



**«FUNDAMENTAL, AMALIY TIBBIYOT VA FARMATSIYA
YUTUQLARI»
80-XALQARO ILMIY-AMALIY KONFERENSIYA
MATERIALLARI TO‘PLAMI**

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«ДОСТИЖЕНИЯ ФУНДАМЕНТАЛЬНОЙ, ПРИКЛАДНОЙ
МЕДИЦИНЫ И ФАРМАЦИИ»**

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Results: Early surgical necrectomy and harvesting of split-thickness skin grafts were accompanied by blood loss of 6–10 ml per 100 cm². Application of Hemoben resulted in immediate cessation of bleeding, forming a thin adherent film on the wound surface. Pain was minimal. Donor sites remained clean, without infection or inflammation. On the 3rd postoperative day, wound surfaces were dry, with clear signs of epithelialization. No discharge was observed. By the 7th day, near-complete graft take was noted. The suture line appeared thin and well-defined, without hyperemia or infiltration. The graft remained soft, elastic, and pale pink. No signs of infection were detected. By days 11–13, complete graft engraftment with full restoration of the defect was observed, with only minor contraction of the healed area.

Conclusion: Adequately performed local hemostatic therapy during surgery can significantly reduce blood loss and improve treatment outcomes in severely burned patients. The use of the domestic hemostatic agent Hemoben is an effective and promising approach. It facilitates early necrectomy with simultaneous or delayed autodermoplasty, accelerates wound healing, shortens hospital stay, and reduces the risk of infectious complications and mortality.

INTESTINAL MUCOSAL REMODELING AFTER MINI-GASTRIC BYPASS IN TYPE 2 DIABETES MELLITUS

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World Health Organization estimates that the global prevalence of diabetes continues to increase. The vast majority of cases are represented by type 2 diabetes mellitus (T2DM). At the same time, excess body weight and obesity remain widespread worldwide, and a considerable proportion of individuals with overweight are diagnosed with diabetes mellitus, highlighting the strong association between obesity and type 2 diabetes.

The aim of the study: To investigate morphological changes in the small intestinal mucosa of patients with type 2 diabetes mellitus before and after mini gastric bypass (MGB) surgery, based on comparative histological and immunohistochemical analysis of biopsy specimens.

Research methods: This prospective comparative study enrolled 125 patients with confirmed T2DM: **Group 1 (n=67)** comprised patients prior to MGB surgery, and **Group 2 (n=58)** comprised patients at 6–12 months following MGB. The two groups were matched for age, sex, and duration of T2DM ($p > 0.05$). Biopsy specimens were obtained intraoperatively from three standardized anatomical zones: zone A — at the gastrojejunal anastomosis; zone B — 50 cm distal to the anastomosis; zone C — 150 cm distal to the anastomosis. The following methods were employed: standard histology (hematoxylin and eosin staining), periodic acid–Schiff (PAS) reaction, morphometric analysis of villi and crypts (≥ 15 villi and 10 crypts per specimen), and immunohistochemistry (IHC) targeting GLP-1, GIP, Ki-67, and E-cadherin. Statistical analysis was performed using the Mann–Whitney U test and Spearman's rank correlation coefficient; the threshold for statistical significance was set at $p < 0.05$.

Results: In Group 1, histological examination revealed villous shortening (338 ± 45 μ m), a reduced villus-to-crypt ratio (1.53), and a decreased Ki-67 proliferative index (14.1%). Following MGB (Group 2), a significant increase in villous height was observed (+41.7%; $p < 0.001$), accompanied by normalization of the proliferative index and restoration of epithelial barrier function, as evidenced by E-cadherin expression of 66.9%. In patients with T2DM prior to MGB, villous shortening (338 ± 45 μ m), reduced Ki-67 ($14.1 \pm 3.0\%$), and a decreased density of GLP-1-positive L-cells were identified — findings consistent with metabolic enteropathy. Following MGB, significant mucosal reorganization was documented: villous height increased by 41.7% ($p < 0.001$), the villus-to-crypt ratio normalized ($1.53 \rightarrow 2.21$), and a twofold increase in L-cell density was recorded in the distal zone. Restoration of epithelial barrier function was

confirmed by a significant rise in E-cadherin expression (33.8→66.9%; $p<0.001$) and in the proportion of PAS-positive goblet cells (30.9→57.6%; $p<0.001$).

Conclusion: A statistically significant inverse correlation was established between morphometric parameters and HbA1c levels ($r=-0.67$), supporting the pivotal role of the small intestine in the surgical remission of T2DM. Morphological parameters derived from small intestinal biopsies represent objective and reproducible criteria for evaluating the efficacy of metabolic surgery.

PREVENTION OF POSTOPERATIVE COMPLICATIONS IN MULTINODULAR NON-TOXIC GOITER

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Aim of the study. To study the dynamics of thyroid remnants in the postoperative period in patients operated on for multinodular non-toxic goiter.

Materials and methods. A total of 82 patients aged 29 to 64 years with multinodular non-toxic goiter were examined. They were treated at the Samarkand City Medical Association from 2014 to 2016. Group 1 consisted of 47 patients who underwent hemithyroidectomy. Group 2 included 35 patients who underwent subtotal subfascial strumectomy. All patients underwent comprehensive clinical and biochemical blood tests, ultrasound examination of the thyroid gland, and histological analysis.

Results. In Group 1, three months after hemithyroidectomy, the volume of the preserved thyroid lobe was $8.5 \pm 0.5 \text{ cm}^3$. Between 3 to 6 months: 18 patients showed an increase in volume by $1.2 \pm 0.4 \text{ cm}^3$, 21 patients had stable thyroid remnants, 8 patients exhibited atrophy of the thyroid remnant. In Group 2, three months after subtotal subfascial strumectomy, the thyroid remnant volume was $5.4 \pm 0.6 \text{ cm}^3$. Between 3 to 6 months: 19 patients had stable remnant volumes, 11 patients experienced a decrease to $3.12-3.96 \text{ cm}^3$, 5 patients showed an increase in volume by $1.4 \pm 0.4 \text{ cm}^3$. Structural changes in the thyroid remnant were categorized as: Stable—48.8%, Hypertrophic—28%, Hypotrophic—23.2%.

One of the key indicators of surgical treatment effectiveness is the recurrence rate of goiter and the development of postoperative hypothyroidism. In our study, goiter recurrence occurred in 2 cases (2.4%) after 3 years of follow-up. Recurrences developed in patients who had initially undergone hemithyroidectomy, and all cases were associated with postoperative hypothyroidism. This highlights the importance of organ-preserving surgical approaches to retain sufficient functional thyroid tissue.

The main manifestations of surgical trauma include tissue edema and hematoma formation, which complicate visualization of the thyroid remnant. Edema begins to subside within three months, with complete resolution occurring within four months. Therefore, an objective assessment of the thyroid remnant is most accurate after three months post-surgery.

Conclusions. During the first six months after surgery, three structural changes in the thyroid remnant were observed: stable 48.8%, hypertrophic 28%, and hypotrophic 23.2%. Postoperative patients require long-term follow-up by an endocrinologist or endocrine surgeon, regular ultrasound monitoring, and hormone level assessments. If necessary, hormone replacement therapy should be initiated.

DIAGNOSTIC AND THERAPEUTIC ROLE OF ENDOSCOPY IN MALLORY-WEISS SYNDROME

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