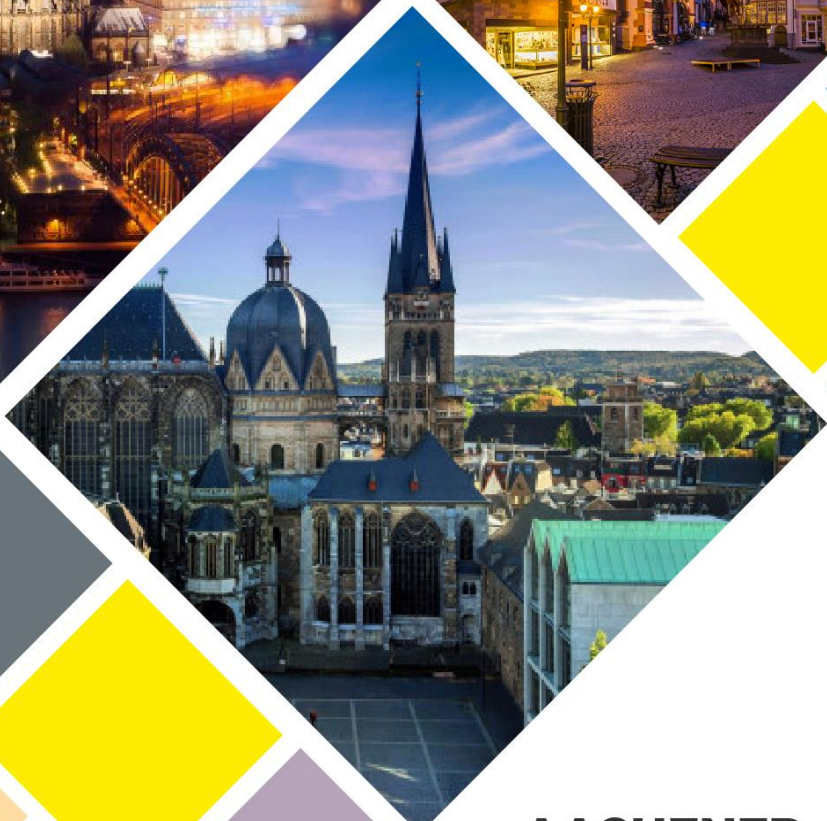




EUROPEAN JOURNAL OF SCIENCE ARCHIVES CONFERENCES SERIES



2024
JANUARY-JULY



AACHENER, GERMANY

**European journal of science archives conferences
series/ Konferenzreihe der europäischen Zeitschrift
für Wissenschaftsarchive**

Internet address: <http://ifsrp.edu.ge/>

E-mail: info@ifsrp.edu.ge/

Published by Institute for Scientific Research and Publication & Research and Publishing Center
virtualconferences. press

Issued monthly

DOI prefix: <https://doi.org/10.5281/zenodo.12734559>

Hausarztzentrum Aachen-Forst Trierer Str. 67, 52078 Aachener, Germany

Requirements for the authors.

The manuscript authors must provide reliable results of the work done, as well as an objective judgment on the significance of the study. The data underlying the work should be presented accurately, without errors. The work should contain enough details and bibliographic references for possible reproduction. False or knowingly erroneous statements are perceived as unethical behavior and unacceptable.

Authors should make sure that the original work is submitted and, if other authors` works or claims are used, provide appropriate bibliographic references or citations. Plagiarism can exist in many forms - from representing someone else`s work as copyright to copying or paraphrasing significant parts of another`s work without attribution, as well as claiming one`s rights to the results of another`s research. Plagiarism in all forms constitutes unethical acts and is unacceptable. Responsibility for plagiarism is entirely on the shoulders of the authors.

Significant errors in published works. If the author detects significant errors or inaccuracies in the publication, the author must inform the editor of the journal or the publisher about this and interact with them in order to remove the publication as soon as possible or correct errors. If the editor or publisher has received information from a third party that the publication contains significant errors, the author must withdraw the work or correct the errors as soon as possible.

Part-1. January July

Aachener, Germany 2024

The publisher is not responsible for the materials published in the collection. All materials are Submitted in the author`s edition and reflect the personal position of the conference participant.

Contact information of the organizing committee of the conference:

Email: info@ifsrp.edu.ge/ or info@virtualconferences.press

Official site: <http://ifsrp.edu.ge/> or www.virtualconferences.press

<https://doi.org/10.5281/zenodo.12734559>

Available at virtualconferences. press

ORCID 0000-0001-6156-3630

OPEN ACCESS

Optimization of management tactics for women with high-oncogenic HPV.

Center for the Development of Professional Qualifications of Medical Workers,
Department of Obstetrics, Gynecology and Perinatal Medicine, Tashkent

D.X. Zakirova, F.A. Gafurova

F.A. Gafurova, <https://orcid.org/0000-0002-4689-2986>,

gafurovaf1995@gmail.com

Tel. 890 9195611

The Summary.

Based on a retrospective study of outpatient records of 147 women of reproductive age, an analysis of various modern approaches to the management of cervical intraepithelial neoplasia was carried out. A comparative analysis of modern management strategies will allow us to identify priority effective approaches for the timely prevention of potential oncogenesis.

Key words: gynecology, benign and precancerous pathology, cervical intraepithelial neoplasia, cervical pathology, wait-and-see approach, surgical methods of treatment.

Introduction.

The most effective way to prevent cervical cancer is early diagnosis and timely treatment of preinvasive lesions of the cervical epithelium [1]. Cervical intraepithelial neoplasia (CIN) is characterized by potentially precancerous transformation and abnormal growth (dysplasia) of squamous epithelium on the surface of the cervix [2].

In recent years a wait-and-see approach to the management of mild CIN is the most preferable, since surgical methods of treatment have an adverse effect on reproductive function, and the probability of disease regression in the absence of treatment is very high [5, 6].

The purpose of the study was to study modern approaches to the management of cervical intraepithelial neoplasia (CIN) in women of reproductive age, in a comparative perspective.

Materials and methods.

A retrospective analysis was performed in groups of women of reproductive age with cervical intraepithelial neoplasia, who underwent various diagnostic and management approaches.

Outpatient follow-up records of 147 women were studied. The analysis was performed separately in groups of women who were diagnosed with cervical intraepithelial neoplasia of varying severity, confirmed by histological methods. In the group of women with mild CIN, with a histologically confirmed diagnosis, n=86 (58%), routine follow-up and retesting after 12 and 24 months were recommended. With positive screening results, after confirmation of the diagnosis of CIN by colposcopic method and histological verification in a biopsy of the cervix of CIN 2-3 n=61 (42%), treatment was recommended.

Results and Discussion.

The analysis in the studied groups revealed progression to CIN 1-2 within 24 months after diagnosis. With histological confirmation of CIN 1, the risk of progression was about 11-13% within 24 months, and disease progression within 12 months was detected in only 6%. The observation of the patients included performing a cytological examination or determining the DNA of the human papillomavirus (HPV), depending on the availability of the procedure. Colposcopy was recommended every 12 months. If the HPV test was negative or two consecutive cytological smears were negative, the women remained on routine cytological screening. With positive screening results, after confirmation of the diagnosis of CIN by colposcopic method and histological verification, treatment was indicated in the biopsy of the cervix of CIN 2-3. Surgical treatment of severe intraepithelial neoplasia is a recognized tactic worldwide. Considering that the majority of women with CIN are patients of reproductive age, treatment should be effective and cause a minimal risk of recurrence of the disease and adverse effects on reproductive function. Most clinics around the world have now switched to using only excision methods, the most common of which is loop electroexcision (LEE) [5]. In the group of examined women, excision methods were used during surgical treatment, mainly loop electroexcision, n=46 (75%).

Excision treatment methods are indicated in cases of suspected invasion, in the presence of glandular lesions, an unsatisfactory colposcopic picture that does not allow visualization of the entire lesion area, repeated treatment of dysplasia, as well as in the presence of inconsistencies between cytology, colposcopy and histology results. LEE is the most widely used treatment technique. The effectiveness of LEE is comparable to knife biopsy and laser conization, and the result depends on the parameters of cytological examination of tissues along the edge of the resection zone.

Conclusion.

It was found that progressing to CIN 1 – 2 within 24 months after diagnosis is very rare. According to the recommendations, which was confirmed in our study, CIN 1 in the vast majority of cases does not require treatment for 2 years. Observation of patients includes performing cytological examination or DNA determination of human papillomavirus (HPV), as well as colposcopy at least once a year. In case of a negative result of an HPV test or two consecutive cytological smears, it is recommended to continue routine cytological screening. CIN 1 treatment is not required, and the decision on treatment should be based on a thorough medical history and should take into account the woman's further reproductive plans, the risk of obstetric complications and other risk factors. If treatment is necessary (after 2 years of follow-up), an excision procedure is recommended. It is important to note that currently none of the methods of drug treatment of mild CIN are approved by the recommendations, since the effectiveness of these methods has not been proven, they can also have a systemic toxic effect on the body. With regard to surgical treatments, randomized trials have shown similar efficacy for loop electroconization of the cervix, laser vaporization, and cryotherapy in the treatment of CIN. Thus, the choice of treatment method remains at the discretion of the doctor.

References:

1. Gafurova F.A., Artikhodzhaeva G.Sh. Mixed vulvovaginal infections. Experience in the use of combined local therapy // Scientific and practical journal "News of dermatovenerology and reproductive health" - Tashkent 2017.- No. 3-A No.1, pp.110-111.
2. Gafurova F.A., Artikhodzhaeva G.Sh. New opportunities in the treatment of benign diseases

European journal of science archives conferences series/ Konferenzreihe der europäischen Zeitschrift für Wissenschaftsarchive <https://doi.org/10.5281/zenodo.12734559>
of the cervix // Scientific and practical journal "News dermatovenerology and reproductive health"
–Tashkent 2013. - No. 3-V. S.68-70.

3. Vaccines against human papillomavirus infection // Document on the position of WHO. 2014. No. 43. pp. 465-492.
4. Dobrokhotova Yu. E., Venediktova M. G., Sarantsev A. N., Morozova K. V., Suvorova V. A. A modern approach to the treatment of moderate and severe cervical epithelial dysplasia against the background of human papillomavirus with the use of antiviral therapy. 2016. No. 4. pp. 52-56.
5. Clinical recommendations. Benign and precancerous diseases of the cervix from the perspective of cancer prevention. M., 2017. 55 p.
6. Prilepskaya V. N. Cervical diseases and genital infections. M.: GEOTAR-Media, 2016. 384 p.
7. Rogovskaya S. I., Ledina A.V., Ipastova I. D. HPV infection: combination therapy. Effective strategies for the combined treatment of HPV-associated genetic diseases // Status praesens. 2017. 16 p.
8. Sheveleva A. S. Human papillomavirus as the main factor in the occurrence of cervical cancer // Young scientist. 2016. No. 30. pp. 127-129.
9. Peirson L, Fitzpatrick-Lewis D, Ciliska D. Screening for cervical cancer: a systematic review and metaanalysis. *Syst Rev.* 2013; 24:2- 35.
10. Martin-Hirsch PP, Bryant A. Interventions for preventing blood loss during the treatment of cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2013; 12:27-35.
11. Grabosch SM, Shariff OM, Wulff JL. Non-steroidal anti- inflammatory agents to induce regression and prevent the progression of cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2014; 9:123-129.
12. Santesso N, Mustafa RA, Wiercioch W, et al. Systematic reviews and meta-analyses of benefits and harms of cryotherapy, LEEP, and cold knife conization to treat cervical intraepithelial neoplasia. *Int J Gynaecol Obstet.* 2016;132(3):266-271.
13. Rositch AF, Soeters HM, Offutt-Powell TN. The incidence of human papillomavirus infection following treatment for cervical neoplasia: a systematic review. *Gynecol Oncol.* 2014;132(3):767-779.
14. Camargo MJ, Russomano FB, Tristão MA. Large loop versus straight-wire excision of the transformation zone for treatment of cervical intraepithelial neoplasia: a randomised controlled trial of electrosurgical techniques. *BJOG.* 2015;122(4):552-557.
15. Dolman L, Sauvaget C, Muwonge R. Metaanalysis of the efficacy of cold coagulation as a treatment method for cervical intraepithelial neoplasia: a systematic review. *BJOG.* 2014;121(8):929-942.
16. Martin-Hirsch PP, Paraskevaidis E, Bryant A. Surgery for cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2013; 4:23-31.
17. Esmiot ML, Mahran M, Worcester B. Cervical surgery for cervical intraepithelial neoplasia and prolonged time to conception of a live birth. *BJOG.* 2013;120(13):1697.

Optimization of management tactics for women with high-oncogenic HPV.

Center for the Development of Professional Qualifications of Medical Workers,
Department of Obstetrics, Gynecology and Perinatal Medicine, Tashkent

D.X. Zakirova, F.A. Gafurova

F.A. Gafurova, <https://orcid.org/0000-0002-4689-2986>,

gafurovaf1995@gmail.com

Tel. 890 9195611

The Summary.

Based on a retrospective study of outpatient records of 147 women of reproductive age, an analysis of various modern approaches to the management of cervical intraepithelial neoplasia was carried out. A comparative analysis of modern management strategies will allow us to identify priority effective approaches for the timely prevention of potential oncogenesis.

Key words: [gynecology](#), [benign and precancerous pathology](#), [cervical intraepithelial neoplasia](#), [cervical pathology](#), wait-and-see approach, surgical methods of treatment.

Introduction.

The most effective way to prevent cervical cancer is early diagnosis and timely treatment of preinvasive lesions of the cervical epithelium [1]. Cervical intraepithelial neoplasia (CIN) is characterized by potentially precancerous transformation and abnormal growth (dysplasia) of squamous epithelium on the surface of the cervix [2].

In recent years a wait-and-see approach to the management of mild CIN is the most preferable, since surgical methods of treatment have an adverse effect on reproductive function, and the probability of disease regression in the absence of treatment is very high [5, 6].

The purpose of the study was to study modern approaches to the management of cervical intraepithelial neoplasia (CIN) in women of reproductive age, in a comparative perspective.

Materials and methods.

A retrospective analysis was performed in groups of women of reproductive age with cervical intraepithelial neoplasia, who underwent various diagnostic and management approaches.

Outpatient follow-up records of 147 women were studied. The analysis was performed separately in groups of women who were diagnosed with cervical intraepithelial neoplasia of varying severity, confirmed by histological methods. In the group of women with mild CIN, with a histologically confirmed diagnosis, n=86 (58%), routine follow-up and retesting after 12 and 24 months were recommended. With positive screening results, after confirmation of the diagnosis of CIN by colposcopic method and histological verification in a biopsy of the cervix of CIN 2-3 n=61 (42%), treatment was recommended.

Results and Discussion.

The analysis in the studied groups revealed progression to CIN 1-2 within 24 months after diagnosis. With histological confirmation of CIN 1, the risk of progression was about 11-13% within 24 months, and disease progression within 12 months was detected in only 6%. The observation of the patients included performing a cytological examination or determining the DNA of the human papillomavirus (HPV), depending on the availability of the procedure. Colposcopy was recommended every 12 months. If the HPV test was negative or two consecutive cytological smears were negative, the women remained on routine cytological screening. With positive screening results, after confirmation of the diagnosis of CIN by colposcopic method and histological verification, treatment was indicated in the biopsy of the cervix of CIN 2-3. Surgical treatment of severe intraepithelial neoplasia is a recognized tactic worldwide. Considering that the majority of women with CIN are patients of reproductive age, treatment should be effective and cause a minimal risk of recurrence of the disease and adverse effects on reproductive function. Most clinics around the world have now switched to using only excision methods, the most common of which is loop electroexcision (LEE) [5]. In the group of examined women, excision methods were used during surgical treatment, mainly loop electroexcision, n=46 (75%).

Excision treatment methods are indicated in cases of suspected invasion, in the presence of glandular lesions, an unsatisfactory colposcopic picture that does not allow visualization of the entire lesion area, repeated treatment of dysplasia, as well as in the presence of inconsistencies between cytology, colposcopy and histology results. LEE is the most widely used treatment technique. The effectiveness of LEE is comparable to knife biopsy and laser conization, and the result depends on the parameters of cytological examination of tissues along the edge of the resection zone.

Conclusion.

It was found that progressing to CIN 1 – 2 within 24 months after diagnosis is very rare. According to the recommendations, which was confirmed in our study, CIN 1 in the vast majority of cases does not require treatment for 2 years. Observation of patients includes performing cytological examination or DNA determination of human papillomavirus (HPV), as well as colposcopy at least once a year. In case of a negative result of an HPV test or two consecutive cytological smears, it is recommended to continue routine cytological screening. CIN 1 treatment is not required, and the decision on treatment should be based on a thorough medical history and should take into account the woman's further reproductive plans, the risk of obstetric complications and other risk factors. If treatment is necessary (after 2 years of follow-up), an excision procedure is recommended. It is important to note that currently none of the methods of drug treatment of mild CIN are approved by the recommendations, since the effectiveness of these methods has not been proven, they can also have a systemic toxic effect on the body. With regard to surgical treatments, randomized trials have shown similar efficacy for loop electroconization of the cervix, laser vaporization, and cryotherapy in the treatment of CIN. Thus, the choice of treatment method remains at the discretion of the doctor.

References:

18. Gafurova F.A., Artikhodzhaeva G.Sh. Mixed vulvovaginal infections. Experience in the use of combined local therapy // Scientific and practical journal "News of dermatovenerology and reproductive health" - Tashkent 2017.- No. 3-A No.1, pp.110-111.
19. Gafurova F.A., Artikhodzhaeva G.Sh. New opportunities in the treatment of benign diseases of the cervix // Scientific and practical journal "News dermatovenerology and

20. Vaccines against human papillomavirus infection // Document on the position of WHO. 2014. No. 43. pp. 465-492.
21. Dobrokhotova Yu. E., Venediktova M. G., Sarantsev A. N., Morozova K. V., Suvorova V. A. A modern approach to the treatment of moderate and severe cervical epithelial dysplasia against the background of human papillomavirus with the use of antiviral therapy. 2016. No. 4. pp. 52-56.
22. Clinical recommendations. Benign and precancerous diseases of the cervix from the perspective of cancer prevention. M., 2017. 55 p.
23. Prilepskaya V. N. Cervical diseases and genital infections. M.: GEOTAR-Media, 2016. 384 p.
24. Rogovskaya S. I., Ledina A.V., Ipastova I. D. HPV infection: combination therapy. Effective strategies for the combined treatment of HPV-associated genetic diseases // Status praesens. 2017. 16 p.
25. Sheveleva A. S. Human papillomavirus as the main factor in the occurrence of cervical cancer // Young scientist. 2016. No. 30. pp. 127-129.
26. Peirson L, Fitzpatrick-Lewis D, Ciliska D. Screening for cervical cancer: a systematic review and metaanalysis. *Syst Rev.* 2013; 24:2- 35.
27. Martin-Hirsch PP, Bryant A. Interventions for preventing blood loss during the treatment of cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2013; 12:27-35.
28. Grabosch SM, Shariff OM, Wulff JL. Non-steroidal anti- inflammatory agents to induce regression and prevent the progression of cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2014; 9:123-129.
29. Santesso N, Mustafa RA, Wiercioch W, et al. Systematic reviews and meta-analyses of benefits and harms of cryotherapy, LEEP, and cold knife conization to treat cervical intraepithelial neoplasia. *Int J Gynaecol Obstet.* 2016;132(3):266-271.
30. Rositch AF, Soeters HM, Offutt-Powell TN. The incidence of human papillomavirus infection following treatment for cervical neoplasia: a systematic review. *Gynecol Oncol.* 2014;132(3):767-779.
31. Camargo MJ, Russomano FB, Tristão MA. Large loop versus straight-wire excision of the transformation zone for treatment of cervical intraepithelial neoplasia: a randomised controlled trial of electrosurgical techniques. *BJOG.* 2015;122(4):552-557.
32. Dolman L, Sauvaget C, Muwonge R. Metaanalysis of the efficacy of cold coagulation as a treatment method for cervical intraepithelial neoplasia: a systematic review. *BJOG.* 2014;121(8):929-942.
33. Martin-Hirsch PP, Paraskevaidis E, Bryant A. Surgery for cervical intraepithelial neoplasia. *Cochrane Database Syst Rev.* 2013; 4:23-31.
34. Esmiot ML, Mahran M, Worcester B. Cervical surgery for cervical intraepithelial neoplasia and prolonged time to conception of a live birth. *BJOG.* 2013;120(13):1697.

CONTENTS

ECONOMICAL SCIENCE

Islomov Shuhrat Marufjonovich. - Yashil ish o'rinlari orqali ekologik barqarorlikni ta'minlash.....	3
Islomov Shuhrat Marufjonovich. - Gig iqtisodiyotidagi mehnat bozori.	7
Islomov Shuhrat Marufjonovich. - Texnologik rivojlanishlarning mehnat bozori dinamikasiga ta'siri.	11
Abdullaeva Shakhnoza Erkinovna. - Social programs and the role of tourism in its development.....	15
Baxranov Doniyor. - Raqamli iqtisodiyot sharoitida operatsion auditni takomillashtirish.	19

CULTUROLOGICAL SCIENCE

Халиков Акмал Таджидинович. - Научно-теоритические взгляды на спортивные термины и терминологические системы в лингвистике.	26
---	----

HISTORICAL SCIENCE

Примкулова С.Б. - Священная книга.	30
--	----

MEDICAL SCIENCE

Akbarov Avzal Nigmatullaevich, Tillakhodzhayeva Madina Maxirovna. - The main diagnostic methods used in orthopedic treatment with dental implants in patients with osteoporosis.	33
Halimova Ezoza Mirzokhidovna. - Changes in serum lipid indicators during the development of ovarian polycystosis syndrome.	36
Khudoyberganov Azizbek Ruzbaevich. - Advancements in the Diagnosis and Treatment of Eye Injuries.	39
Mukhamedova Sh.Yu. - Features of background pathology in patients with inflammatory diseases of the face and neck.	43
Sabirov E.E., Boymuradov Sh.A. - Learn of molecular genetic criteria for the occurrence of gum recession (literature review).	45
Ахмедова Д.И., Норматов Н.Т., Сотволдиева М.Ш. - Анализ врожденных пороков сердца у детей по данным ОДДМЦ Андижанской области Республики Узбекистан.	48
Ахмедова Д.И., Норматов Н.Т., Сотволдиева М.Ш. - Анализ хирургического лечения врожденных пороков сердца у детей.	50
Жураев Б.Н., Холматова М. А. - Догоспитальные факторы, влияющие на течение острых одонтогенных остеомиелитов, осложненных флегмонами.	52
Халимова Эъзога Мирзохидовна. - Тухумдон поликистоз синдроми ривожланишида қон зардобиди липид кўрсаткичларини ўзгариши.	56
O`ktamov I. G`. - Role of photodynamic therapy and topical antibiotics in the treatment of chronic suppurative otitis media.	60
Khursanov Yokubjon Erkin ug'li., Kurbaniyazov Zafarjon Babajanovich. - Modern methods of hernioplasty treatment for compressed abdominal hernias after surgery.	63
Alimova D.D. - Graduated treatment and diagnostic algorithm in various phenotypes of polypous rhinosinusitis.	74
Akbarov Avzal Nigmatullaevich, Tillakhodzhayeva Madina Maxirovna. - Evaluation of the effectiveness of orthopedic treatment using dental implants in patients with systemic osteoporosis.	77
Bektimirov A.M-T¹., Abdullaev A.O²., Dauletbayev A.D. - Dynamics of total protein, albumin and globulin in the study of polyvalent serum of intestinal yersiniosis obtained from experimental animals at immunization stages.	80

Boboeva R.A., Karimova D.I. - Clinical manifestations of allergies in children with helmentoses.	84
Hoshimov Bobur Lukmonovich. - Morphogenetic aspects of hemodynamic disturbances occurring in trunk blood vessels of rats in experimentally induced metabolic syndrome.	86
Kasimov O. Sh., Abdullaev A.O., Seytnazarov M.M. - Dynamics of iga, igm and igg indicators of polyvalent diagnostic serum of intestinal yersiniosis at the stages of immunization.	89
Исақов Қувончбек Бахтиярович. - Атеросклероз касалигида аневризмининг ривожланиш морфогенези.	96
Мухсинова Махзуна Холмурадовна. - Ўзбекистон чакалоқларда қизилўнғач туғма аномалияларини учраш даражасини регионал жихатлари.	97
Каланходжаева Ш.Б. - Качество жизни и психоэмоциональное состояние пациенток с синдромом Шерешевского-Тернера.	101
Каланходжаева Ш.Б. - Level of anxiety in patients with Shershevsky-Turner syndrome.	103
Муллабаева Г.У., Шодиметова Ш.С. - Взаимосвязь между сахарным диабетом и хронической сердечной недостаточностью.	105
M.N. Tillyashaykhov, M.S Salomov. - Prostate cancer: relationship between vascular diameter, shape and density and Gleason.	107
Зуфарова Ш.А., Туракулова Ш.Ш. - Роль онкомаркеров при «малых формах» эндометриоза.	108
Khasanov M.Kh., Nuraliev N.A., Safarov J.O., Tukhtayeva M.A. - The importance of the cytokine composition of tear fluid in the treatment of chronic uveitis.	111
D.X. Zakirova, F.A. Gafurova - Optimization of management tactics for women with high-oncogenic HPV.	113
Khaydarov Shovkatjon Madaminjon ogli, Ermatov Nizom Zhumakulovich. - Nutrition of frequently ill children.	117
Юсупова И.М., Исламова Ж.И., Нарбутаева Д.А., Арипова С.Ф., Артыкова Д.М. - Изучение уровня гликемии, активности перекисного окисления липидов и антиоксидантной защиты у животных с экспериментальным тиреотоксикозом на фоне введения экстракта из <i>srambe kotschyana</i>	119
Iskandarova G.T., Samigova N.R., Xadjayeva U.A. - Hygienic description of chemical factor in mechanical engineering enterprises.	122
Матрасулов Р.С.², Нишанов Д.А., Авезов А.У, Айтимова Г.Ю. Урунбаева Н.А. - Экспрессия маркера KI-67 при нефробластомах у детей.	125
D.X. Zakirova, F.A. Gafurova. - Optimization of management tactics for women with high-oncogenic HPV.	127
Iskandarova G.T., Samigova N.R., Xadjayeva U.A., - Hygienic description of chemical factor in mechanical engineering enterprises.	131
Khudaikulova Shokhida Khudaikulovna. - Histological features of the thymus in maturely born infants.	134
Makhudbekov Boburmirzo Odiljon ogli. - Improvement of complex treatment of lower jaw odontogenic osteomyelitis in children.	137
Идиев З.З., Мансурова С.А. - Функциональная эндоскопическая синус хирургия у детей хроническим синуситом.	143
Окбоев З.Б., Исраилов Р.И. - Опыт остановки кровотечения гемобеном из глубокой раны мягких тканей в области лица.	145
Хошимов Ж.Т. Турсунов К.К. - Тизза бўғими орқа бутсимон боғлами жарохати ва бўғимнинг орқа ностабилиги жаррохлик йўли билан даволашда замонавий ёндашувлар.....	149
Eshmatov I.A. - Improving the treatment of children of small school age with injuries of soft tissues of the oral cavity.	153

P.A. Fatullayeva, A.A. Medjidov, V.N. Khrustalev, Onur Sahin, R.H. Ismayilov, Q.M. Aliyeva. - Synthesis, structure and properties of complex vo(iii) with (3,5-ditertbutyl 2-hidroksibenzi) nicotinic acid hydrazone.155

Kamilova A. T., Sultankhodzhayeva Sh. S., Geller S. I. – The state of intestinal wall permeability in children with food protein induced enterocolitis syndrome, depending on the level of Ig E.157

PEDAGOGICAL SCIENCE

Makhamadalieva Zukhra Bakhrom kizi. - Semantic analysis of phraseological units with a number component in English.159

Makhamadalieva Zukhra Bakhrom kizi. - Functional classification of phraseological units with number component in English.162

Эрназаров Алишер Эргашевич, Алимкулова Хулкар Толибовна. - Фанлар бўйича талабаларнинг билим, кўникма ва малакаларига қўйиладиган талаблар.167

Aliyeva, Gulnura Aliyevna. - Ta'lim tilimida kredit modeli sistemasi.174

Маждидова Ферузахон Алишеровна, Нигматуллина Лилия Алиевна. - Влияние стратегии семейного воспитания на развитие творческих способностей детей дошкольного возраста.176

Таджиева Наргиза Рустамовна. - Управленческая деятельность руководителей образовательных учреждений.181

PHILOLOGICAL SCIENCE

Шеранова Алия Халдарбековна. - Лингвистические факторы и проблемы развития языка в арабских странах.185

Shomurodova Zarifa Berdiyrovna. - The comparative analysis of the adjectives in English and Uzbek languages.191

Qumar Begniyazova. - Types of electronic hypertext in Internet journalism.195

Shomurodova Zarifa Berdiyrovna. - The comparative analysis of the adjectives in english and uzbek languages.201

Tursunalieva Madinabonu Baxodirjon qizi. - Formation and classification of phraseological units in english language.207

Ibrohimova Nozima. – Strategies to develop writing skill at elementary level learners.211

Алимкулова Хулкар Толибовна. – Талабаларнинг тил ўрганиш қобилиятларини ривожлантиришнинг назарий асослари.217

Чинкулова Гулмеҳра Баҳроновна. – Ўқув машғулотларини замонавий ташкил қилиш ва бошқариш технологияларининг аҳамияти.224

PHILOSOPHICAL SCIENCE

Boymurodov Zohid Shokirovich. – Social characteristics of lifestyle and changes in modern society.231

PHILOSOPHICAL SCIENCE

Ibragimova Zarnigor Orifjon qizi. - The emergence of the internet and its socio-psychological functions.235

STATE AND LAW

Муминов Ботир Буриевич. - Фирибгарлик жинояти профилактикаси: жиноят содир этиш усулларининг аҳамияти.240

Муминов Ботир Буриевич. - Фирибгарлик жиноятларининг виктимологик профилактика қилиш амалиёти: айрим жиҳатлар.243

Собиров Дилмуроджон Баракотович. - Давлат бошқаруви органлари компетенция доираси.247

TECHNOLOGICAL SCIENCE

Маркс Хакимов, Алписбай Толибаев, Мирсодиқ Миржалилов. - Экиш аппаратини ўрнатиш баландлигининг сеялканинг ҳаракат тезлигига боғлиқлиги.	255
Садритдинова Зулфия Исраиловна. - Абул- Вафа и его заслуга в развитии тригонометрии.	258