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PREVALENCE OF RHEUMATIC DISEASES WITH CARDIAC COMPLICATIONS IN THE REPUBLIC OF UZBEKISTAN (BUKHARA REGION)

Kayumov Laziz Kholmurodovich

Bukhara State Medical Institute

Abstract. Rheumatic diseases (RD) occupy a significant place in the structure of morbidity in the population of the Bukhara region, as well as in the Republic of Uzbekistan as a whole, and in many countries of the world. A retrospective analysis of the dynamics of morbidity rates by the class of diseases of the circulatory system among the population of the Republic of Uzbekistan showed that since 2003–2013 there has been a steady increase in primary and general morbidity in this class among people over 18 years old, among people under the age of 18 there is a tendency to reduce this indicator. Despite the ongoing activities among the population in primary health care, the high prevalence of diseases of the circulatory system among the adult population indicates the need to improve preventive measures with a wide involvement of the population in their own recovery,

Keywords:CRPS, rheumatogenicity, chronicity, ARF, BCMS

Purpose of the study. To study the prevalence and epidemiology of chronic rheumatic heart disease.

The share of RB in the total morbidity of residents of the Republic of Uzbekistan for all classes was 8.6% in 2015. In the case of epidemics, rheumatic attacks after exudative streptococcal pharyngitis occur on average in 3% of patients. If streptococcal pharyngitis occurs sporadically, proceeds easily and is caused by strains with a low rheumatogenic potential, then the frequency of rheumatic attacks may be much less. There is evidence that streptococci of group A strains, which cause epidemics of streptococcal pharyngitis, have the greatest rheumatogenicity. The frequency of rheumatic attacks is directly proportional to the severity of the immune response. An analysis of reports of epidemics of acute rheumatism caused by various

streptococcal serotypes indicates that some of them were isolated quite often, while others were almost completely absent. In some populations, such as Trinidad, the strains that cause rheumatism and acute glomerulonephritis are serotypically different from others. The development of rheumatism depends on environmental factors, the characteristics of the micro- and macroorganism. The severity of this dependence is determined primarily by their relationship with the frequency and severity of previous streptococcal infectious diseases. The incidence of rheumatism is determined by the geographical location of the person's place of residence, climate (in particular, humidity), economic factors, the age of the person, since all these conditions affect the spread of streptococcal infection in general. Overcrowding is probably the most important of all environmental factors affecting the spread of rheumatism, since, independently of others, it promotes the transmission of the most virulent strains of streptococci A from sick people to healthy ones. Such crowding, leading to an increase in the incidence of rheumatism, is observed among military personnel living in barracks; persons in enclosed spaces; in large families living in small apartments, as well as in urban centers where the population density is high. The frequency of attacks of rheumatism after streptococcal infection in persons who have previously had rheumatism increases by 5-50% and also depends on the virulence of the reactivated infection. Moreover, the frequency of exacerbations of rheumatism after streptococcal infection is significantly higher in patients suffering from rheumatic heart disease, compared with those who do not have cardiac complications. The tendency to exacerbate rheumatism after repeated streptococcal infections decreases with time. It is likely, however, that a change in some properties of the macroorganism, as well as possible quantitative and qualitative changes in the strepococcal infection that initially affected the patient, in turn, affect the development of the rheumatic process. The extent to which these changes are genetically determined or are the result of the influence of external factors has not yet been established. In this regard, in persons suffering from rheumatism, it is necessary

to collect a family history, as well as to examine the next of kin in the same family in order to detect rheumatism in them. However, the simultaneous defeat of twins with rheumatism is observed in no more than 20% of cases, which indicates only a slight genetic predisposition to rheumatism. In the few studies on the distribution of haplotypes in patients with rheumatism, no stable relationship was found between rheumatism itself or one of its main manifestations with any dominant local antigen (possibly due to the limited number of participants). Over the past 30 years, mortality from acute rheumatism has progressively decreased. At the same time, it remains the main cause of death and disability in children and adolescents living in socio-economically underdeveloped regions of the world. In countries where housing and economic living conditions have improved steadily in recent years, the incidence of rheumatism has declined markedly. It is possible that the widespread use of antimicrobials contributed to this decline. It may also be due to changes in the sensitivity of strains of rheumatogenic streptococci.

Recently, there has been a trend towards an increase in the incidence of RHD. The high level of RH in the Republic of Uzbekistan is explained by a whole range of reasons. First of all, improved diagnostics of RB and the availability of specialized assistance to the population, as well as improving the reliability of statistical reporting, played a certain role. Attention is drawn to the fact that patients with CRHD are overwhelmingly women over 50-60 years old who fell ill in the 40-50s of the last century. Patients of this group are invalids of the II-III gr., currently they no longer receive bicillin prophylaxis, but are examined by rheumatologists almost every year with laboratory and ultrasound examinations. The second group of patients with CRHD, comprising 10%, are patients over 60 years of age, who are profoundly disabled in terms of the severity of circulatory disorders, receive symptomatic treatment. The growth of diseases of the musculoskeletal system (MSMS) with some fluctuation over the years, in our opinion, is primarily due to the improvement in the diagnosis of these diseases. The latter is closely interconnected with the advanced

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training of doctors, the opening of a consultative reception of rheumatologists and the start of work of an osteoporosis (OP) prevention room equipped with a densitometer in the Bukhara Regional Multidisciplinary Medical Center. It is also important to introduce reporting on individual nosological forms of BCMS and the transition to the terminology of the ICD of the 10th revision. The increase in BKMS is undoubtedly associated with demographic processes both in the Republic of Sakha (Yakutia) and in the Russian Federation as a whole. Population aging leads to an increase in the number of patients with degenerative-dystrophic diseases of bones and joints, including osteoarthritis (OA) and osteoporosis (OP). The analysis of medical documentation in urban health facilities and central district hospitals shows that the statistical forms of patient admission reflect mainly one disease (the main diagnosis), and other diseases, despite the presence of concomitant pathology and complaints (arthralgia), especially due to OA and OP, are not recorded. Therefore, it should be assumed that the true incidence of BCMS significantly exceeds the recorded one. In our opinion, the main reasons for the aggravation of the course of BCM with the development of a high degree of limitation in movement are: late diagnosis of the disease, inadequately prescribed basic therapy, lack of highly qualified rheumatologists in the regions; remoteness of areas from the center. The cost of drugs also plays an important role. used by patients for a long time, often for life; low standard of living of significant segments of the population. Temporary disability and disability of the population with rheumatic diseases. RB, which form the basis of BCMS, due to a pronounced tendency to chronicity and progression of lesions, primarily of the musculoskeletal system, are also a constant source of temporary disability and disability of the country's inhabitants.

findings

Studying scientific and statistical data, the main reasons for the aggravation of the course of CRHD with the development of a high degree of limitation in movements are: late diagnosis of the disease, inadequately prescribed basic therapy,

lack of highly qualified rheumatologists in the regions; remoteness of areas from the center. An important role is also played by the high cost of drugs used by patients for a long time, often for life; low standard of living of significant segments of the population. Thus, diseases of the rheumatic circle occupy a significant and constantly increasing place in the structure of disability of the adult population of the republic as a whole, primarily due to chronic diseases of the bones, joints, spine and periarticular soft tissues, the prevalence of which in the population is steadily increasing. The presented analysis of the prevalence of rheumatic diseases among residents of the Republic of Uzbekistan demonstrates the increasing importance of this problem for the republic as a whole, and for its individual residents, in particular. To solve it, further consolidation of the efforts of scientific and practical rheumatology is necessary with appropriate organizational and financial state support.

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