeficiency in the offspring.

# RESEARCHING ON THE SOME CESTODES SPECIES OF STRAY CATS (FELUS CATUS DOM.) IN TASHKENT MEGALOPOLIS

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**Objective.** Compared to other countries, less systematic research of cat parasites were registered in Uzbekistan. 9 copies different ages and sex stray cats (*Felis catus dom.*) and cat fecal samples were collected from Tashkent megalopolis during spring and summer reason in 2016. A single sample was collected in clean container from each cat, directly transported to laboratory of General Parasitology Institute of the Gene Pool of Plants and Animals AS RUz.

**Materials and methods.** It was done parasitological research on these cats. Digestive tract was tested under helminthological method of K. I. Scriabin. All found helminthes were fixing in 70% ethanol. The species of helminthes were defined by the method of D. P. Kozlov (1977) and etc.

**Results.** They are considered that cat showed mixed helminthiasis, with an overall prevalence of 85.2%. We identified only two cestodes: *Dipylidium caninum* and *Taenia pisiformis*.

The number all helminthes of domestic cats, distribution and infections level are studied. *Taenia pisiformis* extensive invasion is 77,8% but intensive invasion (copies) is 1-8. *Dipylidium caninum* extensive invasion is 66,7% but intensive invasion (copies) is 2-23.

It was defined that dominant species nematode among the domestic cats *Toxocara mystax* is parasitizing with a cestode *Taenia pisiformis* in a palace together.

**Conclusion.** Both cestodes of stray cats can infect people. According to the literature information children who accidentally ingest an infected. At present we are continuing our research on their ecological relations of "Host-parasite".

## BIOLOGICAL DESCRIPTION OF *TOXOCARA CATI* (SCHRANK, 1788) BRUMPT, 1927

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**Objective.** There are a lot of helminthes in the stray cats (*Felis catus dom.*). One of the helminthes is *Toxocara cati*, presented by Sprent (1956). Goeze (1782) illustrated a worm from the cat that had large cervical alae. Schrank (1788) gave this worm the name *Ascaris cati*. Zeder (1800) introduced the specific name *mystax* for this parasite. The name of "cati" of Schrank, who referred to the figure of Goeze, therefore has priority. However, the name of Schrank has priority over that of Zeder, and, therefore, the common *Toxocara* of the cat is *Toxocara cati* (Schrank, 1788) Brumpt, 1922. Compared to other countries, less scientific research on the cat parasite was done in Uzbekistan. *Toxocara cati* was researched in middle years of last century. So, we decided to learn it deeply.

**Materials and methods.** 7 copies different ages and sex stray cats (*Felis catus dom.*) and cat fecal samples were collected from Tashkent megalopolis during summer and autumn reason in 2016. A single sample was collected in clean container from each cat, directly transported to laboratory of General [Parasitology](#) Institute of the Gene Pool of Plants and Animals AS RUz.

**Results.** *Toxocara cati* is a cosmopolitan parasite of the domestic. Location in host: Adults are found in the small intestine. Parasite identification: The adult worms are cream-colored to pinkish and have a length of up to 10 cm. Warren (1971) reports males as 3 to 7 cm long and females as 4 to 10 cm long. The adults have distinct cervical alae that are short and wide giving the anterior end the distinct appearance of an arrow. The esophagus is about 2% to 6% of the total body length and terminates in a glandular ventriculus that is about 0.3 to 0.5 mm long. The vulva of the female occurs about 25% to 40% of the body length behind the anterior end. The spicules of the males range from 1.7 to 1.9 mm in length. The egg measures 65  $\mu\text{m}$  by 77  $\mu\text{m}$  and has the pitted eggshell typical of the eggs of this genus of ascaridoids.

**Conclusion.** The most cases of human larval toxocariasis (visceral larva migrans) are due to the larvae of *Toxocara cati*. The control of *Toxocara cati* in the cat still depends on the diagnosis of infection and treatment of cats shedding eggs. This scientific work is ongoing and we are studying collected data in future.

## THE RELATIONSHIP LEVEL OF NEUROTRANSMITTERS IN BRAIN TISSUE WITH THE ACTIVITY OF METABOLIC ENZYMES IN LIVER UNDER CHRONIC ETHANOL INTOXICATION

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**Actuality.** Alcohol intoxication is a physiological state (that may also include psychological alterations of consciousness) induced by the ingestion of ethanol (alcohol). Alcohol intoxication is the result of alcohol entering the bloodstream faster than it can be metabolized by the liver, which breaks down the ethanol into non-intoxicating byproducts. Some effects of alcohol intoxication (such as euphoria and lowered social inhibitions) are central to alcohol's desirability as a beverage and its history as one of the world's most widespread recreational drugs. Despite this widespread use and alcohol's legality in most countries, many medical sources tend to describe any level of alcohol intoxication as a form of poisoning due to ethanol's damaging effects on the body in large doses; some religions consider alcohol intoxication to be a sin.

**Objective:** To evaluate the effect of liver ethanol oxidizing systems on neurotransmitter systems in rats with chronic alcohol intoxication.

**Materials and methods.** In experiment 60 white mongrel male rats weighing 180-220 g chronic alcohol intoxication in 52 rats were used simulated by intragastric administration of 25% ethanol solution for 7, 14, 21 and 28 days. In liver homogenates was determined by the activity of ADH and ALDG. The brain homogenates of rats determined the content of neurotransmitter.

**Results.** In homogenates of liver ADH activity in all terms of the experience of the tendency to increase. MEOS activity significantly increased in 1.74; 1.96; 2.25 and 2.97 times, ethanol oxidizing activity of catalase increased to 1.33; 1.58; 1.79 and 2.04 times, respectively study periods. Carried out by us in this regard, studies have shown a significant decrease in brain tissue concentrations of dopamine in 1.3; 3.27 and 3.3 times at 7, 21 and 28 day of the experiment, serotonin - 2.91 in; 2.38; 1.92 and 2.21 times at 7, 14, 21 and 28 day studies.

**Conclusions:** Chronic poisoning ethanol leads to a dramatic increase MEOS etanolok-

islyayushey and catalase, whereas activation of ALDG was characteristic of the early period of the study. Chronic intoxication with ethanol leads to an intense release of dopamine and serotonin in the blood, and the depletion of their reserves in the brain.

## **THE ROLE OF NUTRITION IN WOMEN DURING MENOPAUSE VITAMINS AND MINERALS**

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A healthy, balanced diet at the same time determines the probability of death and life is short of paramount importance in the prevention of many diseases. Climacteric period, not only the appearance of proper nutrition and stylish, but also to maintain health, "age-related" diseases linked. Menopause, reduces the need for vitamins, on the contrary, their body is not sufficiently complex that occur in a woman's body prepares to lead to the COP. Thus, foods with vitamin A (retinol), or substituting substance - carotene deficiency reduces the ability to reduce the protective properties of the organism. Kaltsiferol (vitamin D), deficiency leads to osteoporosis, as is often the absorption of calcium in the body. In order to maintain the function of ovarian antioxidant tocopherol (vitamin E) is very necessary. In addition, regulates the exchange of Riboflavin (vitamin B2) and pyridoxine (vitamin B6) is also very important. vitamin PP (niacin) deficiency aggressively and mental illnesses, and opens the way to the formation tsianokobalamin (vitamin B12), choline (Vitamin B4), inosine (vitamin V8), and folic acid (vitamin B9) deficiency increases the risk of atherosclerotic processes and to accelerate the process. Mineral body tissue, in particular, the main structural parts of the developer of phosphorus and calcium, which is involved in the creation of bone tissue and plastics. Bone density begins to decrease before the onset of menopause. But with the onset of menopause accelerates this process. Menopause, decreases blood levels of estrogen, women loose an important factor in regulating calcium metabolism in the body, and eventually spread to the bones of "personal" use calcium. Bones are absorbed slowly, and because the disease is characterized primarily by pain and without any comments. Encountered break due to a decrease in bone density in their ultimate are disease symptoms. Not only the bone to maintain a normal level of calcium in the blood vessels, blood, tissue, this article needs vital substances. It slows the growth of cancer tumors, cholesterol is bad rash clears the vessels, to support the vital functions of the nervous system. Cigarettes, coffee, alcohol abuse and sugar has caused deterioration in calcium absorption. The source of calcium and phosphorus in milk and dairy products (cheese, cottage cheese, milk). Oil-rich cheese and nonfat cottage cheese should be on every table. Calcium, as well as green leafy vegetables, soy products, almonds, nuts fundus. Vegetables and fruits are a source of minerals.

As a result, women in menopause, one reason or another, feeding, especially in the winter-spring period, should receive micronutrient multivitamin.



## DETERMINATION OF HAPTOGLOBIN PHENOTYPE IN SOME LIVER DISEASES

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The resistance of the body to toxic effects is specified by the nature of the immune response, which is genetically determined. Observations show existence of a link between the resistance of the organism to certain diseases and phenotypes of haptoglobin (Hp).

**Purpose and objectives** are to study the distribution of Hp phenotypes among the dead persons who had chronic hepatitis and cirrhosis as a causes of death.

**Material and methods.** There was studied blood of 117 corpses of people who died with a diagnosis of chronic hepatitis and cirrhosis (78 men and 39 women) aged 34 to 69 years. To compare was selected a control group, consisting of 59 blood samples from the corpses with a violent death category.

Hp phenotypes were determined by horizontal electrophoresis of serum in starch gel by Owen in O.V. Nikolenko modification.

Evaluation of reliability of the results was performed using Student's t test.

**Results and discussions.** The results showed that the distribution of Hp phenotypes in the study group is different from that in the control group. It was stated a significant increase in the number of corpses with Hp 1-1 phenotype due to the significant reduction in the number of holders of Hp 2-2 phenotype. This suggests that individuals with Hp 1-1 phenotype prone to death in chronic hepatitis and liver cirrhosis compared with those who have phenotype Hp 2-2 in serum. Naturally, a combination of several factors required for the occurrence of fatal diseases. One of predisposing moments may be the presence of Hp 1-1 phenotype. Also of interest some authors' judgment that haptoglobin is involved in immunological protection of the organism, and that Hp 2-2 and 2-1 compared with Hp 1-1 phenotype have additional antigenic determinants.

**Conclusions.** On this paper data we can conclude that individuals with Hp 1-1 phenotype are more likely to develop chronic hepatitis and cirrhosis of the liver with a lethal outcome, and that the presence of this Hp phenotype should be considered as a risk factor.

## STUDYING OF LIPID METABOLISM IN EXPERIMENTAL DIABETES AND WAYS OF ITS CORRECTION

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**Actuality.** Diabetes mellitus (DM), commonly referred to as diabetes, is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period. Symptoms of high blood sugar include frequent urination, increased thirst, and increased hunger. If left untreated, diabetes can cause many complications. Acute complications can include diabetic ketoacidosis, nonketotic hyperosmolar coma, or death. Serious long-term complications include heart disease, stroke, chronic kidney failure, foot ulcers, and damage to the eyes.

At the time of detection of diabetes in half of the patients already have coronary heart

disease. This demonstrates the importance of early diagnosis and aggressive treatment of hyperglycemia and related disorders. Amplified and also the formation of atherosclerotic plaques in the coronary arteries change, cerebral and peripheral vessels. The American Diabetes Association (ADA) recommends that the study of lipid profile, including total cholesterol level (TC), triglycerides, low-density lipoprotein (LDL), high density lipoprotein cholesterol (HDL-C), at the time of diagnosis of diabetes type 2.

**Objective.** To study disorders of lipid metabolism in experimental diabetes and its correction with ecdysten.

**Materials and methods.** Research were conducted on white rats, weighing 120-140 g. Model alloxan diabetes induced by administration of alloxan 15mg per 100g of body weight. At 7,14,21 days experiment investigated the glucose in the blood. On the 7th day of the experiment began administering ecdysten and were treated for 14 days. As a comparison, we took drugs and Glucophage retabolil.

**Results.** Main characteristics of dyslipidemia in diabetes is increasing level of triglycerides in the composition of very low density lipoproteins (VLDL) and decreased HDL cholesterol. low-density lipoprotein cholesterol concentrations in diabetic patients does not differ from that of people without the disease, but in patients with type 2 diabetes predominant fraction of small, dense LDL with increased atherogenic due to the high oxidizing ability. Quantitative changes in lipid profile may occur in isolation, but more often they are combined and are called lipid triad or atherogenic dyslipidemia.

**Conclusion.** Thus, treatment of experimental animals with ecdysten, glyukofage and within 14 and 21 days, more significantly reduced triglycerides compared to the control. If the 7th day of treatment triglyceride levels had a tendency to exceed the values of intact rats, by the 14th day this figure did not differ from the normative values. Treatment with ratabolil slightly reduces the concentration of triglycerides as compared to control. The concentration of HDL cholesterol in the 14-21 th day of treatment with retabolil was dramatically reduced as compared with the control animals and intact groups, but treatment ecdysten and glucophage, especially ecdysten, increased HDL-C concentration is almost 2-fold compared with the control. Regarding triglyceride levels, the treatment ecdysten glyukofage and experimental animals with alloxan diabetes within 14 21 days and significantly reduces their contents, and retabolil increases.

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## **HYGIENICAL ESTIMATION OF RADIOACTIVE FALLS IN THE TERRITORY OF TASHKENT CITY IN MODERN CONDITIONS**

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A research was conducted within the framework of realization the Law of Republic of Uzbekistan is undertaken "About sanitary and epidemiology prosperity of population", 2015 (№393) in accordance with that "Citizens have a right to: have favorable habitat and receive from the organs of state administration, public authorities of places, and also organs carrying out a state sanitary supervision, information about sanitary epidemiology situation and state of habitat of man". In the law "About radiation safety in RUz" (2000) it is declared that radiation safety of citizens is provided, in particular, by informing citizens about the radiational condition and security measures to provide radiational safety and introduction particular regiments to residence citizens in the zones of radiocontammant. These positions of Laws require the realization of constant control of all aspects of radiation conditions, including – control the level of atmospheric radioactive falls. Analysis of scientific publications latter 15-20 years did not reveal any description of radioactive falls in Tashkent city, which was a reason for conducting real research.

The purpose of the work - evaluation the level of radioactive falls in the territory of Tashkent city in modern terms and its value to form a natural radiational background of the city.

Obtained results allowed to conclude that, the archived materials and scientific publications last 30 years did not contain data about the level of atmospheric radioactive falls in Tashkent city.

A gravimetric volume of atmospheric falls in Tashkent city presently makes up a  $16,3 \pm 0,8$  gr on  $1 \text{ m}^2$  in twenty-four hours. Reliable differences in average volumes of falls it is not revealed in different parts of territory of city (productive zone, dwelling zone, near houses territories, parkland), but by residential zone and in a parkland, in certain areas, there were substantially higher indexes of atmospheric falls (to  $21,3$  g/of  $\text{m}^2$  in twenty-four hours). Total beta-activity of atmospheric falls in Tashkent city presently fluctuates from 5,5 to 11,1 Bк/ $\text{m}^2$  in twenty-four hours, with vibrations from  $5,50 \pm 0,43$  to  $11,09 \pm 1,02$  Bк/ $\text{m}^2$  for the different areas of the city; a middle level of atmospheric radioactive falls in Tashkent city is  $8,11 \pm 0,010$  Bк/ $\text{m}^2$  in twenty-four hours. Calculation size  $8,08 \pm 0,59$  Bк/ $\text{m}^2$  in twenty-four hours recommended as a control level of radioactive falls on a territory of Tashkent city. It is discovered that the radio-activity of atmospheric falls in Tashkent city presently determine natural radionuclides  $^{238}\text{U}$ ,  $^{226}\text{Ra}$ ,  $^{232}\text{Th}$ ,  $^{40}\text{K}$ , thus more than 80% activity is conditioned by  $^{40}\text{K}$ .

The cross-correlation analysis of the dependence of activity and from the place of their selection showed a direct middle cross-correlation connection between the activity of dust and its character: higher activity is possessed by a loess dust by the near houses territories. It means that the specific level of radioactive falls to a great

extent of degree is determined by the composition of dust and degree of dispersion of dust-borne particles.

Comparison the value of gamma background in the places of sampling of atmospheric falls with the total level of  $\beta$  active falls did not show a correlation between them ( $r = 0,12$ ), the measured size of power and dose the gamma of radiation does not depend on the level of atmospheric radiations of the active falls.

## WHY SHOULD WE LEARN MEDICINE IN ENGLISH

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**Purpose and Objectives:** This project is designed to clarify learning ways of Medicine English. It is expected that by applying for this issue common mistakes in learning Medicine in English can be discussed thoroughly. This presentation describes the effectiveness of Learning Medicine in English. The Author initially provides some factual information on what is understood by Medicine English. Moreover, the author states basic steps to implement Medicine English successfully by bringing relevant reasons, illustrations and further suggestions regarding special tactics to start a process. At the end of the presentation observers will be able find proper answers about the topic given.

**Methods/Materials:** The research will be held among medical students and doctors and even teachers. Questions will be asked and proper ways and common mistakes while processing will be absorbed by this materials.

**Results and discussions:** Based on the data collected, quick decisions can be made on learning Medicine English. Not only at Medical Academies but also lyceums and colleges which are based on medicine will be able to teach medicine in English so that students will not find it difficult when it comes to work internationally. Meanwhile it formats reading medical books by originals during the class.

**Conclusion:** this project is relevant to present issues of Medicine in education. By outlining such a project students may at least try to absorb medical English vocabulary and share their experience in foreign fields.

## CONDUCTOMETRIC DETERMINATION OF IRON

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Conductometric methods of analysis in comparison with other methods of analysis have the following advantages: they make it possible: no great difficulty to carry out bution not only transparent but also colored and turbid solutions as well as in the presence of oxidizing and reducing agents, to carry out research, not only water, but and non-aqueous, and mixed aqueous-organic media, is relatively easy to implement automated titration processes; in many cases to avoid the separation of impurities, typically preventing the definition of other methods; producing differential titration electrolyte mixtures that can not be done by other methods.

Iron and its compounds are widely used in various branches of engineering and the national economy, due to ever-increasing role and the extent of its production. The widespread use of iron in the industry, pharmaceuticals and medicine, as well



as direct contact with him human scientist determined the interest of the world to study its biological action.

Therefore, the intensive development of science, technology and industry at the present stage confronts the analyst the task of creating new and improving existing methods of analysis with improved metrological characteristics and the possibility of their use in a wide range of determined concentrations of iron in the different nature of industrial and biological materials, as well as other objects. One of the ways to solve the above problems is a conductivity meter having high correctness, reproducibility, rapidity, reliability, wide range of defined concentrations of metals and simple hardware and methodical execution. Therefore it was of interest definition macro- and microgram amounts of iron in various nature model mixtures, real objects and natural materials.

**Experimental part.** Methods for determination of iron (III). 0,1 M solution of iron (III) was used when performing an experiment for the preparation of which it took chloride salt was dissolved in water and adjusted to volume of its double-distilled water in a volumetric flask (100 mL). For the determination of iron (III) solution, 0,1 M ascorbic acid. After this preliminary preparatory operations begun implementing conductometric method for determination of iron with ascorbic acid solution.

Obtained when the medium pH experiment are typical for iron chelation reactions with ascorbic acid, practically quantitatively proceeding rapidly and completely. If this value is less than the optimum value, the reversibility of the reaction will increase, and if higher, it will proceed more completely.

However, it should be noted that during the transition from neutral to slightly alkaline environment of iron chelation (III) and ascorbic acid is improved, and the transition to a weakly acidic, deteriorating education its main systems that significantly alters the conditions of conductometric titration view deteriorates accordingly curves, and the results of determination becomes less accurate.

Conductometric titration a change in the total concentration of electrolytes and thus the conductivity of the sample solution. When conductometric titration of iron (III), ascorbic acid solution formed highly resistant complexes in accordance with the theoretical assumptions and the corresponding titration curves are best shaped fractures in the equivalence point at pH 7,71-8,83.

In order to study selectivity found disturbing influence of the following cations, whose results indicate that iron definition (III) interfere Th (IV), Sc (III) and U (IV) in any ratio, do not interfere with Na<sup>+</sup>, K<sup>+</sup> (1:500), Mn<sup>2+</sup> (1:100), Cd<sup>2+</sup>, (1:50), Bi<sup>3+</sup> (1:2,5), Zn<sup>2+</sup>, Ti<sup>4+</sup> (1:1), Ni<sup>2+</sup>, Al<sup>3+</sup> (1:5) ratio.

This demonstrates the high selectivity of the developed method for determination of iron (III) with ascorbic acid.

## **MICROCIRCULATION OF THE LIVER IN EXPERIMENTAL HYPERTHYROIDISM**

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Questions related to the behavior of blood in the microvasculature, as are the peculiarities of the system of peripheral blood circulation in hyperthyroid states are studied insufficiently. It is these aspects of the pathogenesis of hyperthyroidism and is due to the purpose of this study, which was to study disorders of static and dynamic sys-

tem parameters of the microcirculation of the liver in experimental hyperthyroidism.

**Material and research methods.** The experiments were carried out on 100 albino male rats with initial body weight of 130 – 180 g. The animals were kept in vivarium conditions on a normal diet. Model of hyperthyroidism in rats was reproduced by daily administration of L-thyroxine in a dose of 100 µg/kg within 28 days. Biomicroscopic study of the microvasculature of the liver was carried out the experimental fluorescence microscope “LUMAM - OUT” (LOMO, Russia).

**Results.** On the 7th day of studies in hepatic angioarchitectonics of the microvasculature is preserved. The contours of sinusoids somewhat blurred. At the level of individual sinusoids are pockets of aggregation of formed elements to stop blood flow. The diameter of sinusoids  $10,21+0,79$  µm, the flow velocity in them  $0,169+0.017$  mm/sec, 36.6% lower than the corresponding values of the intact group of animals. The boundaries of the Central collecting venules clearly defined, without visible changes. The continuous nature of the blood flow in these vessels is preserved. Diameter of venules is  $35,04+1,80$  mm and the flow velocity  $0,140+0,012$  mm/sec, which is 38.4% lower than the values of intact animals. Perivascular changes have been identified.

After 14 days of the study in the liver marked by the alternation of dilated sinusoids with areas that are excluded from blood flow. In most vessels the blood flow is significantly slowed down. The slowdown is more pronounced at the level of the Central collecting venules (47.5% lower than in intact group). The blood flow in functional vessels is granular in nature. Revealed foci of perivascular diapedesis of red blood cells.

On day 21 violations of the microvasculature of the liver became more pronounced compared to previous periods. Sharply expressed venous hyperemia and stasis. This is manifested by an increase of the diameter of the Central collecting venules to  $47,65+2,28$  µm, decreased blood flow to  $0,095+0.010$  mm/sec. In the system of portal venules these changes were not as pronounced. Perivascular diapedes of erythrocytes acquired generalized nature that led to the violation of the angioarchitectonic with the disappearance of the characteristic vascular pattern of the hepatic lobules.

The last term of studies (28 days) was characterized by the worsening of the changes described in the previous terms.

**Conclusions.** 1. Hyperthyroidism is accompanied by disorders of dynamic and static parameters in the system of peripheral blood circulation the liver.

2. The severity of violations associated with the statute of limitation hyperthyroidism and regional features of the circulatory organs.

## STUDY OF GENE POLYMORPHISM OF COLLAGEN TYPE I IN PATIENTS WITH LIMITED SCLERODERMA

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**Relevance.** Are group of disorders that affect [connective tissue](#), the tissue that supports the body's joints and organs. These disorders are caused by defects in type II or type XI [collagen](#). Collagens are complex molecules that provide structure, strength, and elasticity to connective tissue. Type II and type XI collagen disorders are grouped together because both types of collagen are components of the [cartilage](#) found in joints and the spinal column, the inner ear, and the jelly-like substance that fills the eyeball (the [vitreous](#)). The type II and XI collagenopathies result in sim-

ilar clinical features. Various mutational changes in them determines the nature collagenopathy especially their current and forecast, one such disease is scleroderma, which define the purpose of the present study.

**Objective:** to study gene polymorphism of collagen type I in patients with limited scleroderma, depending on the shape and course of the disease.

**Scientific novelty.** Will be first clarified polymorphism genes collagen type I from Uzbekistan populations individuals and in patients with scleroderma, depending on the form and stage pathological processes. Correlation analysis between the severity of the pathological process and the presence of mutations in the gene for collagen type 1, the relationship with the degree of destructive processes in the connective tissue will be analyzed.

**Clinical material and methods.** Material for study are incidence of a single nucleotide substitution in the gene COL1A1 collagen type I serve genomic DNA samples obtained from peripheral blood leukocytes of patients (50 patients with localized scleroderma and 10 controls) by phenol-chloroform extraction. To detect gene polymorphisms type I collagen is performed by polymerase chain reaction with the following restriction analysis.

Amplification and restriction products are separated by electrophoresis in 2 respectively agarose percent and 7 percent polyacrylamide gels, staining with ethidium bromide. The paper will be used reagent kits, including specific primers and restriction endonucleases, courtesy of the staff group pharmacogenomics. Analysis of repeated measurements will be carried out using the Wilcoxon test. Power connection between the studied quantitative measures and its focus will be evaluated through the Spearman's rank correlation coefficient.

Research will be conducted on the bases Republican Specialized Scientific and Practical Center of Dermatology, Republican Specialized Center of Hematology and TMA. To study the blood plasma to be used with the content of leukocytes of 50 patients with limited scleroderma, being at the outpatient and inpatient Republican Specialized Scientific and Practical Center of Dermatology molecular genetic studies will be conducted in Republican Specialized Center of Hematology. The TMA serum levels will be determined hydroxyproline and hydroxylysine, correlation and statistical analysis.

**Results.** The results will be processed by the application program Statistica 6, Biostat. Data are presented as arithmetic means (M) and standard deviation (m). For comparison, samples were used Student's t-test or paired criterion Wilkinson. The significance level were considered significant at  $P < 0.05$ .

**Conclusion.** The results of research will be published in the form of scientific articles will be presented at scientific conferences, congresses and symposia. The results of research will be used for lectures and workshops on topics with lectures and workshops on the topics «The exchange of complex carbohydrates» and «Functional Biochemistry of connective tissue.».

## ESTIMATION OF QUALITY OF LIFE OF PATIENTS BEFORE AND AFTER NASAL SEPTOPLASTY

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Nasal blockage is a common complaint. In the adult population chronic diseases such as chronic rhinosinusitis and allergic rhinitis are two of the main causes for nasal congestion. These diseases cause mucosal congestion and lead to nasal obstruction with reduced nasal airflow. Other causes for nasal blockage may be structural, where variations of the cartilaginous and bony structures of the nose can lead to problems with reduced nasal airflow.

**The purpose** of this study was to compare quality of life (QoL) and symptoms of patients with a deviated nasal septum preoperatively and postoperatively.

**Methods.** We observed 48 patients with deviated nasal septum, who were hospitalized in ENT department of 2-nd clinic of Tashkent Medical Academy from January to October in 2016. All patients reported QoL on Sino-Nasal-Outcome-Test-20 (SNOT-20) and symptoms on visual analogue scale (VAS) preoperatively and 6 months after surgery and the results were compared with the 20 controls.

**Results.** Mean SNOT-20 score improved from  $1,8 \pm 0,9$  preoperatively to  $0,9 \pm 0,8$  postoperatively ( $p < 0,001$ ), but did not reach the same level as the controls  $0,4 \pm 0,5$ . Septum surgery leads to a significant symptom improvement for all symptoms investigated ( $p < 0,001$ ) on VAS. The patients reached the same level as the healthy controls in 6 of 11 symptoms (headache, facial pain, sneezing, trouble with rhinosinusitis, cough and snoring), but the patients group had significantly more trouble with nasal blockage (VAS 29 vs 9), change in sense of smell (VAS 12 vs 5), nasal discharge (VAS 22 vs 11), oral breathing (VAS 23 vs 13) and reduced general health (VAS 12 vs 5) also postoperatively ( $p < 0,01$ ).

**Conclusion.** Septoplasty leads to a highly significant improvement in QoL and symptoms of patients with deviated nasal septum. The patients postoperatively do not reach the same level of QoL as healthy controls. All symptoms are reported as mild on VAS postoperatively.

## AUDIOLOGICAL FEATURES OF AUDITORY NEUROPATHY IN CHILDREN

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It is assumed that the sensorineural hearing loss (SHL) and auditory neuropathy (AN) are violations of sound perception and are differed by topic destruction of structures of the inner ear and the auditory nerve. Difficulty identifying AN and a variety of clinical symptoms of the disorder, hinder the development of adequate rehabilitation measures. Do not clear the causes and mechanisms of this disorder. A number of publications has been suggested that the probable causes of AN may be a high level of bilirubin, hypoxia, low birth weight, demyelinating disease. There is information about



the presence of genetic factors associated with the development of AN.

**Objective:** Identify the audiological features of AN.

**Material and Methods:** During the period from 2012 to 2014 were surveyed 180 people with hearing loss. Of these, 36 children were selected AN. This was 5% of all patients. Among the surveyed, 20 were boys (56%) and 16 were girls (44%).

As the objective methods of hearing assessment on patients using registration techniques evoked otoacoustic emission (TEOAE) and brain stem response (ABR).

**Results.** A characteristic feature of patients with AN was the fact that all patients in the initial evaluation TEOAE on the right and left ear was registered. An exception was one patient who was registered TEOAE only one ear. The acoustic reflex is not recorded in the most part (55%) of patients with AN. In 29% of patients with AN acoustic reflex was registered at frequencies of 500-1000 Hz. Threshold reflex registration in these cases was 120 dB. 95% of patients with AN were checked up in the ABP and were not recorded during stimulation, both right and left ear. Only 2 of the 36 patients were recorded in the ABP when sound stimulated at level 95-103 dB.

**Conclusions:** The results showed that in children with AN, on the one hand, there are disturbances in the transmission of acoustic signals central auditory system, on the other - disturbances maturation pathways and auditory centers.

## ANTIBIOITOC SENSITIVITY IN ACUTE TONSILLITIS

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**Background:** Tonsillitis is inflammation of tonsils, a common clinical condition often encountered in E.N.T. practice. The management of this condition is often empirical with the choice of antibiotics not based on any culture reports. The increasing incidence of resistance in many organisms is due to  $\beta$ -lactamase production and resistance transfer factors that leads to unsuccessful medical therapy which results in recurrent or chronic forms of tonsillitis.

**Objective:** The present study was conducted to identify the prevalent bacterial pathogens and their antibiotic sensitivity that would indicate the optimum line of treatment and prevent the complications of acute tonsillitis and avoids unnecessary surgical treatment.

**Materials and Methods:** Hundred cases of acute tonsillitis were selected at random from the patients attending the outpatient Department for a period of two years; each selected case has been studied as per the standard procedures. The chosen patients were not given antibiotics for one week prior to the study. Specimens, one from the tonsillar surface and another from the cryptamagna were collected by using sterile cotton swabs, placed in sterile bottles aseptically, brought to the laboratory and subjected for direct microscopic examination of the pathogens followed by the isolation of the causal agents on different media viz., sheep blood agar, chocolate agar, Mc Conkey agar etc. The antibiotic sensitivity tests were done for all the isolated organisms. Antibiotics discs viz. penicillin, erythromycin, ampicillin, gentamycin, chloramphenicol, ciprofloxacin, cephalixin, cefotaxime, cephotaxime and amikacin were placed individually for all the isolates and the inhibition pattern was noted.

**Results:** The occurrence of acute tonsillitis with respect to population distribution was found to vary differently. Among the reported age groups, maximum tonsil-

litis cases were observed in the preteen age group (6-12 years) with 61% followed by teen age groups (12-18 years) 20%, children (4-5 years) 10% and the least incidence of 9% in youth (19-30 years). The distribution of tonsillitis was more in males patients (55%) compared to female patients (45%). As for as socioeconomic condition concerned, 61% of cases were observed in low income group, 35% in middle income group and a lowest occurrence of 4% in high income group. The incidence of the disease with regard to different occupations, it was noted that 70% of the patients, maximum cases belonged to student group, 15% homemakers, 8% labourers, 4% pre-school children and minimum cases of 3% in businessmen group. The bacteriological studies indicated the occurrence of predominant bacteria  $\beta$ - haemolytic Streptococci (51.4%), followed by coagulase positive Staphylococci (12.5%) and Pnemococci (9.7%) and only one case of presence of Corynebacterium diphtheria was observed.

Conclusion. The occurrence of acute tonsillitis with respect to population distribution was found to vary differently. Among the reported age groups, maximum tonsillitis cases were observed in the preteen age group (6-12 years) with 61% followed by teen age groups (12-18 years) 20%, children (4-5 years) 10% and the least incidence of 9% in youth (19-30 years). The present study conducted to identify the prevalent bacterial pathogens and their antibiotic sensitivity on patients of acute tonsillitis indicated that the bacterial infection is more prevalent in the age group of 6-12 years and it is more so with poor section of the society.

## EXAMINATION OF FUNCTIONAL CHARACTERISTICS OF THE NASAL MUCOSA IN PATIENTS WITH CHRONIC POLYPOID RHINOSINUSITIS

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One of the most difficult forms and key problems in modern clinical otorhinolaryngology is the chronic polypoid rhinosinusitis (CPRS), both in terms of clinical course and in terms of treatment, is a chronic polypoid rhinosinusitis (CPRS).

**The Aim** of this study was to investigate the functional characteristics of the nasal mucosa in patients with CPRS.

**Materials and methods.** We studied 150 patients who were hospitalized in the ENT department of the 3-rd clinic of Tashkent Medical Academy from 2009 to 2013, diagnosed with "CPRS". All patients underwent functional studies of the nasal mucosa.

**Results.** In patient with chronic "eosinophilic" polypoid rhinosinusitis the functional studies of nasal mucosa shown, that rate of the transport function of the mucociliary system of nasal cavity by using saccharine test was 29-54 min. In patient's transport function of mucociliary system was  $36,3 \pm 0,86$ . In the study of the pH value of nasal secretions using a special test paper figures of hydrogen ion concentration were  $7,4 \pm 0,01$ . In determining the absorptive function of the nasal mucosa by introducing turunda gauze moistened with a solution of 1% atropine with the definition of pupil reaction time was  $89,9 \pm 6,6$  min. Cotton ball, weighting 21,7 mlgr to determine the excretory function of the nasal mucosa, after the sample was  $58,4 \pm 0,8$  mlgr. And patients with "neutrophilic" polypoid rhinosinusitis the functional studies of nasal mucosa shown, that transport function of mucociliary system was  $37,5 \pm 0,74$ . pH value of

nasal secretions were  $7,3\pm 0,01$  and the pupil reaction time was  $80,3\pm 4,0$  min. Cotton ball weighting to determine the excretory function of the nasal mucosa, after the sample was  $55,7\pm 0,8$  mlgr. In study of nasal function of control group transport function of mucociliary system was  $11,5\pm 1,4$ , pH value of nasal secretions were  $7,0\pm 0,01$ , the pupil reaction time  $68,2\pm 0,6$  min. Cotton ball weighting was  $41,25\pm 0,085$  mlgr.

Our data reveal a violation of the transport function of the nasal mucosa, changes in hydrogen ion concentration (pH) of the nasal mucosa, reduced absorptive function of the nasal mucosa, and increase in the secretory function of the nasal mucosa.

**Conclusion.** From the above it follows that the conduct functional studies is informative importance in determining the status of the nasal mucosa and contributes to the proper choice of tactics of treatment of patients with CPRS.

## ANALYSIS OF THE MOST COMMON CAUSES OF DIZZINESS

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A large number of patients in ENT clinics complain of dizziness as main symptom.

**Objective:** The objective of this study was to show the relationships which are most commonly diagnosed in adults that is solely or primarily complain of dizziness and to analyze the performance of standart therapeutic modalities.

**Purpose.** A diagnosis of vertigo have set up on the basis of: audioloical-vestibulatory history; otorhynolaryngologycal clinical examination and auidological-vestibulological tests. The statistical analysis of the results obtained were used nonparametric methods for testing the differences.

**Materials and Methods.** A prospective clinical study of 50 patients, which the author examined and monitored in the six month period.

**Results.** The most common cause of vertigo is BPPV (50,8%), neuronitis n. vestibularis (16,9%), Meniere's Disease (15,3%), vertigo of central origin, BPPV is more common in women, in patients with a history of head injury, AUPV, migraine, surgical intervention. In 80% of cases the affected semicircular canal, in 20% of cases affected by horizontal semicircular canal (geotropic variant hBPPV, more frequent), an extremely rare upper semicircular canal. Patients with acute unilateral peripheral vestibular deficit recoverin an average of 3 to 4 weeks depending on the localization of damage, the nature of the pathological process, changes in the CNS, vascular and general diseases.

**Conclusion:** Damage to the peripheral vestibular apparatus are by far the more common and most of them BPPV. The most common form of BPPV is acanalolithiasis of semicircular canals, accounting for about 30% of all dizziness. The success of the CRP without transition to another form of BPPV's 87,5%.

## ANALYSIS OF THE MOST COMMON CAUSES OF DIZZINESS

### POSSIBILITY TREATMENT OF PATIENTS

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**Objective.** BPPV is known as the vertigo disease without hearing dysfunction. However, we see some patients with worse hearing in the affected side of BPPV. BPPV is

also known to occur in the elderly people. The elderly people may have inner ear dysfunction, because they also have high tone loss on both side without laterality.

**Aim.** To investigate the effect of hearing dysfunction in the patients with BPPV.

**Materials and Methods.** We retrospectively analyzed 22 Patients with idiopathic BPPV (i-BPPV) who had not had inner ear dysfunction before the BPPV attack, and 8 Patients with secondary BPPV (s-BPPV) who had the BPPV attack after inner ear dysfunction, between January 2014 and December 2016 At the department of Otolaryngology, Tashkent Medical Academy. The hearing between the affected side of BPPV and other was studied. The i-BPPV patients were divided into 2 groups, one with the hearing with high tone loss (H+) and the other with the hearing without high tone loss (H-). When the sum total of the hearing threshold of high frequency (2, 4 and 8kHz), the patient was classified into group H+.

**Results.** We investigated 1. Age and gender, 2. Averaged hearing level, 3. Laterality of the hearing, 4. Canal type of BPPV, 5. Curing period of BPPV and 6. Recurrence rate of BPPV in i-BPPV and s-BPPV patients

Age and gender. There were 2 male and 5 female, and the averaged ages was 71,9 years old in the group H+. There were 5 male, 10 female, and 53,2 in the group H-. There were 3 male, 5 female, and 62,4 in the group s-BPPV.

Averaged hearing level. Averaged hearing level in the affected side and the other side were 32,5dB and 30,8 dB in the group H+, 15,7 dB and 16,1 dB in the group H- and 42,7 dB and 32,3 dB in the group s-BPPV.

Laterality of the hearing. The hearing was worse by more than 5dB in the affected side of BPPV in the 44,8% of group H+, 33,1% of group H-, and 68,2% of group s-BPPV. Then, the hearing was better by more than 5dB in the affected side of BPPV in the 30,2% of group H+, 33,8 of group H-, and 29,4% of group s-BPPV. These rates were similar in each frequency.

Canal type of BPPV. Posterior semicircular canal type (PSC) was 62,1% in the group H+, 60,9% in the group H-, and 65,7 in the group s-BPPV . Lateral semicircular canal type (LSC) was 29,9%,35,1% and 22,9%.

Curing period of BPPV. The averaged curing period was 15,9 days in the group H+, 12,7 days in the group H-, and 51,6 days in the group s-BPPV.

Recurrence rate of BPPV. The recurrence rate of BPPV was 19,5% in the group H+, 16,4% in the group H-, and 14,3% in the group s-BPPV.

**Conclusion:** The high tone loss in i-BPPV patients is due to the aging and not to BPPV. The laterality of the hearing can be associated with the affected side in i-BPPV patients, but the hearing is not associated with the prognosis of i-BPPV. The hearing dysfunction, including the high tone loss, in BPPV is not associated with the canal type or the curing period of BPPV

## ASSESSMENT OF FACTORS AFFECTING THE OUTCOME OF MYRINGOPLASTY AND TYPE-1 TYMPANOPLASTY

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*Tashkent medical academy*

**Aims:** To predict the prognostic factors for myringoplasty and type-1 tympanoplasty and hence to justify patient selection criteria for these surgeries.

**Material and Methods:** The study was conducted in the Department of ENT dis-



eases and stomatology course of 2-nd clinics of Tashkent Medical Academy. It comprised a retrospective chart review of patients with chronic suppurative otitis media between ages 10 and 58 years, who underwent myringoplasty during 2010-2016. Statistical analysis used: Demographic factors of subjects and different disease parameters were compared with the outcome using descriptive statistical methods.

**Results:** A total of 84 patients were included in the study of which 57 had unilateral disease and 27 had bilateral disease. Out of the 111 ears which underwent myringoplasty, 84(75.6%) had successful graft uptake For 57 cases with unilateral disease and 27 ears with bilateral disease, the success rate were 49(85.9%) and 23(85,1%) respectively.

**Conclusions:** The factors indicating good outcome were inactive stage, unilateral disease, male gender, middle age group, cellular mastoids and no evidence of infection in the paranasal sinuses. Whereas degree of hearing loss or type of surgery did not affect the success rate. Role of Deviated Nasal Septum (DNS) needs further assessment.

## ANALYSIS OF THE REMOTE FUNCTIONAL TYMpanoplasty'S RESULTS

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Chronic purulent average otitis is considered as one of the significant causes of hearing disorders. As a priority of modern othosurgical operations with an obligatory functional and reconstructive stage act, it became possible in connection with the active introduction in the area of othosurgery with original microsurgical equipment, new diagnostic and medical technologies.

**The work purpose** – assessing the results of primary tympanoplasty in a long-term period.

**Materials and methods.** There were 68 patients with chronic tubotimpanal average otitis (mesotimpanites) in the observation.

Tympanoplasty was carried out with temporal muscle fascia or transitional an auricle and a cartilaginous plate 0,2-0,3 mm thick on which longitudinal notches from two parties were carried out in for they did not coincide, but went beyond the middle of a plate. Fragments, which are mobile with each other, were formed from the cartilaginous plate.

The functional result was assessed by the change of aerial-bone interval and the number of patients with the social-adequate level of hearing.

**Results.** The number of patients with the social-adequate level of hearing has risen from 42,6% pre-surgical patients to 86,8% in 12 months and leveled off at 86,5% in 24 months after operation. The increasing amount of the patients with the social-adequate level of hearing in all terms of supervision after operation was statistically significant with  $p < 0,05$ .

According to the voice-frequency threshold audiometer, the aerial-bone interval constituted (Me, 25%-75%) 30,0 dB (30,0; 30,0) in all frequency diapasons till operation, however, it declined to around 10,0 dB (10,0 was reduced; 15,0) after operation. During the observation which was more than 2 years, ABI remained within 10,0 dB (10,0; 10,0),  $p < 0,05$ .

The analysis of audiometric data indicates to the average 20dB reduction of aerial-bone interval in all diapason frequencies. The most noticeable decrease was detect-

ed in the range of 5000-3000 Hz. Changes in bone conductivity did not happen significantly in observation periods.

**Conclusion.** The use of cartilaginous plates with formation of mobile fragments gives an opportunity to achieve the high functional results, to which statistically significant increase is experienced in the number of people with social-adequate hearing in 12 months after operation to 86,8% testifies, after 24 months - to 86,5%, and also the reduction of the aerial-bone interval from 30 dB to 10 dB during the whole observation.

## **LOCAL APPLICATION OF CORTICOSTEROIDS AT SCAR STENOSES OF THE LARYNX AND TRACHEA**

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**Objective:** We aimed to increase the efficiency of treatment of patients with scar stenosis of the larynx and trachea using a steroid hormone from the group of glucocorticoids.

**Material and methods:** In 2015-2016 years on the base of III clinic of Tashkent Medical Academy examined and treated 16 patients with scar stenosis of the larynx and trachea in age from 7 to 46 years, who after performing various reconstructive procedures developed scar repeated restenosis of the lumen of the respiratory tract. Before the next scar excision structures we have introduced into the rumen of a suspension of triamcinolone acetonide,. Injection was made twice with interval from 5-7 days. Single dose for adults was 20 mg, for children 5-7 years old - 5 mg, 7-10 years old - 10 mg, 10-14 years old - 15 mg per injection. The suspension of triamcinolone diluted 5-10 mg of 0.5% solution of novocaine.

**Results:** After 2-3 weeks in all patients, we recorded a reduction and softening scars. Patients with keloids disappeared itching, burning and a feeling of constriction in the area of scarring. Keloids became less prominent, and became from bright red to light pink. To elucidate the mechanisms of high effect of triamcinolone action, we conducted a comparative analysis of the morphological pattern of scars removed prior to hormone therapy and after the administration of triamcinolone in the same patients. In all patients in remote recurrent scars to hormonal therapy, we found a mixed picture of the centers of formation of massive coarse-fibered collagen deposits, among which determines the focus of lymphoid and histiocytic infiltration. Throughout the preparation was determined by lymphoid infiltration of vessel walls with pericellular edema. There was a marked depletion and epithelial dysplasia of the scar. After hormonal therapy scar was presented loose irregular connective tissue. Collagen fibers were significantly more worm-observed defibrelisation of collagen bundles. Lymphoid infiltrates were rare. Cell groups consisted of macrophages, and plasma cells isolated mature fibroblasts. We noted a thickening of the walls of blood vessels and restore the epithelial structure of the scar.

**Conclusions:** Through a comparative clinical and morphological analysis of remote recurrent scarring, we came to the conclusion that the immobilized form of triamcinolone in a microcrystalline suspension is a very powerful tool that when interstitial administration not only leads to inhibition of the growth of scar, but also causes a partial involution already formed collagen structures of scar .

## THE FREQUENCY OF INFLAMMATORY DISEASES OF THE NOSE AND PARANASAL SINUSES IN PATIENTS WITH MYOCARDITIS

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In recent years there has been a high incidence of myocarditis in many countries around the world. Thus, according to some foreign researchers, myocarditis makes up 20-30% of all noncoronary heart disease. In acute myocardial involvement of viral infections in the pathological process takes place in 10% of cases. One of the causes of myocarditis can be considered inflammatory diseases of the nose and paranasal sinuses.

**The purpose** of the study was to investigate the prevalence of inflammatory diseases of the nose and paranasal sinuses in patients with myocarditis.

**Materials** consisted of 40 patients who received hospital treatment in the Republican Specialized Center of Cardiology. All patients were subjected to a comprehensive study, including an ENT examination, rhinoendoscopy, X-rays of the paranasal sinuses.

**Results of the study.** Of the 40 patients with myocarditis 18 patients complained of difficulty in nasal breathing, nasal discharge, headache. Results of rhinoendoscopy showed, that in 7 patients diagnosed acute rhinosinusitis, in 5 - the curvature of the nasal septum, in 3 - chronic rhinosinusitis, in 2 - allergic rhinitis, in 1 - atrophic rhinitis. Also, when X-ray study of the paranasal sinuses of patients with myocarditis revealed that 5 patients found a two-sided dimming of the paranasal sinuses, and in 2 patients - one-sided.

**Conclusions:** Early diagnosis and treatment of inflammatory diseases of the nose and paranasal sinuses can prevent the development of infectious myocarditis.

## LOCAL APPLICATION OF CORTICOSTEROIDS AT SCAR STENOSES OF THE LARYNX AND TRACHEA

Kilichbayev U.Kh.

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**Objective:** We aimed to increase the efficiency of treatment of patients with scar stenosis of the larynx and trachea using a steroid hormone from the group of glucocorticoids.

**Material and methods:** In 2015-2016 years on the base of III clinic of Tashkent Medical Academy examined and treated 16 patients with scar stenosis of the larynx and trachea in age from 7 to 46 years, who after performing various reconstructive procedures developed scar repeated restenosis of the lumen of the respiratory tract. Before the next scar excision structures we have introduced into the lumen of a suspension of triamcinolone acetonide. Injection was made twice with interval from 5-7 days. Single dose for adults was 20 mg, for children 5-7 years old - 5 mg, 7-10 years old - 10 mg, 10-14 years old - 15 mg per injection. The suspension of triamcinolone diluted 5-10 mg of 0.5% solution of novocaine.

**Results:** After 2-3 weeks in all patients, we recorded a reduction and softening scars. Patients with keloids disappeared itching, burning and a feeling of constriction in the area of scarring. Keloids became less prominent, and became from bright

red to light pink. To elucidate the mechanisms of high effect of triamcinolone action, we conducted a comparative analysis of the morphological pattern of scars removed prior to hormone therapy and after the administration of triamcinolone in the same patients. In all patients in remote recurrent scars to hormonal therapy, we found a mixed picture of the centers of formation of massive coarse-fibered collagen deposits, among which determines the focus of lymphoid and histiocytic infiltration. Throughout the preparation was determined by lymphoid infiltration of vessel walls with pericellular edema. There was a marked depletion and epithelial dysplasia of the scar. After hormonal therapy scar was presented loose irregular connective tissue. Collagen fibers were significantly more worm-observed defibrelisation of collagen bundles. Lymphoid infiltrates were rare. Cell groups consisted of macrophages, and plasma cells isolated mature fibroblasts. We noted a thickening of the walls of blood vessels and restore the epithelial structure of the scar.

**Conclusions:** Through a comparative clinical and morphological analysis of remote recurrent scarring, we came to the conclusion that the immobilized form of triamcinolone in a microcrystalline suspension is a very powerful tool that when interstitial administration not only leads to inhibition of the growth of scar, but also causes a partial involution already formed collagen structures of scar .

## USING OF BETAMETHASONE FOR PREVENTION OF SCAR STENOSIS OF LARYNX AND TRACHEA

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**Objective:** We aimed to further reduce the proliferation of connective tissue in the lumen of the larynx. This requires the use of such drugs, which have hampered early inflammatory infiltration, the synthesis of the basic substance of the connective tissue (collagen and reticulin) would reduce the permeability of the vascular wall. All named properties are steroid hormones from the group of glucocorticoids.

**Materials and methods:** We studied the effect of betamethasone in the form of a pharmaceutical form "Diprospan" for the development of abnormal connective tissue of the larynx and trachea. During 2015-2016 years on the base of III clinic of Tashkent Medical Academy examined and treated 18 patients between the ages of 9 to 43 years old with chronic laryngeal stenosis and events hondroperihondritis around the cannula. All of these patients had cannula long time (with a term of 1 month up to six months) with long-term consequences of the transferred orotracheal intubation. To the patients in the combination with traditional anti-inflammatory therapy in purulent inflammation locally productive phase of a suspension of betamethasone was administered. The injections were carried out in the submucous endolaryngeal cricoid cartilage of the larynx under direct micro laryngoscopy at the time of the next diagnostic and therapeutic endoscopy. On the subsequent therapeutic endoscopy in 5-7 days, we found in all cases, a reduction of infiltration infra-glottic larynx walls and a significant increase in its lumen. Due to the fact that all of these patients had granulation "visor" laryngeal lumen at the upper edge of the tracheostomy (krikotracheostomy), the latter is removed endoscopically.

**Results:** For morphological control comparisons were investigated archival pathological granulation tissue preparations larynx and trachea in 14 patients with similar



pathology that were treated without the use of hormones, and were operated in our clinic prior to the start of these studies. These control patients was determined microscopically typical pattern of productive inflammation with active proliferation of young connective tissue (granulation). It noted the wealth of cellular elements in the form of plasma-lymphoid infiltrates, perivascular infiltration of lymphoid places with erythrocyte extravasates, pronounced swelling of the intercellular substance. In patients which treated with hormonal therapy deleted granulation microscopically were presented loose irregular connective tissue depleted lymphoid elements. Identified a small group of lymphocytes and fibroblasts. The walls of the vessels were sealed, with a well defined structure of the endothelium. Intercellular substance consisted of incorrectly oriented thin collagen and reticular fibers.

**Conclusions:** When comparing the morphological pattern of granulation larynx and trachea of patients who did not receive a local corticosteroid therapy and patients who are in the focus of inflammation betamethasone was administered, it is clear that the drug strongly inhibits lymphoid inflammatory response and proliferation of connective tissue.

## MICROLEAKAGE OF TOTAL-ETCH AND SELF-ETCH ADHESIVES

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**Introduction:** Strong adhesion of composite to tooth substrates is of primary importance for the long-term stability of a tooth colored restoration and adhesion performance of total-etch and self-etch bonding agents is disputable. Many studies have indicated that in the total-etch approach the successful hybridization of an etched dentin substrate is not always predictable, whereas in the self-etch technique the strength of composite adhesion to enamel is often questionable.

That is why the **aim** of the present study was in vitro assessment of micro-leakage after application of total-etch and self-etch adhesive systems.

**Material and methods:** Four adhesive systems were chosen for assessment of adhesion performance: Contax (DMG, GmbH, LOT 743584), Bond Force (Tokuyama Dental Corp. Japan Mfr, LOT 313 MM), Te-Econom Bond (Ivoclar Vivadent, Liechtenstein, LOT V11012) and Swisstec SL Bond (Coltene, Switzerland, LOT G43043). Microleakage assessment of self-etch and total-etch adhesive systems was performed on 20 extracted non-cariou upper human premolars with immersion in 1% methylene blue solution after thermocycling. Microleakage values at enamel margin and dentin margin were registered separately. Statistical analysis was performed using StatSoft Statistica v6.0. The mean (M) and standard deviation (SD) were calculated. Multiple comparisons were performed with one-way ANOVA and post-hoc Tukey HSD test. A probability value of  $P < 0.05$  was considered statistically significant.

**Results:** The average microleakage value along the enamel-composite interface for Contax was  $1.1 \pm 1.0$ , for Bond Force -  $2.2 \pm 0.79$ , for Te Econom Bond -  $0.9 \pm 0.99$ , for Swisstec SL Bond -  $0.5 \pm 0.7$ . As to the dentin these values were  $0.3 \pm 0.48$ ;  $0.5 \pm 0.53$ ;  $1.1 \pm 0.99$  and  $1.5 \pm 1.09$  correspondingly.

Therefore, in the present study it was demonstrated that reliable long-term adhesion of composite to dentin structure can be obtained with application of total-etch technique. Self-etch technique was significantly better in quality of adhesion to den-

tin for except of Te Econom Bond which was also good in a performance as Contax and Bond Force also.

## **BONE INTEGRATION WITH CONTAMINATED DENTAL IMPLANT SURFACE: AN EXPERIMENTAL STUDY ON RABBITS**

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**Introduction.** Osseointegrated implants have been demonstrating predictable and reliable results in patients with partial and full edentulism. Despite the long-term success shown by many longitudinal studies the failure in some clinical cases is inevitable. Late dental implant loss may happen when the achieved osseointegration is lost after a period of function.

Bacterial-induced marginal bone loss and excessive occlusal load in conjunction with host characteristics seem to be the major etiologic factors for late losses.

There are many publications which offer “guidelines” on how to manage the peri-implant inflammatory cases and much of them based on the results of in vitro studies.

**The aim** of the present study was to assess the rate of success osseointegration with contaminated titanium implant surface treated with clinically available methods.

### **Material and methods**

There were ten rabbits under the study. To every rabbit under general anesthesia were implanted two Megagen implants (AnyOne). All implants were of equal size (4.5/7.0). The site of implantation in every case was rabbit tibia. All implants (n=20) in the study before the surgery were intentionally contaminated with periodontopathogenic microflora and kept for 48 hours in Kitt Tarotstsi media. In respect to surface treatment modality implants were divided into two groups: the 1<sup>st</sup> group – rinsing with chlorhexidine (0.05%) and debridement with a gauze saturated in the same solution; the 2<sup>nd</sup> group - rinsing, debridement and sandblasting with aluminum oxide (particle size =125 µm; 3.0 bar).

The quality of implant osseointegration was being assessed with the help of ISQ test (Megagen, OSSTELL technology) and TORQUE GAUGE (Tohnichi, Japan) for the assessment of removal torque (RT) in 30 days after implantation.

Results were statistically processed using the software package Statistica 6.1. A probability value of  $P<0.05$  was considered statistically significant.

**Results.** Results of the study have demonstrated, that in both groups of implants the level of osseointegration was high enough to withstand loading. ISQ in the 1<sup>st</sup> group was  $-77.2\pm 2.58$  in the 2<sup>nd</sup> –  $-78.7\pm 3.16$ ; RT in the 1<sup>st</sup> group –  $86.5\pm 24.5$  in the 2<sup>nd</sup> group –  $85.0\pm 32.83$ . Statistical analysis demonstrated no any significant difference between two study groups.

**Conclusion.** The successful integration of infected implant is not only dependent on treatment modality which is used. Host individual response plays inevitable role on the outcome of experiment. That is why further studies should be made to discover the mechanism of bone healing around contaminated dental implants.

# EFFECT OF SURGICAL SEPTAL CORRECTION FOR NASAL SEPTUM DEVIATION ON THE SENSE OF SMELL

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**Background.** The nasal septum is an essential functional and esthetic structure of the nose. Nasal obstruction due to deviated nasal septum is a common problem bringing a patient to an otorhinolaryngologist. Occasionally, these patients may also complain of olfactory impairment.

**Purpose.** To study the effect of septal deviation on the lateralised olfactory function and the change in olfaction after surgery of the septum (septoplasty).

**Material and Methods.** Forty-one patients with deviated nasal septum were evaluated for nasal airflow, olfactory score, and nasal symptomatology in the ENT Diseases Department of the Tashkent Medical Academy during four months (from 17<sup>th</sup> August to 16<sup>th</sup> December). Septoplasty was done under local anesthesia. Pre- and postoperative olfactory scores, airflow and olfactory scores, and nasal symptomatology and olfactory scores were compared and correlated.

**Results.** The range of preoperative composite olfactory score (COS) on the side of septal deviation was 4–14 (mean  $7.90 \pm 2.234$ ) and on the nonobstructed side was 9–18 (mean  $14.49 \pm 2.378$ ). Severity of deviated nasal septum and preoperative COS of diseased side were correlated and the correlation was found to be significant ( $\rho = -0.690$ ,  $p = 0.000$  ( $<0.001$ )). The preoperative mean COS ( $7.90 \pm 2.234$ ) was compared with the postoperative mean COS ( $12.39 \pm 3.687$ ) and the improvement was found to be statistically significant ( $p = 0.000$  ( $<0.001$ )).

**Conclusion.** We found improvement in olfactory function in just above 71% patients after surgery, no change in about 21%, and reduced function in almost 8%. With the limitation of a small sample size and a potential repeat testing bias, we would conclude that correction of nasal septal deviation may lead to improvement in sense of smell.

## TITANIUM MINIPLATE OSTEOSYNTHESIS OF MANDIBULAR FRACTURES

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**Introduction:** Incidence of maxillofacial trauma has increased manifold with an increase in automobile accidents. Mandible being the mobile and exposed component of facial skeleton is highly susceptible to injury. The study of the management of fractured mandible is a step by step progress made over the centuries to reach today's standards of implantation of alloplastic materials in this direction. The present study has been undertaken for clinical evaluation of management of fractured mandible by using titanium miniplates and screws in the patients.

**The Aim:** The purpose of the study is to see the efficacy of Titanium bone plates in the treatment of mandibular fractures.

**Material & Methods:** Ten patients were selected randomly who reported to the Department of Oral and Maxillofacial Surgery, II clinic of Tashkent Medical Academy. Operation was carried out under local anaesthesia after proper premedica-

tion. All the patients were males in the age group between 23 – 60 years (mean age 41.5 years). Road traffic accidents were responsible for majority of the fractures i.e. seven out of ten subjects (70%). In two patients fractures occurred due to fall on the ground (20%). One subject encountered fracture when he was playing football (10%). Out of eleven fractures, the angle was the most common site (45.4%), followed by parasymphysis (27.3%), body of the mandible (18.2%) and ramus (9,1%). Majority of the fractures occurred on the right side of the mandible (7:4). Ten patients had eleven mandibular fractures which were treated with fourteen titanium mini plates. Six patients were treated by intraoral approach. In four patients extraoral approach was used for obtaining access to the fracture site. Major advantages of intraoral technique are the absence of skin scar, possibility of watching simultaneously the reduction of fragments and restoration of occlusion. Extraoral access was used in cases where there was either massive displacement of fragments or intraoral plating was not feasible. Advantages of extraoral approach were better accessibility to fracture site and easy manipulation of fractured fragments. Post-operative complications were encountered in two cases. In the rest of the cases, the healing was uneventful. Trismus was not observed in any of the operated cases. In four extraoral reductions none of the cases showed hypertrophied scar after the surgery. Paraesthesia of the lower lip was noticed in one of the patients. It resolved in four weeks time post – operatively. Not a single plate was needed to be removed. There was no clinically visible pigmentation in the tissues. All the patients showed that following titanium miniplate osteosynthesis of mandibular fractures, restoration of form, function and aesthetics was achieved in satisfactory conditions. Titanium bone plates used were found to be bio - compatible, corrosive resistant, easily adaptable and versatile enough to be applied to any fracture site, giving excellent post-operative results. Different modes of treatment are used for the management of mandibular fractures. These are Maxillomandibular fixation, external pin fixation, lag screw fixation, intraosseous wiring, dynamic and excentric dynamic compression bone plates and screw systems, non- compression/ bicortical and more recently monocortical minibone plates and screw system. Monocortical plates and screws are much simpler and highly functional in their use.

**Summary & Conclusions:** All the patients were males in the age group between 23 – 60 years. Road traffic accidents accounted for majority of the fractures (70%) followed by fall (20%) and sports (10%). The angle was the most commonly involved site (45.4%) followed by parasymphysis (27.3%), body of the mandible (18.2%) and Ramus (9.1%). All cases were operated under local anaesthesia through intraoral or extraoral approach using 2.0mm monocortical titanium miniplates and 6mm or 8mm long self- threading titanium screws of 2 mm diameter. Titanium miniplates are malleable, small and easily adaptable to the bone. There was no problem encountered during adaptation of the bone plates. The plates have shown excellent biocompatibility and there was no clinically visible pigmentation. The stability of bone fragments was excellent. Maxillomandibular fixation was not used postoperatively, but in one patient intermaxillary elastics were kept for one week as slight disturbance in occlusion was noticed. One patient developed infection which resolved with antibiotics and local irrigation with 5% Betadine solution. It has been observed during the course of this study that titanium miniplates osteosynthesis reduces the period of hospitalisation, patient can early return to work and regular diet. Further



there is practically no need for removal of plates and hence second operation thereby bringing down the recurrent expenditure. Thus it can be concluded that titanium miniplate and screw system exhibits good strength, negligible complications, excellent biocompatibility and good results in the management of mandibular fractures.

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## **GENERAL SIDES OF NEONATAL DACRYOCYSTOCELE AND CHILD DAKRIOTSYSTITIS WITH NASOLACRIMAL DUCT CYST**

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**Subject:** To identify association of neonatal dacryocystoceles and dacryocystitis with nasolacrimal duct cyst and compare the results of treatment of these pathologies.

**Method:** A retrospective analysis comparing the two groups of children with nasolacrimal duct obstruction. The first group of children had dacryocystoceles with or without dacryocystitis. The second group of children had obstruction nasolacrimal duct and probing of duct was difficult. All patients underwent probing and nasal endoscopy of nasolacrimal duct (NLD). If cysts were found, they were removed.

**Results:** In the first group 22 children had dacryocystoceles. Acute dacryocystitis was diagnosed in 11 patients, 7 had not non-infected dacryocystoceles that was not treated, and 3 patients had dacryocystocele who were treated, but had some of the symptoms. All patients had cysts nasolacrimal duct (NLD) had conducted the surgical removal of the cyst. After surgery in 19 patients (94%) symptoms were observed. The second group consists of 18 child, less than 6 month old without dacryocystocele underwent early probing nasolacrimal duct (NLD) and endoscopy because of the presence of severe symptoms. Eight (44%) of these patients had cysts in the nasolacrimal duct (NLD). Symptoms were held in 8 (92%) of 10 patients because of probing nasolacrimal duct (NLD) and removal of cysts.

**Conclusion:** Dacryocystoceles in the neonatal period is usually associated with a cyst nasolacrimal duct (NLD). The success rate probing nasolacrimal duct (NLD) and endoscopic removal of cysts is high in these patients. Cysts nasolacrimal duct (NLD) is also present in many children with certain symptoms of obstruction nasolacrimal duct (NLD). Nasal endoscopy is an important method of diagnosis in these patients.

## **IMMUNOHISTOCHEMICAL FEATURES OF EOSINOPHILIC AND NEUTROPHILIC POLYPOID RHINOSINUSITIS**

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Chronic polypoid rhinosinusitis (CPRS) is one of the crucial problems of the mod-

ern otorhinolaryngology, not only because of its prevalence or frequent relapses, but also effects the quality of patient's life who are suffering from this disease.

**The purpose** of the research was to investigate the immunohistochemical features of eosinophilic and neutrophilic nasal polyps in chronic polypoid rhinosinusitis.

**Materials and methods** of the study were 65 patients with CPRS who were treated at the ENT department of 3-rd clinic of Tashkent Medical Academy. All patients underwent surgical operation corresponding to prevalence of the polypoid process. Materials sent to the Russian Scientific Center of Surgical Technology to investigate postoperative histopathological and immunohistochemical features of polyps. Based on the morphological study polyps divided into 2 groups: "eosinophilic" polyps – 39 patients and "neutrophilic" polyps – 26 patients.

**Results.** In the stroma of "eosinophilic" polyps on painting by silver marked edema, common in several vacuoles. Reticular fibers are destroyed and degraded, the vascular endothelium was swelled. Conversely, in "neutrophilic" polyps reticular fibers are tightly interconnected. The stroma of the "neutrophilic" polyps have a high expression of VEGF which caused by lack of oxygen and blood vessels in comparison with marker of the "eosinophilic" polyps. The epithelium of the "neutrophilic" polyps have a high expression of Ki-67 antigen, a marker of cell proliferation, indicating that the active division. Expression of Vimentin notes in both forms of nasal polyps, but high expression characteristic of "eosinophilic" polyps. Also, in the stroma of the polyps were observed accumulation of plasma cells which creating a ring of "growth zone", a large number of cells indicate poor prognosis of the disease. In both forms of polyps observed low expression of CD68, which could mean lower macrophages part in the formation of nasal polyps. In "eosinophilic" polyps have a high expression of CD45, which promotes stimulation of T and B lymphocytes, acting on stromal cells as a necrotizing factor. In "neutrophilic" polyps is less pronounced. The expression of CD34 was more pronounced in "eosinophilic" polyps, which means a well-developed vascular system.

**Conclusion.** The study shows that in a various forms of polyps observed the peculiar features of the structure and immunohistochemical aspects. The stroma of polyps is different in a various forms of CPRS that involves different tactics of management of patients with this pathology, which has a scientific and practical value.

## EFFECTIVENESS OF TREATMENT OF THE CHRONIC TONSILLITIS BY METHOD OF PHOTODYNAMIC THERAPY

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The chronic tonsillitis is a widespread disease among all groups of the population. According to data of WHO, from 9 to 16% of adults and 30% of children are ill chronic tonsillitis. Progress in treatment of patients with an chronic tonsillitis considerably bound to a combination of various methods of impact on palatine tonsils. Modern achievements in the field of laser medicine to emergence of in essence new way of impact on biological objects – photodynamic therapy (PhDT). This method is characterized by a small invasiveness, sharp selectivity of defeat, a hypotoxicity of the injected drugs and lack of risk of heavy local and systemic complications of treatment.

**Purpose of the study.** Studying of effectiveness of photodynamic therapy at treatment of various forms of an chronic tonsillitis.

**Research objective:** assessment of effectiveness of treatment of an chronic tonsillitis by means of a cytologic research technique.

**Materials and research techniques.** Researches are conducted on 30 patients aged from 17 up to 39 years suffering from various forms of the chronic tonsillitis (CT). The research was conducted on the basis of ENT department of 2 nd clinics of TMA. Patients are divided into two groups: main (n=12), received treatment by FDT method and control (n=18), received a traditional course of treatment. At a cytologic research of contents of lacunas of palatine tonsils estimated quantity of cages with a dominance of a flat epithelium of various degree of a maturity, existence in medicines of young lymphoid forms, estimated quantity and stages of a degeneration the neytrofilnykh of leukocytes, and also change of character of cell-like structure of indexes of the cytogram in dynamics.

**Results of a research.** All researched patient with CT carried out conservative therapy. At treatment by the method PhDT the photopolymerizing sensitizer was used in the form of solution. Results of a cytologic research of contents of lacunas of palatine tonsils at patients of I and II groups at dynamic inspection revealed equivalent input datas at a research of dabs in both groups. A month later distinction in cytograms is revealed: at patients after carrying out PhDT it was practically not noted the neutrophil of leukocytes, unlike patients of control group that demonstrates more expressed effect of PhDT. The greatest effectiveness of treatment by the method of PhDT is noted at patients from I and II groups, with the CT simple form and the toxico-allergic form (TAF) I of degree that correlates with data of literature. The positive effect gained by the method PhDT almost completely remains also in the remote period of observation. The minimum difference of results of treatment in 1 month authentically increases in 1 year. At patients with chronic tonsillitis TAF II the effect of treatment was much lower.

**Conclusions.** Positive takes of treatment of pyo-inflammatory diseases of method of photodynamic therapy show high performance of this method. At the same time lack of complications and resistance to the antimicrobial photodynamic therapy, and also a possibility of carrying out repeated courses of treatment is noted.

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