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О журнале

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**CLINICAL AND LABORATORY ASPECTS OF PATIENTS WITH POST-COVID
NEPHROPATHY**<http://dx.doi.org/10.5281/zenodo.12788641>**ANNATATION**

Coronavirus infection is dangerous not only by inflammation and lesions of the lung tissue. Complications of the disease, carried in any form, affect the heart, brain and kidneys. The urinary system is affected in 59% of all cases of complications. Objective. To study clinical peculiarities of renal diseases in patients in the post-covid period. Materials and methods of research: 60 patients diagnosed with COVID-19 in anamnesis were included in the study. Results: When studying the history of the patients, a specific clinical picture of nephropathies in patients in the post-covid period was revealed. A comparative analysis of clinical and laboratory data revealed predominantly proteinuria, hematuria and decreased SCF, indicating a significantly worse prognosis of the disease. Conclusions: SARS-CoV-2 virus directly or indirectly affects the kidneys. The impairment of function and morphology of previously healthy kidneys observed in COVID-19 infection is reversible in most cases. Renal damage scores in COVID-19 infection are associated with a worse prognosis.

Key words: post-COVID nephropathy, clinical and laboratory aspects**Safarova Gulnoz Avazxonovna**

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**KOVIDDAN KEYINGI NEFROPATIYA BILAN OG'RIGAN BEMORLARNING
KLINIK VA LABORATOR JIHATLARI****ANNOTATSIYA**

Koronavirus infeksiyasi nafaqat o'pka to'qimalarining yallig'lanishi va shikastlanishi bilan xavflidir. Har qanday shaklda olib boriladigan kasallikning asoratlari yurak, miya va buyraklarga ta'sir qiladi. Siydik chiqarish tizimi asoratlarning barcha holatlarining 59 foizida ta'sirlanadi. Maqsad. Koviddan keyingi davrda bemorlarda buyrak kasalliklarining klinik xususiyatlarini o'rganish. Tadqiqot materiallari va usullari: anamnezda COVID-19 tashxisi qo'yilgan 60 bemor tadqiqotga kiritilgan. Natijalar: bemorlarning tarixini o'rganayotganda, koviddan keyingi davrda bemorlarda nefropatiyalarning o'ziga xos klinik ko'rinishi aniqlandi. Klinik va laboratoriya ma'lumotlarining qiyosiy tahlili asosan proteinuriya, gematuriya va scfning pasayishini aniqladi, bu kasallikning sezilarli darajada yomon prognozini ko'rsatdi. Xulosa: SARS-CoV-2 virusi buyraklarga bevosita yoki bilvosita ta'sir qiladi. COVID-19 infeksiyasida kuzatilgan ilgari sog'lom

buyraklar funksiyasi va morfologiyasining buzilishi ko'p hollarda qaytariladi. COVID-19 infeksiyasida buyrak shikastlanishi ko'rsatkichlari yomon prognoz bilan bog'liq.

Kalit so'zlar: koviddan keyingi nefropatiya, klinik va laborator jihatlari

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КЛИНИКО-ЛАБОРАТОРНЫЕ АСПЕКТЫ ПАЦИЕНТОВ С ПОСТКОВИДНОЙ НЕФРОПАТИЕЙ

АННОТАЦИЯ

Коронавирусная инфекция опасна не только воспалением и поражением легочной ткани. Осложнения заболевания, протекающие в любой форме, поражают сердце, головной мозг и почки. Мочевыделительная система поражается в 59% всех случаев осложнений. Цель. Изучить клинические особенности заболеваний почек у пациентов в постковидный период. Материалы и методы исследования: В исследование были включены 60 пациентов с диагнозом COVID-19 в анамнезе. Результаты: При изучении анамнеза пациентов была выявлена специфическая клиническая картина нефропатий у пациентов в постковидный период. Сравнительный анализ клинических и лабораторных данных выявил преимущественно протеинурию, гематурию и снижение СКФ, что указывает на значительно худший прогноз заболевания. Выводы: вирус SARS-CoV-2 прямо или косвенно поражает почки. Нарушение функции и морфологии ранее здоровых почек, наблюдаемое при инфекции COVID-19, в большинстве случаев обратимо. Показатели почечного повреждения при инфекции COVID-19 связаны с худшим прогнозом.

Ключевые слова: постковидная нефропатия, клинико-лабораторные аспекты

Relevance. The kidney is the most commonly affected organ after the lungs during infection with the SARS-CoV-2 virus [11]. It is a target organ of COVID-19 infection [13]. Manifestations of nephropathy in COVID-19 infection range from mild proteinuria to progressive acute kidney injury (AKI) requiring renal replacement therapy (RRT) [12]. Timely laboratory and instrumental tests help identify kidney damage due to COVID-19 infection and make an appropriate decision on further patient management tactics [9].

The mechanisms of kidney damage due to COVID-19 infection are varied. SARS-CoV-2 virus can cause to the endothelial damage, injuring of podocytes, proximal tubules, mitochondrial dysfunction, acute tubular necrosis [7]. Collapsing glomerulopathy due to direct viral toxicity and cytokine-mediated tubular damage may happen [1]. Another cause of nephropathy during Covid infection is hypercoagulation (coagulopathy, microangiopathy), it may lead to the microthrombosis, microembolism at the level of small arteries in the loops of glomerular capillaries [2]

Conducted studies indicate that the factors of kidney damage during COVID-19 infection are [8]:

- Systemic hypoxia due to alveolar damage and desaturation of renal medullary hypoxia.
- Dysfunction of the right and left parts of the heart, viral myocarditis, cardiomyopathy, acute cardiorenal syndrome type 1 decreased cardiac output, hypoperfusion of the renal medulla, congestion in the kidneys, decreased glomerular filtration rate (GFR).
- Sepsis – septic acute kidney injury due to endotoxins, thrombohemorrhagic syndrome.
- Rhabdomyolysis – increased levels of creatine kinase and myoglobin in serum and urine, overload and kidney damage.
- Medicinal effects (non-steroidal anti-inflammatory drugs, antibiotics, antiviral drugs, etc.)

The above mechanisms lead to various types of structural changes and dysfunction of the kidneys:

- Glomerulopathy [3];
- Endothelial dysfunction [4];
- Tubular dysfunctions [5];

- Thrombosis of renal arteries of different sizes [6]

Purpose. To study the clinical features of kidney diseases in patients in the post-Covid period.

Materials and methods. The study was conducted at the Bukhara Regional Infectious Diseases Hospital. The study included 60 patients who had a history of diagnosed COVID-19. All patients underwent general clinical, laboratory and instrumental studies according to the standard.

Results. All patients participating in the study were divided into 2 groups: the main group consisted of patients with post-Covid nephropathy - 50 patients - 83% of those studied and the control group consisted of 10 patients with previous COVID-19 without renal complications. Since the purpose of the study was to study clinical manifestations, we carefully collected the patient's medical history and compared it with laboratory and instrumental studies.

In the main group of patients, the following symptoms were observed:

Clinical manifestation	Observed in patients n=50	In percentages
Urinary dysfunction:		
• Difficulty	38	76%
• Involuntary	24	48%
Discomfort when empty the bladder	42	84%
Swelling of the legs	47	94%
Swelling of the face in the morning	19	38%
Frequent urge to urinate	Everyone has	100%
The appearance of impurities in the urine, cloudiness	49	98%
Increased blood pressure	42	84%
Of them:		
AG I	18	36%
AG II	12	24%
AG III	12	24%
Pain syndrome in the lumbar region	Everyone has	100%
At times, intensifying, aching and shooting pain in the lower back	48	96%
Dyspeptic disorder: nausea, vomiting	17	34%
Headache	Everyone has	100%

In the control group of the above symptoms only occasional headaches and periodic dyspeptic disorders were observed.

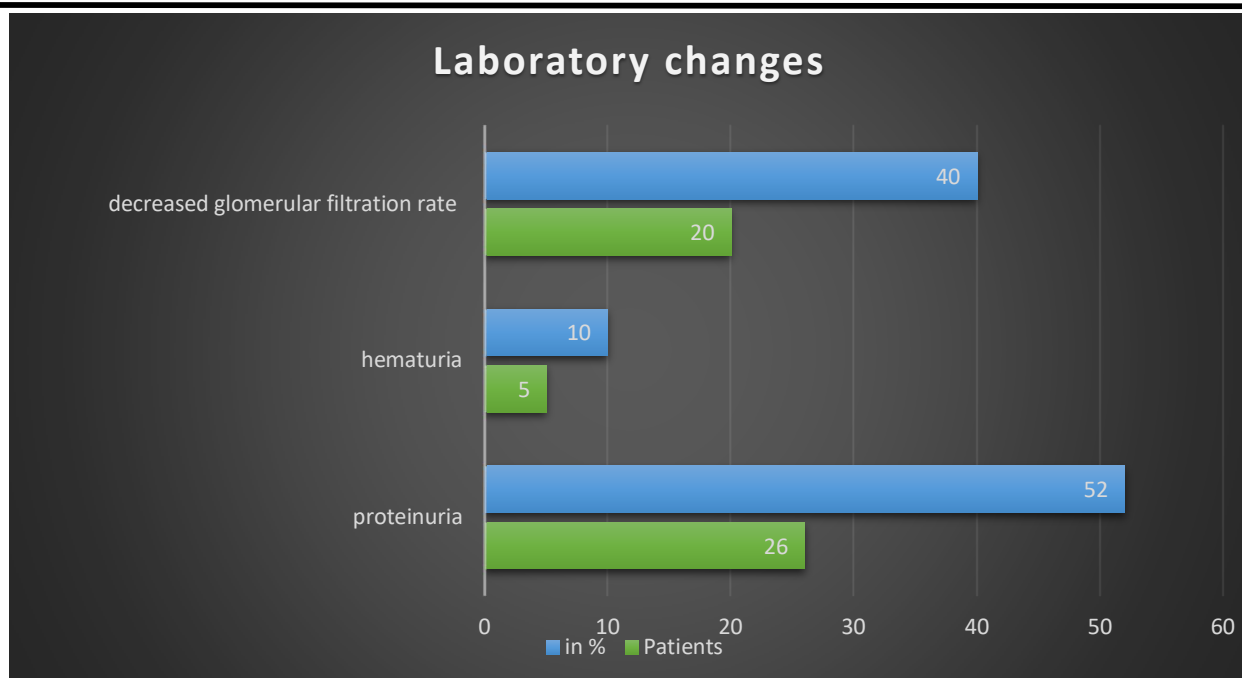
When questioned in the anamnesis, the following was revealed:

Glomerulonephritis in 30%;

Pyelonephritis in 10%;

Urolithiasis 10%.

Urine laboratory data identified changes such as proteinuria, hematuria and decreased glomerular filtration rate (GFR).



When comparing patients with changed laboratory data, it was revealed that the length of stay in the hospital of these patients was extended by 7 ± 4 days due to incomplete improvement in the patient's well-being.

Conclusion

The SARS-CoV-2 virus directly or indirectly affects the kidneys. The dysfunctions and morphology of previously healthy kidneys observed during COVID-19 infection (glomerulopathy, tubulopathy, endothelial dysfunction, thrombosis of renal arteries of various sizes) are in most cases reversible. Indicators of kidney damage during COVID-19 infection (proteinuria, hematuria, increased creatinine, urea, decreased GFR and development of AKI) are associated with a worse prognosis.

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1 ЖИЛД, 2 СОН

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН

ТОМ 1, НОМЕР 2

КЛИНИК ФАНЛАР ЙИЛНОМАСИ

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