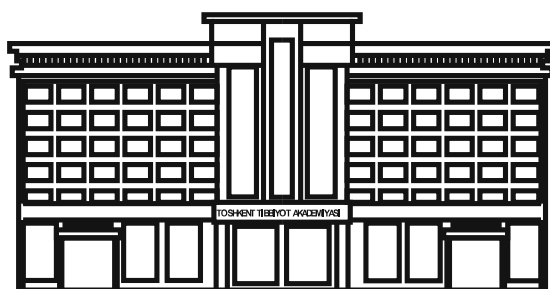


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THE IMPORTANCE OF MEDICAL EXAMINATIONS FOR YOUNG PEOPLE GETTING MARRIED

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The family is one of the important links of our society. The health of young families is one of the important social tasks of the state. Medical examination of young people who are getting married before starting a family is the first step in creating a strong family. Family is the main link of human life. Medical examination of the bride and groom before marriage ensures the strength of the new family and the well-being of the unborn children. In accordance with the decision of the Cabinet of Ministers of the Republic of Uzbekistan dated August 25, 2003 "On approval of the regulation on medical examination of married persons", future brides and grooms will undergo a free medical examination. The main goal of medical examination of married persons is to prevent hereditary and reproductive diseases, to create a healthy environment in the family.

The purpose of the study: To determine the theoretical knowledge of young married people in the field of medical examination, as well as to determine the characteristics and problems in the application of norms related to this issue, as well as to search for ways to further improve medical examination

Materials and research methods: The socio-sociological views of the young people who came to undergo a medical examination for marriage at the multidisciplinary central polyclinic of the New Life district of Tashkent, and the work of the doctors and nurses working there. socio-hygienic, mathematical-statistical and evidence-based medical methods were used to collect anamnesis(100) and fill out a questionnaire

Research results: According to the results of the survey, 55% of the married young people interviewed are women and 45% are men. Considering their socio-demographic origin, the youngest age is 18-20 (35%), 21-30 (50%), middle age is 31-40 (15%).

During medical examinations, 55% of the population did not face any problems, 39% of young people faced problems related to queues, 1% did not have tickets for Endocrinologist and Gynecologist examinations, and the remaining 2% faced various problems.

In the list of pre-marriage medical examinations, 20% suggested deepening genetic examinations and free examination, 19% deepening drug examinations, 3% infertility examination, 2% deepening cardiological and gynecological examinations.

49% said that all is well and no further examination is needed, 1% suggested removing cardiology and rheumatology examinations. 3% believe that no investigation is necessary.

The general incidence rates of those who are getting married in the period 2020-2023 are 15% in 2020, 6% in 2021, 16% in 2022, and 12% in 2023.

In 2020, among married couples, mental illness is 0.8%, drug addiction is 0.1%, HIV/AIDS is 0.6%. In 2021, mental illness will be 0.4%, drug addiction 0.1%, HIV/AIDS -0.3%. In 2022, mental illness will be 0.8%, drug addiction 0.05%, HIV/AIDS -0.6%. In 2023, mental illness will be 0.6%, drug addiction 0.03%, HIV/AIDS -0.4%.

Conclusion: Medical examination of young people getting married is one of the most important and important things today. Future spouses, first of all, should know about each other's true state of health in order to prevent negative consequences of marriage.

DETERMINATION OF THE RISK OF RECURRENCE OF SEVERE PREECLAMPSIA AFTER PRENATAL PREPARATION.

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Aim: Preeclampsia (PE), which usually occurs after 20 weeks of pregnancy, is one of the most severe pregnancy-related illnesses. It is characterized by sudden hypertension and is accompanied by at least one of the following complications: proteinuria and dysfunction of maternal organs. An estimated 4 million women are newly diagnosed with PE each year worldwide, resulting in the death of more than 70,000 women and 500,000 newborns, making it a leading cause of maternal and perinatal morbidity and mortality.

The World Health Organization estimates its prevalence worldwide to be 2–10%, with an increasing trend.. Depending on the time of onset of pregnancy, preeclampsia can be classified as early (<34 weeks) and late (≥34 weeks). In addition, if maternal blood pressure rises above 160/100 mmHg or signs of multiple organ damage appear, preeclampsia is considered severe

The frequency of secondary PE is 5.2%; with moderate arterial hypertension - 18.4%; with severe chronic hypertension - up to 100%. It has recently been shown that secondary PE can persist in patients for more than two years after childbirth.

Materials and methods: To achieve the goal of the scientific work, retrospective - collection of anamnesis , the course of a previous pregnancy complicated by severe preeclampsia , clinical and biochemical tests of blood and urine , ultrasound of the kidneys

Results . We examined 56 women with severe preeclampsia due to pyelonephritis during a previous pregnancy , who were divided into 2 groups : group - 1-35 women with pyelonephritis that developed during pregnancy , Group - 2 : 21 women with chronic pyelonephritis . A study of the patients ' anamnesis showed that in group - 1 , severe preeclampsia (TP) developed in the second half of pregnancy (24-34 weeks) . In group 2 , the examined women with chronic pyelonephritis noted the onset of an increase in blood pressure in the first trimester at 14-22 weeks , and then after 28 weeks the development of TP . A clinical and laboratory examination of women in group - 1 did not reveal any sharp deviations from the norm , while in group - 2 anemia was detected , urine tests showed signs of inflammation , biochemical tests showed an increase in alkaline phosphatase , a relative increase in the level of liver transaminases by an average of 10-15 % of reference values . The level of VEGF was higher in women of group - 2 by 14.3 % compared to group - 1 . Ultrasound revealed structural abnormalities of the renal pyelocaliceal system . Preconceptional anti - inflammatory treatment with uroseptics , herbal medicine and immunocorrective therapy was carried out . Dynamic observation during the next pregnancy showed that in 28 % of cases , retreatment of patients in group - 2 was required . In group - 1 , relapse of AFL was not observed .

Conclusion: preconceptional treatment of kidney pathology can reduce the incidence of recurrent kidney failure and early delivery by 4.8 times

DIFFICULTIES WITH DIAGNOSIS AND TREATMENT OF HELLP SYNDROME IN CLINICAL PRACTICE.

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Introduction: HELLP syndrome is one of the most important diseases that medical practitioners, especially gynecologists, should be knowledgeable about and able to differentiate from other obstetric illnesses, as well as rheumatologic conditions.

Aim: HELLP syndrome is a significant medical condition that clinicians, especially gynecologists, need to be aware of, as it can be difficult to differentiate from other pregnancy-related conditions and rheumatic disorders. The aim of this article is to provide an overview of the differential diagnosis of HELLP syndrome and discuss appropriate treatment options.

Materials and methods: In the obstetrics clinic, patient B.C., 35 years old. Complaints: No complaints of dizziness and sleep disturbances. History: The patient has not experienced any serious illnesses or surgeries in the past. She was currently pregnant with her third child. The pregnancy had been proceeding well. The patient has been taking antiplatelet and anticoagulant (Cardiomagnyl, Clexane) medications under the supervision of an obstetrician-gynecologist.

From November 13, 2023 to November 14, 2023, the patient had a fever with a temperature of 37.1°C, accompanied by weakness, pain in the joints and muscles, changes in the color of the skin on the hands and feet turning blue, as observed. The presence of primary vasculitis was suspected. On November 14, 2023, at 18:00, consultations were held by an infectious disease specialist, pulmonologist, cardiologist, and rheumatologist in the intensive care unit to determine the diagnosis and provide recommendations for further examinations. On November 15, 2023 patient's general condition remains stable but heavy. SpO2 - 94%. Oxygen saturation is maintained. Pulmonologist: 1. Chest CT scan (Bilateral diffuse pneumonia, Bilateral minimal hydrothorax). 2. IgG and IgM for covid-19. 3. Sputum analysis was ordered. Procalcitonin : 39.0, D-dimer: 10.0 [normal up to 0.5], Hepatitis B (HBsAg) IFA: Positive, ANA screen, -dsDNA, -ANCA, -sCL 70, -ACL (16.11.2023): Negative.

Results: Based on the patient's complaints, medical history, physical examination findings, and results of laboratory and instrumental examinations, there is a suspicion of systemic autoimmune diseases. The patient was reevaluated by a rheumatologist in the therapy intensive care unit.

Misdiagnosed as: Systemic autoimmune disease, undifferentiated type, with a severe course. Activity 3 (SLEDAI = 28 points), central nervous system involvement (disorientation, irritability), kidney (proteinuria), heart (tachycardia), blood vessels (Raynaud's syndrome, hemorrhagic lesions), constitutional symptoms (fever), liver (autoimmune hepatitis).

Conclusions: HELLP syndrome is a rare but serious pregnancy complication that can lead to maternal mortality and perinatal death. Early recognition of symptoms, close monitoring, and timely medical intervention are crucial for managing HELLP syndrome and reducing associated risks.

The patient's general condition was stable without the need for intensive treatment. Despite being kept under close observation, signs of respiratory and cardiac insufficiency persisted, leading to impaired respiratory and cardiac function. Despite resuscitative measures being taken, the patient's respiratory and cardiac function did not improve. The patient was pronounced dead on 17.11.2023 at 18:45.

Main issue: HELLP syndrome. Competition: Bilateral pneumonia, severe course. Toxicodermia

Course: Postpartum period, 8 days. Urinary tract infection.

Outcome: DIC syndrome. Multiorgan dysfunction. Hepatic dysfunction. Renal dysfunction. Respiratory dysfunction II degree. MODS intoxication. Sepsis. Hypovolemic state. Respiratory and cardiac failure.

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