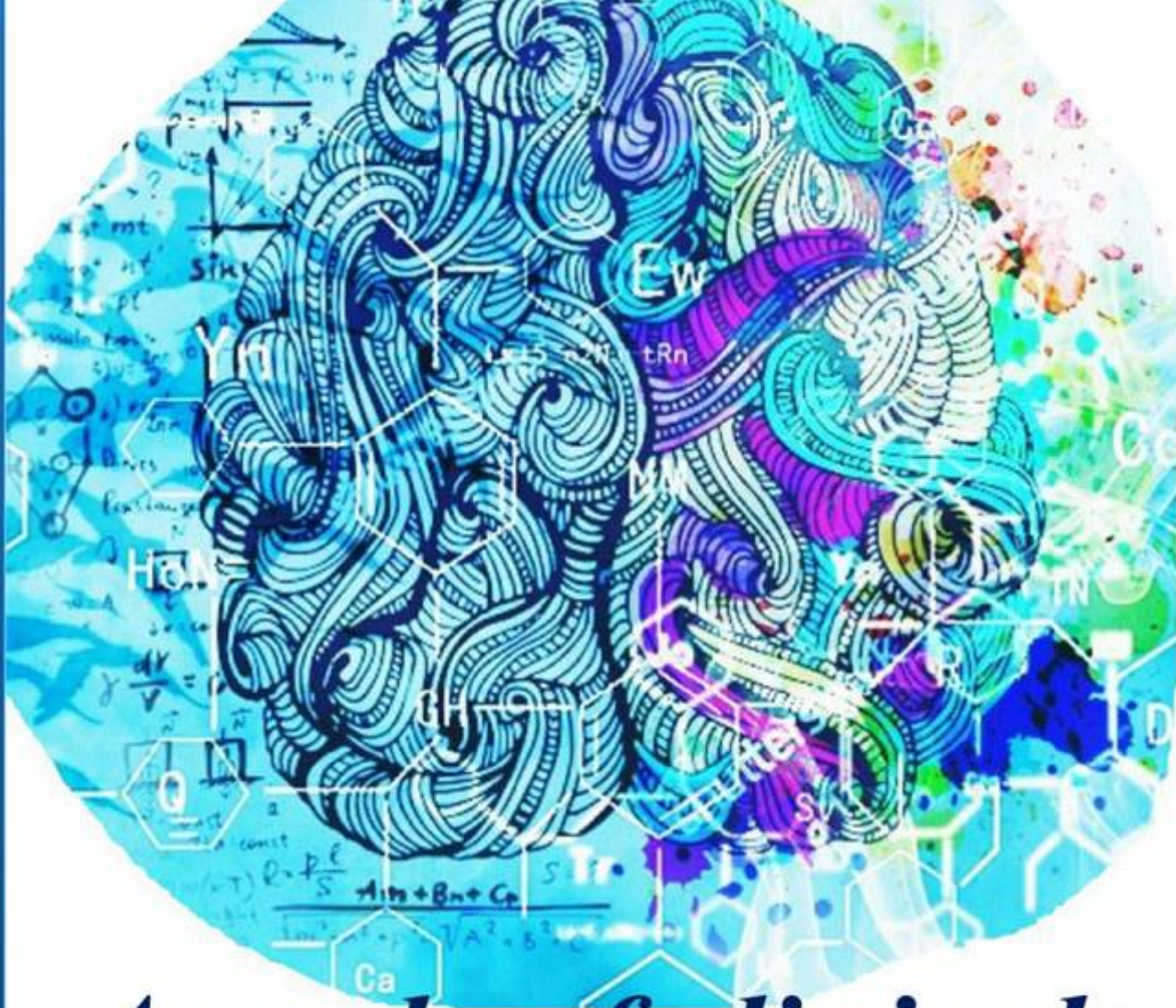


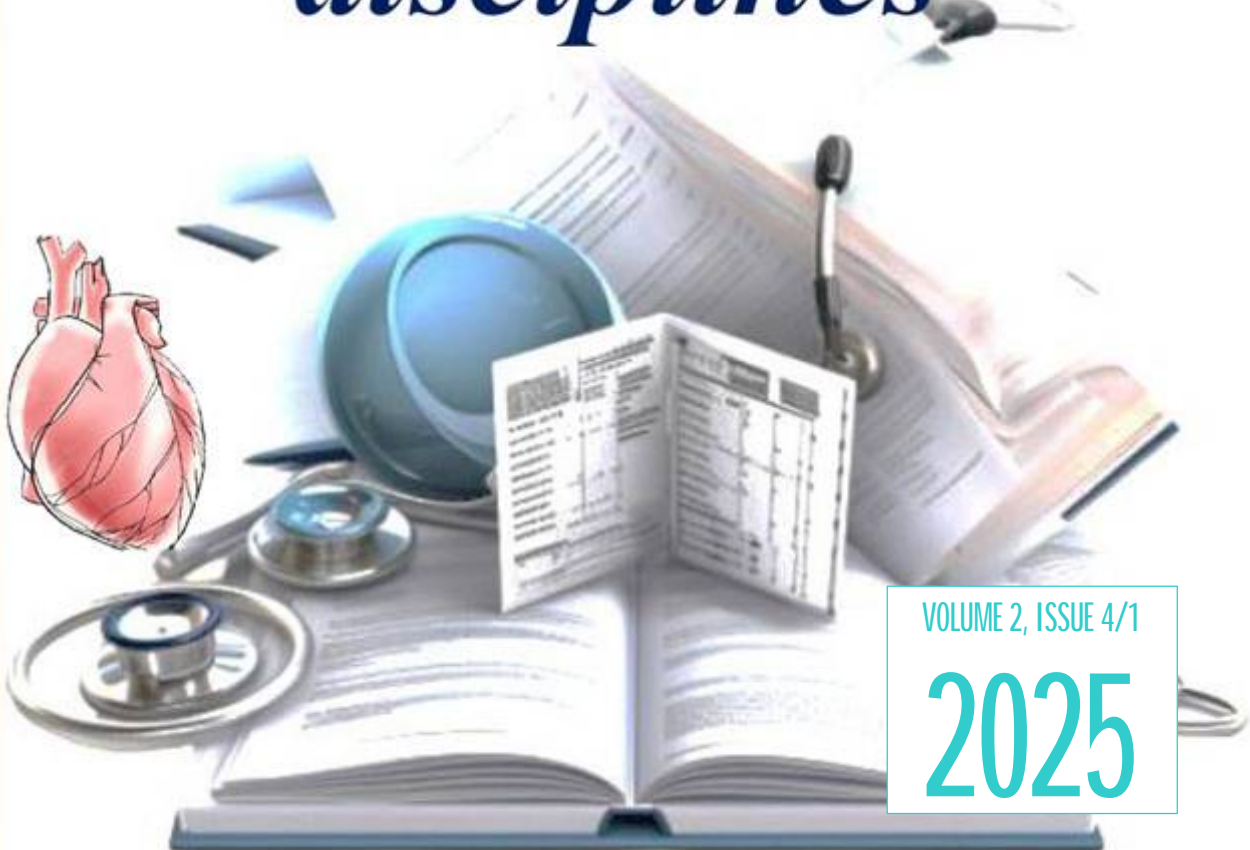
ISSN: 3030-3877

AJCD
2024

<https://tadqiqot.uz/index.php/spjacd>



Annals of clinical disciplines



VOLUME 2, ISSUE 4/1

2025



БУХОРО ДАВЛАТ ТИББИЁТ
ИНСТИТУТИ



ISSN 3030-3877

DOI Journal 10.26739/3030-3877

ANNALS OF CLINICAL DISCIPLINE

2 ЖИЛД, 4/1 СОН

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН

ТОМ 2, НОМЕР 4/1

КЛИНИК ФАНЛАР ЙИЛНОМАСИ

VOLUME 2, ISSUE 4/1



ТОШКЕНТ-2025

BOSH MUHARRIR: | ГЛАВНЫЙ РЕДАКТОР: | CHIEF EDITOR:

Sh. J. Teshayev

“Klinik fanlar yilnomasi” jurnali bosh muharriri, Buxoro davlat tibbiyot instituti rektori, t.f.d., professor

BOSH MUHARRIR O'RINBOSARI: | ЗАМЕСТИТЕЛЬ ГЛАВНОГО РЕДАКТОРА: | DEPUTY CHIEF EDITOR:

D. A. Xasanova

“Klinik fanlar yilnomasi” jurnali bosh muharrir o'rinbosari, Buxoro davlat tibbiyot instituti anatomiya va klinik anatomiya kafedrasida professori, DSc

РЕДАКЦИОННАЯ КОЛЛЕГИЯ:

- **U.K. Abdullayeva** - “Klinik fanlar yilnomasi” jurnali mas'ul kotibi, Buxoro davlat tibbiyot instituti fakultet va gospital terapiya, nefrologiya va gemodializ kafedrasida dotsenti, DSc
- **M.J. Sanoyeva** - Buxoro davlat tibbiyot instituti nevrologiya kafedrasida dotsenti, DSc
- **A.G. Gadayev** - Toshkent tibbiyot akademiyasi 3-son ichki kasalliklar kafedrasida professori, t.f.d.
- **A.R. Obloqulov** - Buxoro davlat tibbiyot instituti, yuqumli kasalliklar va bolalar yuqumli kasalliklari kafedrasida mudiri, t.f.d., professor
- **D.A. Nabiyeva** - Toshkent tibbiyot akademiyasi, 1-son fakultet va gospital terapiya, kasb kasalliklari kafedrasida mudiri, t.f.d., professor
- **Sh.T. O'roqov** - Buxoro davlat tibbiyot instituti xirurgik kasalliklar kafedrasida mudiri, DSc, dotsent
- **M.M. Karimov** - Respublika ixtisoslashtirilgan terapiya va reabilitatsiya ilmiy-amaliy tibbiyot markazi “Gastroenterologiya” ilmiy laboratoriyasi boshlig'i, t.f.d., professor
- **N.U. Narzullayev** - Buxoro davlat tibbiyot instituti otorinolaringologiya kafedrasida professori, DSc
- **G.N. Sobirova** - Toshkent tibbiyot akademiyasi reabilitatsiya va jismoniy tarbiya kafedrasida professori, t.f.d.
- **F.S. Raupov** - Buxoro davlat tibbiyot instituti bolalar xirurgik kasalliklari kafedrasida mudiri, DSc, dotsent
- **Sh.B. Axrorova** - Buxoro davlat tibbiyot instituti, nevrologiya kafedrasida dotsenti, DSc
- **V.R. Akramov** - Buxoro davlat tibbiyot instituti travmatologiya va neyroxirurgiya kafedrasida mudiri, DSc, dotsent
- **I.K. Sadulloeva** - Buxoro davlat tibbiyot instituti bolalar kasalliklari propedevtikasi va bolalar nevrologiyasi kafedrasida mudiri, DSc, dotsent
- **M.K. Temirova** - Toshkent davlat tibbiyot universiteti, Nevrologiya va bolalar nevrologiyasi, tibbiy genetika kafedrasida assistenti PhD

РЕДАКЦИОННЫЙ СОВЕТ:

- **G.J. Jarilkasinova** - Buxoro davlat tibbiyot instituti oilaviy shifokorlarni qayta tayyorlash kafedrasida professori, DSc
- **U.S. Mamedov** - Buxoro davlat tibbiyot instituti onkologiya kafedrasida mudiri, DSc, dotsent
- **A.A. Saidov** - Buxoro davlat tibbiyot instituti ortopedik stomatologiya va ortodontiya kafedrasida professori DSc
- **N.N. Karimova** - Buxoro davlat tibbiyot instituti 3-son akusherlik va ginekologiya kafedrasida mudiri, DSc, dotsent
- **U.K. Qayumov** - tibbiyot xodimlarini kasbiy malakasini oshirish markazi ichki kasalliklar kafedrasida mudiri, t.f.d., professor
- **M.E. Raximova** - Toshkent tibbiyot akademiyasi, 3-son ichki kasalliklar kafedrasida dotsenti, t.f.d.
- **R.I. To'raqulov** - Toshkent tibbiyot akademiyasi, 3-son ichki kasalliklar kafedrasida professori, t.f.d.
- **Ch.S. Pavlov** - I.M. Sechenov nomidagi birinchi Moskva davlat tibbiyot universiteti terapiya kafedrasida mudiri, t.f.d., professor
- **L.B. Novikova** - Rossiya Federatsiyasi Sog'liqni saqlash vazirligining “Janubiy Ural davlat tibbiyot universiteti” federal davlat byudjet oliy ta'lim muassasasi dermatovenerologiya kafedrasida professori, t.f.d.
- **O.I. Letyayeva** - Rossiya Federatsiyasi Sog'liqni saqlash vazirligining “Janubiy Ural davlat tibbiyot universiteti” federal davlat byudjet oliy ta'lim muassasasi dermatovenerologiya kafedrasida professori, t.f.d.
- **I.V. Reverchuk** - I.Kant nomidagi Boltiq federal universiteti psixonevrologiya va psixosomatika kafedrasida mudiri, t.f.d., professor
- **Edip Gonullu** - Izmir Bakirchay universiteti anesteziya va reanimatsiya kafedrasida dotsenti, t.f.d.
- **Eva Lietto** - Italiya Campania universiteti “Luigi Vanvitelli”ning tarjima tibbiyot fanlari kafedrasida mudiri, t.f.d., professor
- **G.S. Xodjiyeva** - Abu Ali ibn Sino nomidagi Buxoro davlat tibbiyot universitetining Ichki kasalliklar propedevtikasi kafedrasida dotsenti

Журнал включен в перечень ВАК национальных научных изданий, рекомендуемых для публикации основных научных результатов диссертаций по медицинским наукам постановлением № 369/6 от 5 апреля 2025 г.

© Page Maker | Верстка | Саҳифаловчи: Хуршид Мирзахмедов

О журнале

Журнал зарегистрирован в Агентство информации и массовых коммуникаций при Администрации Президента Республики Узбекистан № С-239963 от 14 марта 2024 года

Адрес редакции: Республика Узбекистан, 200114, г. Бухара, ул. Гиждуван, 23
Телефон: +998(65)2230050
Сайт: <https://tadqiqot.uz/index.php/spjacad>
e-mail: abumkur14@gmail.com


1. Abdullayeva U.K., Rakhimova M.B. Ulcerative colitis: risk factors.....	6
2. Ibrohimov S.I. Bolalik yoshida kuzatiladigan ekssudativ o‘rta otit rivojlanishining asosiy sabablari.....	10
3. Jahonqulova S.O., Po‘latova Sh.H. Eksperimental bosh miya travmasida morfologik o‘zgarishlar va ularning intensiv terapiya samaradorligiga ta’siri.....	20
4. Kayumova G.M. Clinical and morphological features of tubal pregnancy.....	30
5. Madjidova Y.N., Isakova G.S., Sharipov F.R. Evaluation of the effectiveness of a mechanical rehabilitation glove in school-aged patients with cerebral palsy in the Andijan region.....	36
6. Maxamatov U.Sh. Maktab muassasalarining ta’lim va tarbiya sharoitlarini gigiyenik jihatdan asoslash va takomillashtirish (Farg‘ona viloyati misolida).....	43
7. Nabiraeva B.A. Temporomadibular bo‘g‘im disfunktsiyasida qisman adentiali bemorlarda teri orqali neyrostimulyatsiyani qo‘llash.....	49
8. Nazarov B.B., Karimova N.N. Description of the results of a comparative study of immunoglobulin content in the serum of women with pre-cervical tumor.....	54
9. Rasulov A.S., Rasulova N.A. The use of an immunostimulator to assess the quality of immunological status in children.....	60
10. Rasulova N.A., Rasulov A.S. Strategies for providing vitamin D based on blood biochemical indicators in rachitis.....	65
11. Абдуллаева Ф.О. Туберкулёз лёгких и сопутствующие патологии – проблемы коморбидности, патогенеза и ведения пациентов.....	69
12. Абдулхакимов Ш.А. Технические принципы и особенности выполнения КТ-исследований у больных с врождёнными аномалиями сердца	73
13. Абдулхаков И.У., Абдулхаков М.И. Современные представления о нейрогенезе у человека.....	85
14. Абдурахмонов И.И., Умаров Б.Я. Иммунологические детерминанты риска развития послеоперационного энтероколита при болезни Гиршпрунга у детей.....	90
15. Абрайкулов И.Р., Муротов Н.Ф. Бачадон бўйни саратони ташхисланган аёллар қон зардобида интерферон гамманинг микдорий параметрлари қиёсий тавсифи.....	96
16. Акилов Х.А., Примов Ф.Ш., Напасов С.С., Сапаев Д.Ш. Клинико-эпидемиологические особенности посттравматического панкреатита у детей.....	104

17. Акрамов О.З., Аблязов О.В, Кадыров Ш.У.	
Оптимизация нейровизуализации и хирургических доступов при опухолях функционально значимых зон головного мозга у детей.....	113
18. Алиджанова Д.А.	
Нейроспецифические белки как маркеры когнитивного дефицита у детей и подростков, страдающих СД 1-типа.....	119
19. Алиханова Н.М., Исамухамедова И.С., Аббосхужаева Л.С.	
Вариабельность глюкозы у больных сахарным диабетом 2 типа в зависимости от гликемической нагрузки и гликемического индекса ингредиентов продуктов питания.....	128
20. Аскарлов Ш.Ш., Салахитдинов Ш.Н.	
Интервенционные стратегии реперфузии при массивном тромбозе коронарных артерий: клиничко-ангиографическое сравнение трёх методов.....	135
21. Ахмеджанова С.Ф.	
Функциональная гипоталамическая аменорея: современные представления о патогенезе, диагностике и терапии.....	142
22. Байрамов С.Д., Султанов С.Н.	
Роль недифференцированной дисплазии соединительной ткани в развитии истмико-цервикальной недостаточности и преждевременных родов.....	146
23. Бахронов Б.Б.	
Морфологические и морфометрические критерии синергетического действия <i>Silybum marianum</i> и <i>Carthamus tinctorius</i> при хроническом поражении пищевода угарным газом.....	151
24. Бердиева Х.У.	
Особенности интерпритации показателей интерлейкинов при когнитивных расстройствах у детей с задержкой речевого развития.....	159
25. Ганжиев Ф.Х., Хамдамов Б.З.	
Травматические повреждения печени: эпидемиология, клиничко-патологические последствия (обзорный взгляд).....	165
26. Джурабекова С.Т., Бойбекова А.Ф.	
Оптимизация послеабортной реабилитации после прерывания беременности в ранних сроках с применением кок с фолатами по схеме "Quick start": гормональный и репродуктивный эффект.....	171
27. Досмухамедова Л.В., Эргашев Б.Б.	
Лечение детей с венозными мальформациями нижних конечностей.....	184
28. Ибрагимов А.У., Хомидов Ф.К.	
Повышение эффективности профилактики хронических респираторных заболеваний среди взрослого населения на основе комплексных и персонализированных мероприятий.....	190
29. Ахмедова Дилдорахон Садиллахужаевна	
Клиничко-неврологические признаки вторичных энцефалитов у детей.....	197
30. Khushvakova Nilufar Zhurakulovna, Xamidova Farida Mo'minovna, Bo'riyeva Dilnoz Vaxriddinovna	
Chronic hypertrophic laryngitis leukokeratosis and leukoplakia.....	201

UDC: 616.344-002-031.84:613.2

Abdullaeva Umida Kurbanovna¹, Rakhimova Malika Botir kizi²

Bukhara State Medical Institute, Bukhara, Uzbekistan

¹<https://orcid.org/0000-0002-1495-3668>²<https://orcid.org/0009-0009-7697-5369>**ULCERATIVE COLITIS: RISK FACTORS** <http://dx.doi.org/10.5281/zenodo.18207878>**ABSTRACT**

Ulcerative colitis (UL) is a chronic inflammation of the large intestine, which occurs mainly among working-age youth and has social significance. The incidence and prevalence of ulcerative colitis worldwide is 1.2-20.3% and 7.6-245 cases per 100,000 population per year, respectively. European studies have described the impact of ulcerative colitis on the quality and standard of life of patients, their employment, and their relationships with others. Late diagnosis of the disease, severe and complicated forms indicate its latent course.

Keywords: ulcerative colitis, risk factors, epidemiology, modern views.**Абдуллаева Умида Курбановна, Рахимова Малика Ботир кизи**

Бухоро Давлат тиббиёт институти, Бухоро, Ўзбекистон

ЯРАЛИ КОЛИТ: ХАВФ ОМИЛЛАРИ**АННОТАЦИЯ**

Ярали колит (ЯК) йўғон ичакнинг сурункали яллиғланиши бўлиб, асосан меҳнатга лаёқатли ёшлар орасида кўп учрайди ва ижтимоий аҳмиятга молик. Бутун дунё бўйича ярали колит билан касалланиш ҳамда унинг тарқалиши йилига 100.000 аҳолига мос равишда 1,2-20,3% ва 7,6-245 ҳолатни ташкил қилади. Европа тадқиқотлари ярали колитнинг беморлар ҳаёт сифати ва даражаси, уларнинг иш билан машғуллиги, атрофдагилар билан муносабатига таъсирини тасвирлаб берган. Касалликка кеч ташхис қўйиш, оғир ва асоратли шакллари унинг яширин кечишидан далолат беради.

Калит сўзлар: ярали колит, хавф омиллари, эпидемиология, замонавий қарашлар.**Абдуллаева Умида Курбановна, Рахимова Малика Ботир кизи**

Бухарский государственный медицинский институт, Бухара, Узбекистан

ЯЗВЕННЫЙ КОЛИТ: ФАКТОРЫ РИСКА**АННОТАЦИЯ**

Язвенный колит (ЯК) - это хроническое воспаление толстой кишки, преимущественно встречающееся среди трудоспособной молодежи и имеющее социальное значение.

Заблеваемость и распространенность язвенного колита во всем мире составляет 1,2-20,3% и 7,6-245 случаев на 100 000 населения в год соответственно. Европейские исследования описывают влияние язвенного колита на качество и уровень жизни пациентов, их занятость, отношения с окружающими. Поздняя диагностика заболевания, тяжелые и осложненные формы указывают на его скрытое течение.

Ключевые слова: язвенный колит, факторы риска, эпидемиология, современные взгляды.

Ulcerative colitis (UC) is a chronic inflammation of the large intestine with an unclear cause, characterized by continuous superficial inflammation of the mucous membrane and spreading to varying degrees from the rectum to the upper parts of the colon. UC has a recurrent and remitting course. The distinguishing features of UC include bloody diarrhea accompanied by urgency to urinate and defecate. Despite the etiology of UC remaining controversial, a large amount of data proves that an autoimmune process underlies it. In many patients, extraintestinal manifestations (EIM) of UC are observed, such as involvement of organs that share common similarities with several autoimmune disorders. In the USA, the annual costs associated with UC are estimated at \$8.1-14.9 billion [1].

Ulcerative colitis (UC) was first described by Samuel Wilks in 1859. Worldwide, UC is more common than Crohn's disease (CD). UC is widespread in industrialized countries, and its incidence is increasing in Asia [2, 3]. Prospective studies conducted in Great Britain showed that the second generation of immigrants from South Asia to Great Britain has a higher incidence of UC compared to the European population (17.2 and 7 cases per 100,000 population per year, respectively) [4, 5]. The incidence and prevalence of UC worldwide range from 1.2-20.3 and 7.6-245 cases per 100,000 population per year, respectively [6, 7, 8]. Various studies have shown that ethnic and racial differences are more often associated with environmental influences, dietary habits, and lifestyle factors rather than genetic differences. Population studies have revealed no gender differences in UC [9]. The incidence of UC is characterized by a bimodal age distribution, with the first peak occurring in the second or third decade of life, and the second peak between the ages of 50 and 80 [10].

A characteristic feature of the epidemiology of ulcerative colitis (UC) in recent years is the prevalence of this disease among working-age youth [1, 2]. European studies have described the impact of ulcerative colitis on patients' quality of life and living standards, their employment, and their relationships with others. Worldwide, more than 20% of patients face problems related to frequent bowel movements or the need for stool collection devices at their workplace [3]. Late diagnosis and severe or complicated forms of the disease indicate its high mortality rate.

Risk factors of ulcerative colitis

1. Age and sex: The incidence of UC is characterized by two age-related peaks, with the first peak occurring in the second or third decade of human life and the second peak between the ages of 50 and 80 [12]. Although no gender differences have been found in the incidence of ulcerative colitis, some studies have shown a higher prevalence of this disease in men [7].

2. Race and ethnicity: The incidence of inflammatory bowel diseases (IBD) is 3 times higher among Jews compared to the non-Jewish population. Among the Jewish population, Ashkenazi Jews have a higher prevalence of the disease than Sephardic, American, and European Jews. Initial studies showed that the prevalence of IBD in African American and Hispanic ethnic groups was very low. However, recent studies have revealed that differences in disease incidence between white and non-white populations are less pronounced in corresponding phenotypes compared to earlier studies.

3. Heredity: 8-14% of patients with UC have a family history of IBD, particularly UC (Figure 1).

The relative risk of UC development in first-degree close relatives of patients was estimated at 4.5% for proband Jews compared to 1.6% for non-proband Jews [9]. Twin studies have shown that this risk was 156% in monozygotic twins and 4% in dizygotic twins [7]. Some studies have

attempted to identify genetic predictors of the clinical course of UC. According to a genome-wide association study (GWAS), the TNFSF15 (TL1A) locus was found to increase the risk of a severe course of UC. Other studies have described polymorphisms in the genes I1B, ABCB1/MDR17, HSP708, and HLA-DR29 as predictors of a severe course of UC [10].

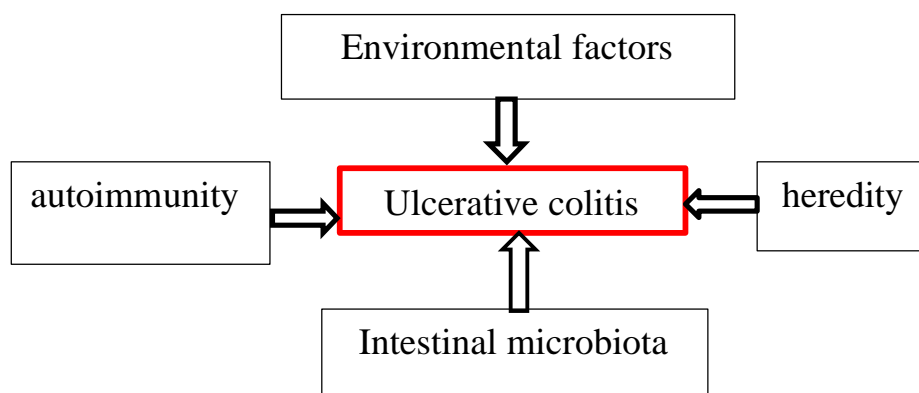


Figure 1. Critical risk factors for ulcerative colitis

4. Smoking: Harries and colleagues were the first to describe the relationship between smoking and ulcerative colitis (UC) [2]. Unlike Crohn's disease (CD), there is a strong inverse correlation between actively occurring UC and active smoking [1]. Prospective studies have shown that the risk of developing UC increases 2-5 years after quitting smoking and remains high for up to 20 years [1]. Research indicates that currently, smoking is associated with a later age of disease onset, a relatively milder course of the disease, and a lower need for immunosuppression and surgical intervention. However, it has not been established that nicotine replacement reduces disease activity [2].

5. Diet: It is hypothesized that the development of IBD occurs as a result of an immunological reaction to food antigens. The Western diet (meat treated with various spices, processed carbohydrates, etc.) increases the risk of developing IBD. It was noted that high sensitivity to cow's milk protein from a young age is a probable cause of UC compared to the control group (21% and 3% respectively). Additionally, excessive intake of total fats, animal fats, and unsaturated fatty acids with food increases the risk of UC [2].

6. Intestinal microbiota: Several epidemiological studies indicate the possibility of intestinal microbiota dysbiosis leading to IBD. Dysbiosis is defined as a change in the composition of the commensal bacterial population, leading to a disruption in the regulation of the immune response to bacterial factors. Such changes are more often observed in CD than in UC. In healthy siblings or their healthy twins, this disease is more closely related to the transcription of the intestinal mucosa or the expression of bacterial genes, which indicates a disruption in the relationship between the mucosa and the intestinal microbiota in IBD. In addition, there is information about disorders of the intestinal virome in UC with the expansion of bacteriophages of the Caudovirales family, independent of bacterial dysbiosis [3].

7. Appendectomy: Like smoking, appendectomy has different effects on UC and CD. According to large cohort studies, the risk of UC development is low in patients under 20 years of age who underwent appendectomy due to inflammation (appendicitis or mesenteric lymphadenitis). In contrast, the risk of CD development increased after appendectomy. In patients with UC who had undergone appendectomy, a relatively mild course of the disease was accompanied by a low frequency of relapses and a decreased need for immunosuppression, but did not have a significant effect on the risk of colectomy [6].

Conclusion. Considering that in the modern global healthcare system, selecting the most effective treatment method and addressing subsequent rehabilitation issues are of primary importance, studying this problem is one of today's urgent tasks. The main approach to treatment is based on the severity of the disease, its duration, the number of relapses, adherence to previous

treatments, adverse effects of medications, and extraintestinal manifestations. In the rehabilitation of this disease, sufficient attention should be paid to identifying nutritional disorders that lead to protein-energy deficiency and exacerbate the course and outcome of the underlying illness, as well as to methods for their timely normalization.

References

1. Cohen R.D. et al. Systematic review: the costs of ulcerative colitis in Western countries // *Aliment Pharmacol Ther* . – 2010. - №31. – P. 693–707.
2. Belousova E.A. et al. Infliximab: 10 years of successful use in inflammatory bowel diseases // *Clinical Pharmacology and Therapy*. - 2010. - No 19 (1). - P.50-54. (in Russian)
3. Subasinghe D. et al. Disease characteristics of inflammatory bowel disease (IBD). // *J Gastrointest Surg* . – 2011. - №15. – P. 1562–1567.
4. Vatutin N. et al. Nonspecific ulcerative colitis // *Archives of Internal Medicine*. - 2015. - No4 (24). - P. 62-65. (in Russian)
5. Goroxova V.G. et al. Fecal calprotectin and intestinal microbiota // *Acta Biomedica Scientifica*. - 2016. - No1 (4). - No145-149. (in Russian)
6. Davidova O.E. Optimization of diagnosis and treatment of patients with severe forms of ulcerative colitis // abstract of the dissertation...14.01.17 - surgery. - 2019. - P.1-22 (in Russian)
7. Shivashankar R. et al. Incidence and prevalence of Crohn's disease and ulcerative colitis in Olmsted County, Minnesota from 1970 through 2010 // *Clin Gastroenterol Hepatol*. – 2017. - №15. – P. 857–863.
8. Dusanov A.D. et al. Clinical and immunological parallels of nonspecific ulcerative colitis // *Journal of Hepatogastroenterological Research*. - 2020. - No1. - P. 34-37. (in Russian)
9. Bereznyak N.V. Clinical aspects of Crohn's disease // Abstract of the dissertation. - 2020. - Moscow. - P. 1-25. Sorogin S.A. Clinical and surgical aspects of ulcerative colitis // *Diss*. - 2023. - 161-p. (in Russian)
10. Khaydarov S.A. Ways to improve treatment tactics for nonspecific ulcerative colitis // Abstract of the dissertation. - Andijan. - 2021. - P. 1-50; (in Uzbek)

ANNALS OF CLINICAL DISCIPLINE

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН КЛИНИК ФАНЛАР ЙИЛНОМАСИ

Научно-практический журнал по всем
направлениям медицины
основан в 2024 году
Бухарским государственным
медицинским институтом
Выходит один раз в 3 месяца
Учредитель Бухарский государственный
медицинский институт