ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

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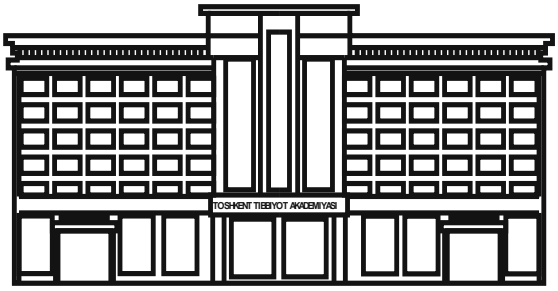

ВЕСТНИК
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prevalent among women than men. The lipid spectrum before the treatment with statin and ezetimibe were very high. Between the age of 17-39 The lipid spectrum before the drug was high LDL-C-120-180mg/dl,HDL30-48mg/dl,TG-180mg/dl,After the drug Ezetimibe its decreased gradually, LDL-100-110mg/dl,HDL-50-60mg/dl,TG-120mg/dl.Between the age 40-59 were with stage 3 with high BP and LDL-C-130-160mg/dl,HDL-50-60mg/dl,TG-200mg/dl,After the drug Atorvastatin the LDL-C is decreased by 90-120mg/dl,HDL-65-80mg/dl,TG-135mg/dl. Patients above the age of 60 were stage 2 mostly LDL-C is 140-160mg/dl,HDL-40-70mg/dl,TG-160mg/dl,After the drug statin the LDL-C is decreased by 120-90mg/dl,HDL-80-87mg/dl,TG-100mg/dl.A larger study evaluating dyslipidemia is >21000 incident lipid dialysis patients found 82%prevalance of dyslipidemia.overall,23.7% of the study sample had CKD n=580mean eGFR 50ml/min per 1.73 m^2 with stage 3 stage3 is associated with CVD (RR=1.17,95%Cl 0.99-1.38,p=.0.06,upon testing CVD risk,the risk of CVD for Stage 3 among participants was significantly lower with prior CKD and no stage 3 ,CVD=0.66[95%Cl 0.47 to 0.91],P=0.01.improved lipid profile (means difference:70mg/dl,95%Cl,p<0.0001.

Conclusion: As an objective of the information which was mentioned above. The patients with CKD after their drug treatment the LDL-, HDL, TG levels were gradually decreased and shown good results which helps to manage the CKD patients in statin drug as compared to ezitimbe When it comes to managing cholesterol levels in chronic kidney disease (CKD), statins are generally considered more effective than ezetimibe. Statins, such as atorvastatin or simvastatin, are widely used to lower LDL cholesterol levels and have been shown to reduce cardiovascular risk, which is particularly important for CKD patients who are at higher risk of cardiovascular events.

DIAGNOSTIC AND PROGNOSTIC SIGNIFICANCE OF CLINICAL, LABORATORY AND IMMUNOLOGICAL INDICATORS IN KIDNEY DAMAGE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Lupus nephritis (LN) is a common and serious disease of systemic lupus erythematosus (SLE) that causes long-term kidney damage and negatively affects patient survival.

The aim of the study: to investigate the diagnostic and prognostic value of clinical, laboratory, and immunological studies of lupus nephritis in systemic lupus erythematosus

Materials and methods of the study: The study was conducted in the department of rheumatology and nephrology of the multidisciplinary clinic of the Tashkent Medical Academy on 40 patients with SLE.

Result: proteinuria, hematuria, creatinine and urea were 56.7%, 36.7% and 23.3% in the SLE / without LN group. Of the general clinical laboratory tests in the SLE / without LN group, the average serum color index was 0.87 ± 0.03, and the average SLE / LN index was 0.65 ± 0.065. Of the biochemical laboratory tests, the average ferritin value in SLE / LN was 19.98 ± 0.05 in the group, SLE / without LN - 32.89 ± 0.06 in the group. According to the results of the general clinical laboratory tests, hemoglobin in SLE / without LN in the group of patients, hemoglobin averages 99.5 ± 1.44 g / l; SLE/LN in the group of patients - 80.23±1.05 g/l; erythrocytes SLE/without LN in the group of patients - 3.2±0.15, 2 x1012/l; SLE/LN in the group of patients - 2.9±0.06x1012/L became. Leukocytes in the SLE/no LL group was 6.5±0.41; while in the SLE/LL group was 7.1±0.21*109/L. It was noticed that ESR in the SLE/no LL group was 17.3±1.1 mm/s, and in the SLE/LL group 20.1±1.48 mm/s; Proteinuria in the SLE/no LL group was 0.3±0.29; SLE/LL was 1.2±0.18, in the SLE/no LL group the specific urine total was 1011.1±0.45; and in the SLE/LL group a decrease of 1009.4±0.41 could be seen. From biochemical studies, total protein was 65.3±1.09 in the SLE/no LL group; in the SLE/LN group 58.1±0.44. Of the parameters determining the morphofunctional state of the liver, ALT showed standard values of 27.7±1.8 in the SLE/without LN group; AST 24.3±1.9; bilirubin 16.9±0.34; and in patients in the SLE/LN group ALT 25.5±0.916; AST 20.6±0.88; bilirubin 15.8±0.40. Potassium, representing mineral imbalance, occupied a relatively lower limit of the criterion of 3.8±0.04 in the group without systemic lupus erythematosus and 3.7±0.08 μmol/l in patients in the group with systemic lupus erythematosus and nephritis. Glucose showed critical values in the SLE/no LD group 4.97±0.08; and in the SLE/LD group 5.8±0.07. The indicator associated with hemostasis fibrinogen in both groups showed almost the same results by the criterion 347±10.94 and 349.1±11.81, while thrombotest showed a slight increase with values 5.27±0.074 and 5.29±0.077, indicating that the process of hypercoagulation in the glomeruli is still ongoing.

Conclusion: This means that as the disease progresses, there is a progression of kidney damage. But it would be worthwhile to check at what stage of the disease the kidney damage occurs, kidney biopsy, biomarkers, cytokines, which are the gold standard for our assessment of the effectiveness of treatment.

Содержание