

ISSN : 2746-8402

Indexed by:

ROAD



zenodo

INTERNATIONAL VIRTUAL CONFERENCE ON

LANGUAGE AND LITERATURE PROCEEDING

Publisher: Malang, Politeknik Negeri Malang
Medium: Online
Country: Indonesia



Editorial Team

Dr. Oro Cabanas

Available at <http://ivicolpolinema.com/index.php/II>

The scope of the journal includes but is not limited to

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International Virtual Conference on Language and Literature Proceeding.

Conference form: correspondence Internet conference.

Working languages: Indonesian, Russian, Uzbek, and English.

Indexed Google scholar, Zenodo

Part .2 <https://doi.org/10.5281/zenodo.13920336>

Indonesia July December 2024

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Влияние оптимизированных методов реабилитации на качество жизни пациентов с нефропатией седалищного нерва

Мирджураев Э.М, Исмаилов З.Н

Актуальность. На сегодняшний день наиболее актуальной проблемой остается укрепление здоровья детей и профилактика детской инвалидности. На мировом уровне вопросы выявления факторов, вызывающих травматические нейропатии у детей, современные подходы к контролю и лечению осложнений, разработка методов реабилитации еще не изучены в полной мере. В связи с этим важно поднять на новый уровень уровень медицинского обслуживания населения, особенно детей, повысить уровень реализации мероприятий, направленных на раннее выявление заболеваний нервно-двигательной системы у детей и профилактику их осложнений.

Цель исследования. Заключается в раннем лечении заболеваний ПНТ, совершенствовании комплексных реабилитационных мероприятий после лечения, и влияние его на качество жизни больных детей.

Материалы исследования. Научные исследования проводились на базе Республиканского детского центра реабилитации опорно-двигательного аппарата Ташкентской области.

Объект исследования. Объектом исследования были выбраны пациенты с заболеваниями периферической нервной системы от 3 до 18 лет.

Методы исследования. Проводились клиничко-неврологические, сравнительные обследования, сбор анамнеза, специальные тесты для лучшего определения уровня, тяжести и частоты заболевания

Полученные результаты. После проведенных лечебных, профилактических и комплексно-реабилитационных мероприятий наблюдались хорошие показатели в состоянии всех пациентов, в той или иной степени.

Выводы. При лечении больных с поражением периферической нервной системы длительная реабилитация, в отличие от принципов традиционного лечения, и в этом процессе комплексное лечение больных фармако-физио-

механотерапией и ортопедическими процедурами дает отличный результат. Тем не менее, эффективность ожидаемого результата остается низкой из-за того, что вышеуказанные принципы не всегда соблюдаются в современных стационарных и амбулаторных условиях. С учетом этого особое значение приобретает концентрация больных, находящихся на лечении в различных регионах нашей республики, в специализированных лечебно-профилактических учреждениях, проведение одновременно неврологического, ортопедического, физиотерапевтического и психолого-педагогического лечения, а также выявить недостатки при выборе наиболее оптимального метода. При этом желательно в формируемых в системе здравоохранения стандартах лечения полностью изучить последовательность указанных выше комплексных мероприятий при лечении больных с нарушениями нервно-двигательного аппарата и разработать порядок их включения в стандарты лечения.

Innovative technology of laser treatment of viral warts

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Abstract. Warts are skin growths, mostly benign, caused by different types of human papillomavirus (HPV).

HPV, getting on the skin or mucous membrane, penetrates into the cell and penetrates into the nucleus, where it can remain inactive for a long time. In conditions leading to immunosuppression, the virus begins to multiply in the nucleus, causing the proliferation of epithelial tissue.

Key words: warts, human papillomavirus.

It is obviously impossible to achieve a complete cure for HPV infection through monotherapy at the present time. However, the therapeutic methods of modern medicine make it possible to inactivate the virus and achieve stable long-term remission [1].

Methods that reliably ensure the removal of warts are the external use of salicylic acid-based drugs (possibly used at home) and cryotherapy prescribed by a doctor. Injectable immunotherapy in the treatment of non-genital common (vulgar) warts can be used on large, poorly treatable warts (Table 1).

Warts occur in 10% of children and adolescents. The age group of 12-16 years is most at risk. Girls have warts more often than boys. The peak incidence occurs at 13 years of age in girls and 14.5 years in boys [4].

It was found that without special treatment, warts disappear after 2 years in 40% of children [5]. They usually continue to increase in size and may become more resistant to exposure over time [6]. Children with treatment-resistant warts can become active carriers of HPV. In addition, depending on the location, warts can be painful (for example, when placed on the sole or periarticular roller), and also be perceived as an obstacle to communication if the warts are located in visible areas (for example, hands or face) [7].

Treatment approaches

Currently, there are different approaches to the treatment of warts, including observation and a combination of several methods to increase effectiveness. The choice of treatment method should be carried out on a case-by-case basis based on the doctor's experience, the patient's preferences and the application of a scientifically based approach. In immunocompromised patients complaining of warts, treatment may not lead to significant improvement, and warts may be resistant to the drugs used. The two most common methods of wart removal are the use of salicylic acid preparations and cryotherapy with liquid nitrogen [8].

Injectable immunotherapy

Injectable immunotherapy is based on the ability of the immune system to recognize certain viral and fungal antigens. A skin antigen test for *Candida* is usually used. It is generally believed that a delayed hypersensitivity reaction under the influence of these antigens increases the ability of the immune system to recognize and remove HPV. In a study by M. Clifton et al. [6] showed complete (100%) wart removal in 47% of patients and 75-99% wart removal in 13% of patients. In 34% of the participants in the study, complete removal of all warts distanced from the injection site was noted. In 22% of the study participants, the effectiveness of therapy was 75-99% for warts located at a considerable distance from the injection site. There was no cure for warts in remote areas with the use of other drugs.

S. Johnson et al. [22] analyzed the removal of warts with the introduction of *Candida* antigens and mumps and compared their effectiveness with the effectiveness of cryotherapy. Complete removal of warts was achieved in 49% of cases in those who underwent immunotherapy with mumps and in 70% of cases in those who underwent immunotherapy with *Candida* antigens, while the same indicator when using cryotherapy corresponded to 42%. The most common side effect was itching at the injection site [6]. There was also a flu-like condition lasting less than 24 hours and improved when taking nonsteroidal anti-inflammatory drugs. The high therapeutic efficacy of injectable immunotherapy indicates that this is a promising method of treating warts, although it requires clinical studies and safety

assessment. R. Brodell et al. [9] recommend injectable immunotherapy as second-line therapy for plantar warts and third-line therapy for simple and flat warts.

Conclusion

Currently, salicylic acid-based drugs are the drugs of choice for the external treatment of HPV. Modern combination drugs, such as Collomac, make it possible to increase the effectiveness of treatment using salicylic acid, while maintaining a high level of safety. In addition, it is important that such treatment is safe and inexpensive. The remaining methods can be used for individual intolerance to salicylates, as well as as part of combination therapy.

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