



MINISTRY OF HEALTH OF THE
REPUBLIC OF UZBEKISTAN



Tashkent Medical
Academy



Young Scientists



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hamkorigi
DEUTSCHE ZUSAMMENARBEIT



giz
DEUTSCHE ZUSAMMENARBEIT
FÜR INVESTITIONEN
UND WIRTSCHAFTLICHE
KOOPERATIONEN



KOFIH
한국-우즈베키스탄
친선협력위원회

Only English “Advances in Medical Research and Practice Conference”

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ENGLISH

Tashkent
May 23, 2023



Ministry of Health of the Republic of Uzbekistan



Tashkent medical academy



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and improve treatment measures in time of accompanying diseases that can aggravate the course of the main disease.

A TRIMODAL APPROACH AS AN ALTERNATIVE TREATMENT FOR MUSCLE-INVASIVE BLADDER CANCER

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Aim: To compare the results of the organ-preserving method of treatment in patients with muscle-invasive bladder cancer and to find the reliable approach in the application of the trimodal therapy for patients who refused radical surgery.

Materials and methods: The study is devoted to a retrospective analysis of the results of the standard method treatment, as well as the results of organ-preserving treatment in a total of 90 patients with the stage of the disease T2a-4bN0-1M0 G1-3, Gx without signs of distant metastasis, who were examined, treated and followed-up in the period from 2015 to 2020 in the Tashkent City Branch of the Republican Specialized Scientific and Practical Medical Centre of Oncology and Radiology. 2 research groups have been formed. The first (I) group included 45 patients who underwent radical cystectomy with various variants of ileocystoplasty. The second group (II) included 45 patients and they were divided into 2 subgroups, the first subgroup underwent organ-preserving treatment, including courses of systemic polychemotherapy in neoadjuvant mode (NACT) according to the standard of GP scheme. Subsequently, these patients underwent a transurethral resection and courses of adjuvant chemotherapy according to the above scheme. Patients of the second subgroup first underwent a transurethral resection and radiotherapy courses according to the standard dose fractionation scheme (ROD 2 Gy, SOD 64 Gy, 32 fractions) with simultaneous chemotherapy (radiosensitization). Overall and recurrence free 5-year survival were evaluated. Depending on the results obtained, three groups of patients were formed. In the «good» prognosis group, all patients survived a 5-year follow-up period without signs of relapse of the disease. An «intermediate» prognosis group with 100% overall survival, but with the development of tumor relapses in each patient at different follow-up periods. And a group of «poor» prognosis, where all patients died from disease progression during a 5-year follow-up period.

Results: Studies demonstrate the most significant parameters affecting patient survival, such as the degree of tumor differentiation: 5-year overall survival in patients of both groups with a highly differentiated tumor (n=22) was 76.2%, with G2 (n=28) – 66.7%, G3 (n=25) – 33.3%; localization tumors: the 5-year overall survival rate of patients with tumor localization on the movable wall of the bladder was 61.2% versus 50% in patients with tumors in the area of the ureteral mouths, the Lieto triangle and the neck of the bladder. In addition, the influence of tumor size, age of patients on survival was analyzed. A comparative analysis of two methods of treatment of MIRMP was carried out: the total 5-year survival rate of patients of the first group who underwent radical cystectomy (RC) was 60.5%, whereas in the groups receiving NAHT, TUR and AHT according to the standard scheme (1-subgroup) and TUR with chemoradiotherapy (2-subgroup) was 56% (p = 0.04) and 60,1% (p = 0.38), respectively.

Conclusions: Currently, the final decision between trimodal therapy and radical cystectomy should be made by the patient based on individual literature: and recommendations of a multidisciplinary team of doctors who have experience with both approaches. Organ-preserving treatment of muscle-invasive bladder cancer can be considered as an alternative to radical cystectomy for patients at high risk of complications after radical cystectomy.

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DETERMINATION OF THE FREQUENCY OF HYPERTHERMIA IN PATIENTS WITH ACUTE ISCHEMIC STROKE

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Aim: Determining the frequency of hyperthermia in patients with acute ischemic stroke admitted to the third level of hospital in moderately developed countries

Materials and methods: The study was performed on female and male patients with acute ischemic stroke aged >18 years who were brought to the multidisciplinary clinic of the Tashkent medical academy within 24 hours after

the onset of clinical symptoms. Observation was conducted from September 2022 to January 2023. Admitted patients had their axillary temperature measured every 6 hours for 3 days using a mercury thermometer. Data were analyzed using SPSS version 17.0

Results: A total of 112 patients with acute ischemic stroke were examined. The average age of registered patients is 60.1 ± 9.5 , 65 (58%) of them are men, 47 (42%) are women. Loss of consciousness was observed in 52% of examined patients, slurred speech in 29.1%, weakness in arms and legs in 78%, decreased vision in 8.5%. A total of 17 (15.9%) patients with acute ischemic stroke had hyperthermia. The incidence of hyperthermia was 25% among patients younger than 60 years, and 6.1% among patients older than 60 years ($p=0.008$). The development of hyperthermia by gender: in men was 15.8%, and in women it was 18.7% ($p=0,43$).

Conclusion: It was concluded from the investigation that the occurrence of hyperthermia in patients with ischemic stroke was 15,9%. Hyperthermia is more common among young people than the elderly. Gender does not affect the frequency of hyperthermia.

OBESITY AS A RISK FACTOR FOR COVID-19 SEVERITY

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Aim: To study the link between the severity of COVID-19 and body mass index.

Materials and methods: This study retrospectively analyzed data of 31 patients aged 35 to 55 years (mean age 43.9 ± 1.25 years). Patients who attended the 2nd Therapy department of Tashkent medical academy from November 2022 till April 2023 for planned hospital care who underwent COVID-19 in the past were chosen. Two groups of obese and non-obese patients were formed. To minimize confounding bias, we exclude from both groups the patients with diabetes mellitus, oncology, chronic lung disease, and heart conditions which are proven risk factors for severe COVID-19.

Materials and methods: Medical documentation was used, and an anthropometric study was performed, including measurement of height (m), weight (kg), and calculation of BMI (kg/m^2). As a reliable source of medical documentation certifying the fact of COVID-19 infection in these patients, a positive PCR test taken during the period of suffering the disease was considered. To assess the severity of COVID-19, we considered the fact whether or not they were admitted to Intensive Care Department while suffering from the illness, using past hospital discharges provided by patients.

Results: The first group consisted of 13 (41.93%) obese patients with $\text{BMI}=32.4 \pm 0.5$, including 10 women (77%) and 3 men (23%). The control group consisted of 18 (58.06%) patients with normal BMI range (22.6 ± 0.46) including 9 women (75%) and 3 men (25%). According to medical data, 8 (61.5%) of 13 patients from the obese group were hospitalized and admitted to ICU, while only 3 (16.6%) of the 18 non-obese cohort received were hospitalized and received intensive care because of COVID-19 severity. The remaining from both groups had mild flu-like symptoms and did not receive hospital care, having positive PCR Results:

Conclusion: Our study demonstrates obese patients are more likely to have critical COVID-19 symptoms which lead to ICU. Obese adults with infection SARS-CoV-2 should be treated promptly and considered in prioritization of vaccine and antiviral medications during shortages.

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EXECUTION AND RESULTS OF SURVEY HELD IN THE PUBLIC AWARENESS ABOUT CORONARY ARTERY DISEASE

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Aim: Make people more aware about CAD. Make people more aware of the importance of good lifestyle. To prevent the usage of things, which will affect badly to heart disease.

Materials and methods: I chose the city of Tashkent, Uzbekistan and Kerala, India to know the awareness of people in the place where I'm doing my education and my birth place. I started my survey through Google Form (online). I conveyed my survey to my participants through social media like WhatsApp, Telegram & Instagram. The pop-