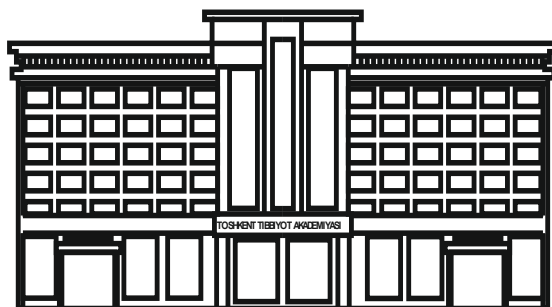


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improvement in quality of life correlates with tremor control and enhanced functional activity. Zonisamide showed comparable efficacy to propranolol, particularly relevant for patients with cardiovascular contraindications.

CLINICAL SIGNS AND MANIFESTATION OF COVID-19-ASSOCIATED REACTIVE ARTHRITIS

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Introduction. The pandemic was completed fully, while post-COVID-19 manifestation continues with various manifestations. The number of musculoskeletal events increased after COVID-19 infection. It is important to evaluate joint syndrome in patients who has suffered from COVID-19. One of the post-COVID-19 manifestations is a joint syndrome, such as COVID-19-associated reactive arthritis (Cov-19-ReA). Cov-19-ReA manifests as symmetrical, oligoarthritis mainly involving peripheral or axial joints of lower extremities and associated with extra-articular manifestations.

Purpose. Evaluate joint syndrome, disease manifestation and course in patients with COVID-19-ReA.

Materials and methods. The study was conducted at Tashkent Medical Academy between 2021 and 2025. The study involved 135 patients with complaints of joint pain and swelling at any joints of body that appeared after COVID-19 in anamnesis. All patients were determined positivity of SARS-CoV-2 IgG with PCR test. All patients suffered from moderate-to severe COVID-19. The age of patients was between 20 and 65 years old. The patients were 80,7% women and 19,3% men. All participants were subject to demographic data, clinical- tender joint count (TJC) and swollen joint count (SJC), functional-visual analogue scale (VAS 0-10 mm), duration of morning stiffness and laboratorial: C-reactive protein (CRP), erythrocyte sedimentation rate.

Results. The mean age of the study group was 54.7 ± 3.8 , the female: male ratio was 2.6:1, and the duration of joint symptoms was 10.4 ± 11.8 (range 1-42) weeks. The severity of the COVID-19 disease was mild in 63.7% of cases, moderate in 27.4% and severe in only 8.9% of the cases. The duration between COVID-19 diagnosis and CoV-19-ReA varied between cases, with a mean value of 8.1 ± 3.2 (range 1-12) weeks. Patients suffered from various COVID-19 symptoms such as in 89% of patients with fever, in 64.4% cough, in 51.8% anosmia, and by 38.5% with ageusia, myalgia, fatigue, and diarrhea, dyspnea and runny nose 12.6%, 25.9% and 35.6% respectively. Joint syndrome onset with monoarticular, oligoarticular and polyarticular, 12.6%, 37.8% and 49.4%, respectively. Interestingly, joints of the higher extremities were also involved in joint syndrome at 49.6%, and were primarily damaged by small joints of the hand, shoulder and elbow joints. In the lower extremities, the knee and heel joints were mainly involved in 48.9% and 26.7%, respectively. The pattern of synovitis was determined by a TJC of 4.6 ± 1.35 (range 1-8) joints and SJC 4.8 ± 1.64 (range 0-7) joints. Both TJC and SJC correlated positively with the duration of morning stiffness ($r=0.9$ and $r=0.6$), but did not correlate with the VAS pain scale. VAS pain scale was 7.34 ± 1.76 . The mean level of CRP was 17.54 ± 3.8 , while ESR showed 24.6 ± 2.4 . Patients responded well to NSAIDs alone in 69,2% of cases, local (intra-articular or peri-articular infiltrations) or systemic corticoids (5 mg Prednisolone equivalent) were administered in 3,84% and 7,69% of cases, respectively, and in 19,2% of cases (two patients), Methotrexate was administered.

Conclusion. CoV-19-ReA may represent a post COVID-19 sequelae. The time of onset of CoV-19-ReA varied between 1 and 12 weeks after COVID-19 diagnosis. The clinical pattern of the disease was expressed by joint or periarticular involvement, mainly affecting the hand, feet and knee symmetrically. Most of the patients responded well to NSAIDs; only in a few particular cases, low doses of corticoids and/or Methotrexate were recommended, in which the disease manifested with high inflammation and more joint involvement with severe synovitis.

RESULTS OF THE INITIAL ULTRASOUND STUDY OF THE COMMON CAROTID ARTERY CARDIOEMBOLIC STROKE PATIENTS WITH ATRIAL FIBRILLATION

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Introduction: As is known, in the genesis of cerebral ischemia, the typical clinical symptom of which is hemiparesis, the main role is played by the development of the atherosclerotic process in the vascular wall. When foreign bodies, such as blood clots, travel from the heart to the brain, it can cause a cardioembolic stroke, a type of ischemic stroke. Various heart conditions can increase the risk of developing cardioembolic stroke, including: atrial fibrillation, heart failure, coronary artery disease, and patent foramen ovale. Early diagnosis of atherosclerotic arterial disease and 24-hour heart rate monitoring may be important in redefining risk and facilitating the use of aggressive preventive therapy. Currently, ultrasound examination of structural and functional changes in the main arteries has become widely used among the methods of diagnosing atherosclerosis. A direct connection between the increase in the thickness of the carotid artery (CA) and atherosclerosis has been noted in many studies.

Aim of the research: To study the condition of the common carotid artery in patients who have suffered cardioembolic stroke in the background of atrial fibrillation and with indications for planned anticoagulant therapy.

Materials and methods: To study the carotid artery, 102 patients hospitalized in the intensive neurology department of the Tashkent Medical Academy clinic were examined, all patients aged 45 to 84 years (mean age 60.1 ± 8.1

(61 years)), who had a history of atrial fibrillation of varying duration, as well as with different types of carotid lesions, established on the basis of the results of diagnostic duplex scanning. All patients upon admission to the hospital underwent the following examination: assessment of stroke severity using the NIHSS scale, echocardiography, 24-hour Holter monitoring, ultrasound examination of the brachiocephalic arteries, and selective angiography of the carotid system (as indicated).

Research results: In 2/3 of the examined patients, the intima media thickness of the common carotid artery was higher than the normal values: IMT ≥ 0.9 in left CCA $n=68$ (66.7%, $M\pm SD$ 1.1 ± 0.2 mm), in right CCA $n=65$ (63.7%, $M\pm SD$ 1 ± 0.2 mm). The dimensions of the common carotid artery are above normal in approximately 75% of patients ($M\pm SD$ 7.2 ± 0.5 mm). Although 30% of the examined patients did not have atherosclerotic plaques in the carotid arteries, the rest had varying degrees of stenosis of the common carotid artery. More than half of the patients had stenosis up to 50% in left CCA $n=76$ (74.5%), in right CCA $n=78$ (76.4%), asymptomatic stenosis of the common carotid artery by 50-70% was observed in 17.6% of patients with stenosis of left CCA, 13.7% of patients in right CCA, and narrowing by more than 70% with symptoms was observed in 7.8% and 9.8% of patients, respectively ($M\pm SD$ 34.9 ± 14.8 and 34.9 ± 13.2). No significant differences were observed in the parameters in the left and right carotid arteries. The study revealed the following prevalence rates of atrial fibrillation: paroxysmal form – 66 (64.7%), persistent form – 5 (4.9%), long-term persistent form – 3 (2.9%) and permanent form – 28 (27.4%). When analyzing the duration of atrial fibrillation in patients with carotid artery stenosis of 50-70% in comparison with patients who have stenosis up to 50% or above 70%, no statistically significant differences were found.

Conclusion: According to the results of ultrasound examination of the common carotid artery in the general group of patients, a combined stenotic atherosclerotic lesion of the carotid basin was noted, which was expressed in the presence of atherosclerotic plaques narrowing the lumen by an average of one third, as well as signs of endothelial dysfunction, manifested in an increase in the thickness of the intima-media complex.

ASSESSMENT OF COMPLIANCE WITH HYPOURICEMIC THERAPY IN PATIENTS WITH GOUT

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Only 50% or less of patients with gout receive therapy that reduces the level of uric acid (UA) in the blood serum, and even in this case, the doses of drugs are insufficient to effectively reduce it to the target level. Numerous studies have proven that gouty inflammation does not stop even during the interictal period, i.e. in the absence of joint syndrome, when the patient does not complain and there is no objective picture of arthritis signs.

Purpose of the study. To analyze adherence to hypouricemic therapy in patients with gout.

Materials and methods. The study included 60 patients with a reliable diagnosis of gout who sought therapy correction at the arthrological Scal based at the multidisciplinary clinic of the Tashkent Medical Academy. The diagnosis of gout was established based on the ACR / EULAR criteria (2015). Hyperuricemia was diagnosed according to the EULAR criteria (2006) at a UA level of > 360 mmol / l. Allopurinol was used as urate-lowering therapy at a starting dose of 100 mg / day with a subsequent increase of 100 mg / day every 2-3 weeks until the target UA level was achieved. In cases of inefficiency (target UA level not reached) of the maximum possible doses of allopurinol and/or the presence of adverse reactions (ARs, including those according to the anamnesis) associated with this drug, febuxostat was prescribed at an initial dose of 80 mg/day, which was increased to 120 mg/day if necessary. After 6 months, the patients' adherence to urate-lowering therapy was determined using the Morisky-Green questionnaire, which included four questions. All patients underwent a full clinical examination, including anthropometric measurements (body weight, height, body mass index), general clinical tests, lipid profile studies, glucose, uric acid, creatinine, urea, CRP in serum, ECG, echocardiography, ultrasound of the kidneys and joints, and X-ray examination of the joints. In addition, the levels of adherence to drug therapy and lifestyle modification in patients with gout were assessed.

Results and discussion. Among the examined patients with gout, 71% were men and 29% were women. The average age of the patients was 54.3 ± 8.3 years, with the majority of patients aged 42 to 60 years. In most patients, the average duration of the disease was 4.57 ± 1.35 years, i.e. did not exceed 5 years, the frequency of arthritis exacerbations ranged from 1 to 4 attacks per year (average 2.23 ± 0.32). In patients, the first metatarsophalangeal joint (91%) and ankle joints (62%) were predominantly affected, with the knee joints and small joints of the hands, elbow joints being less common (34%, 22%, 6%, respectively). The UA level ranged from 392 to 775 mmol/l (average 504.8 ± 83.7 mmol/l). Concomitant diseases were detected in 86% of patients, arterial hypertension was predominant - in 76% of patients. In 9 patients with gout, there was a history of poor tolerance to allopurinol: 4 - itching of the skin, 2 - urticaria, 3 - more than twofold increase in the level of ALT and AST. The opinion of the surveyed patients was collected on the awareness of compliance with hypouricemic dietary recommendations: 82% of patients did not follow the diet or systematically violated it. 64% of patients were not regularly monitored by a doctor and did not receive therapy before inclusion in the study. Patients with gout in combination with arterial hypertension took antihypertensive drugs: ACE inhibitors (enalapril, perindopril, capoten) - 60% of patients, less often calcium antagonists (amlodipine) - 32% and β -blockers (metoprolol, bisoprolol) - 18%. 48% of patients with gout took low doses of thiazide diuretics, 70% - low doses of aspirin. After 6 months of observation, patients were offered to undergo the Morisky-Green test to assess adherence to the prescribed therapy. By the end of the observation (after 6 months), 68% of patients received urate-lowering therapy, 60% of them achieved the target UA level, and in the group of patients taking

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