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febuxostat this figure was higher and amounted to 76%. It should be noted that after 3 months of taking febuxostat, the target UA level was achieved in 57% of patients, while with allopurinol this figure was 48%. Adherence to regular drug therapy among patients with gout who received allopurinol was 25% at a high level, 40% at a medium level, and 35% at a low level. When using febuxostat, high adherence to therapy was found in more than 50% of cases. No spontaneous refusal to take febuxostat was registered. Adherence to lifestyle changes was 30% at a high level, 40% at a medium level, and 30% at a low level, and the readiness to correct hypouricemic therapy was 38%, 45%, and 17%, respectively, by level.

Conclusions. Thus, compliance with recommendations for the management of patients with gout, which include the constant use of urate-lowering drugs, adjustment of their dose until target serum urate levels are achieved, preventive anti-inflammatory therapy, and regular monitoring of the patient's condition, allows for high patient adherence to both drug treatment and lifestyle changes.

IMPACT OF SEX DIFFERENCES ON THE DEVELOPMENT AND MANIFESTATION OF GOUTY ARTHRITIS

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The prevalence of gout in Uzbekistan and the world has continued to grow in recent decades. Currently, gout is rightfully considered from the standpoint of polymorbid pathology, characterized not only by damage to the musculoskeletal system and kidneys. It has been established that the comorbidity index for gout significantly exceeds that for other diseases. Along with the development of gout in men, gout has become more common in women.

Purpose of the study. Evaluation of the influence of gender on the course of gouty arthritis.

Materials and methods. The study included 40 men and 30 women with gouty polyarthritis, treated in the Department of Rheumatology and Cardiorheumatology in 2022-2024, aged 30 to 75 years. The examination of patients included counting the number of painful and swollen joints, determining the VAS according to the patient's assessment, CRP, and determining uric acid. The diagnosis of gouty polyarthritis was verified by detecting sodium monourate from synovial fluid, radiography of the hands and feet, and ultrasound examination of the joints.

Results and discussion. In women aged 60 years with a disease duration of 6.2 years, the following prevailed: tophi, kidney damage, cardiovascular pathology. 21 patients had tophi of the metatarsophalangeal joints of the right foot and right hand, interphalangeal joints of the 2-3 fingers of the right hand and left foot. 25 women had kidney damage in gout, including: urolithiasis - 8, uric acid diathesis - 12, gouty nephropathy - 3, 2 women had chronic renal failure in the context of CKD. Each patient had damage to more than 4 joints, the most common were ankles, knees, elbows, metatarsophalangeal joints of the 1st toes of both feet, metacarpophalangeal joints of both hands. 20 women with gouty arthritis had cardiovascular pathology, including: hypertension - 11, coronary heart disease, stable angina - 8, within the context of metabolic syndrome with obesity and type 2 diabetes mellitus (BMI - 36.3 cm / kg²), half of them were combined with deforming polyosteoarthritis. 2/3 of the patients were receiving drug therapy with diuretics: furosemide, aspirin, heparin for ischemic heart disease with CHF and hypertension. All admitted patients had pronounced inflammatory changes in the blood (ESR - 35.1 mm / h, CRP - 46 U / l, uric acid level - 501 mmol / l). In the clinic, men aged 46.2 years with a disease duration of 12 years prevailed: recurrent course of the disease in all, damage to more than 3 joints in 32, of which the onset of the disease with damage to the lower limbs in 21, tophi of the hands and feet were found in 11 patients. Patients noted provocations before an attack of gout: past infections - 10, stress - 5, injuries - 6, dietary error - 15, in 4 patients the attack occurred against the background of complete health. The main thing in the clinic of gout in men is many concomitant diseases. Cardiovascular pathology was frequently encountered: coronary heart disease, previous myocardial infarction - 8, angina pectoris - 10, atrial fibrillation - 6, CHF - 15, hypertension - 35, coronary artery stenting - 5, aortocoronary bypass grafting - 6, valve replacement - 2. In addition, 19 men had stage 3 CKD, obesity - 36 (BMI - 30.5 cm/kg²), type 2 diabetes mellitus - 6, prostate adenoma - 29, gastric ulcer - 6. Half of the patients took: cardiomagnyl, warfarin, clopidogrel, hypothiazide, lorista N for hypertension, coronary heart disease, coronary artery stenting. More pronounced inflammatory changes are observed in the blood of patients (ESR - 48.7 mm/h, CRP - 58.5 U/l, uric acid - 586 mmol/l).

Conclusions. Men with gouty arthritis were more likely to have cardiovascular pathology with interventional therapy with a younger age and a longer duration of the disease than women, and kidney damage, diabetes mellitus and obesity are more common in women. The presence of greater joint damage and tophi was also observed in women, which should be regarded as a more severe clinical picture of gout in women. However, inflammatory blood tests and uric acid levels reached their maximum in men.

FEATURES OF INPATIENT CASES OF OSTEOCHONDROSIS OF THE SPINE.

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Relevance. 70-85% of all people experience back pain at some point in their lives. The annual prevalence ranges from 15% to 45%, with a point prevalence averaging 30%. In 2015, 7.3% of the population suffered from lower back pain, which limited their activity, which is 540 million people. Spinal disorders rank as the fifth leading cause of

hospitalization and the third leading reason for surgical interventions. The disease is more prevalent among women compared to men. Furthermore, back and neck pain can severely restrict essential functions, diminish patients' quality of life, disrupt the body's functional state, and alter individuals' psychological well-being and behavior.

Aim. To study clinic characteristics, features of OS in hospitalized patients.

Materials and methods: To study clinic characteristics of spinal osteochondrosis in hospitalized patients, 1,500 case histories of patients of the department of vertebrology diagnosed with OS were studied in the archive of the Republican Specialized Scientific and Practical Medical Center of Traumatology and Orthopedics. The analysis of statistical data was carried out in the Statistica 10.0 application software package.

Results. Almost 1/3 of the total number of patients ($35.4 \pm 1.8\%$) are within 4-5 years of the onset of pathological disorders, although the range varied significantly from a few days to 32 years. It was found that men with a disease duration of 1 year are more common than women, while a duration of more than 11 years, on the contrary, women are more common than men ($p < 0.001$). When the correlation between the duration of the disease and the age of the patients was analyzed, it was found that there is a direct average correlation between men and women ($r = 0.36$ and $r = 0.33$, $p < 0.05$, respectively). Among the patients who were given a sick leave upon discharge from the vertebrological department ($10.3 \pm 1.2\%$), the duration of temporary disability at the time of discharge from the hospital averaged 6 ± 0.4 days. For men and women who received a temporary disability certificate, it was $10.5 \pm 1.4\%$ and $10.8 \pm 2.1\%$, respectively. Leaflet length averaged 5.7 ± 0.4 and $6.5 \pm 0.5\%$ days. The majority of patients underwent a single inpatient treatment ($96.2 \pm 0.5\%$) per year. And the remaining $3.8 \pm 0.5\%$ of patients underwent inpatient treatment 2 times a year. The study of the localization of the pathological process in patients with osteochondrosis revealed a significant predominance of lesions of the lumbar spine (73.6%). The proportion of osteochondrosis in the cervical region was 10.4% , and in the thoracic region – 3.8% . Despite the predominance of lesions of the lumbar spine, there are cases of combined lesions of the lumbar and cervical spine. These cases were recorded twice as often as lumbar and thoracic lesions ($p < 0.05$). $67.4 \pm 0.9\%$ of patients were diagnosed with herniated discs. $27.8 \pm 0.9\%$ of the hospitalized patients underwent surgery, the proportion of men among the operated osteochondrosis patients was significantly higher ($35.6 \pm 1.6\%$) than the proportion of women ($23.8 \pm 1\%$). Accordingly, the number of men who underwent surgery was almost 1.5 times higher than among women ($p < 0.001$).

Conclusion. A significant predominance of lesions of the lumbar spine was revealed. In men, the percentage of herniated discs was significantly higher than in women. Men who underwent surgery turned out to be 1.5 times higher than among women.

TRIAD OF MARKERS IN THE BLOOD OF PATIENTS IN THE ACUTE PERIOD OF ISCHEMIC STROKE

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Background and objectives: to evaluate the effectiveness of using a triad of biomarkers (PLA2G2E, or group IIE phospholipase A2, DGLA fatty acid, and PADI4 - peptidylarginine deiminase) in predicting outcomes in order to take corrective actions in choosing the amount of therapy in patients with ischemic stroke

Methods: The object of the study is patients with ischemic stroke. They were divided into groups: - patients with a high content of this triad were assigned to the main group, and patients with low triad content were assigned to the comparison group. Biomarker levels were studied upon admission and will be studied on day 90.

Results. The average age of the patients in the groups was 67.3 ± 2.1 years. After analyzing the data in these groups, it was found that in the comparison group, the PLA2G2E content was ($p < 0.05$) lower (0.592 ± 0.121 units) than in the healthy group (0.835 ± 0.132 units). In the main group, there was a pattern of a higher content (0.912 ± 0.138 units) relative to PLA2G2E in the healthy group, which indicates the development of compensatory mechanisms for restoring the state of hypoxic-ischemic brain damage. At the same time, a significantly lower PLA2G2E content was observed in the comparison group than in the main group, which can be attributed to the different possibilities of the body's response to the pathology.

By determining the level of DGLA fatty acid, its average values for the main group were calculated, showing its significant ($p < 0.01$) low content ($2.39 \pm 0.44\%$) in comparison with the DGLA index in the control group ($3.18 \pm 0.58\%$). A high DGLA content was noted in the main group ($3.84 \pm 0.61\%$).

A study of the quantitative content of PADI4 in the blood serum of patients after stroke found that in the comparison group its values were significantly ($p < 0.01$) lower (61.4 ± 2.33 u/ml) compared with the PADI4 index in the control group (122.3 ± 5.51 u/ml). A high content of PADI4 was observed in the main group ($223.4 \pm 8.62\%$).

Conclusion. The data obtained in the work indicate that functional decline after an ischemic stroke, due to the stability of the brain and regeneration after damage can be changed by connecting the potential for the restoration of surviving neurons, which can activate recovery mechanisms to limit and even reverse the damage caused by stroke. Since certain pathways of development depend on the level of PLA2G2E, which mediates an increase or decrease in DGLA and PADI4, their levels in patients depended on the expression or suppression of PLA2G2E.