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БОЛАЛАРДА ГЛОМЕРУЛОНЕФРИТ ЧАСТОТАСИ ВА КЛИНИКАСИНИНГ МИНТАҚАВИЙ ХУСУСИЯТЛАРИ

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АННОТАЦИЯ

Маълумотларга кўра СГН тарқалиши нисбатан кам- 10,000 аҳоли бошига 13-50 ҳолатлар кузатилади, аммо, прогрессив кечиши туфайли СГН билан беморлар нефрология ва гемодиализнинг асосий контингентини ташкил этади, ва терминал буйрак етишмовчилиги босқичида улар ногирон бўлиб, хар бир оила учун мусибат ва давлат учун оғир юк хосил килади -[1, 2].

ГН кечишига таъсир етувчи алоҳида хавф омилларининг роли ҳақида ягона консенсус йўқ. Бактериал ёки вирусли инфексияларнинг доимийлиги гломерулонефритнинг ривожланишида катта аҳамиятга эга ҳисобланади- [3,4, 5].

Калит сузлар: болалар, гломерулонефрит, вирус ассоциирланган, сурункали гломерулонефрит, ногирон, терминал буйрак етишмовчилиги., диализ

REGIONAL OPTIONS OF FREQUENCY AND CLINICAL COURSE OF BRIGHT'S DISEASE IN CHILDREN

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ABSTRACT

The prevalence of GCN in line with the referral knowledge is low -13-50 cases per 10,000 population, however, because of the progressive course, patients with GCN compose the most contingent of medical specialty and haemodialysis departments, and at the stage of terminal nephropathy they become disabled, that could be a tragedy for the family and puts a significant burden on the state -[1, 2].

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There is no accord on the role of individual risk factors touching the course of GN. The persistence of microorganism or infective agent infections is taken into account to be of nice importance within the progression of Bright's disease -[3,4, 5].

Keywords: children's, Bright's disease, frequency, clinical course, virus-associated, risk factors, disabled, chronic glomerulonephritis, end-stage kidney injury, dialysis

INTRODUCTION

The study's purpose is to review the regional options of frequency and clinical course of GN in kids living within the Bukhara region of the Republic of Uzbekistan.

MATERIALS AND METHODS:

249 sick kids with GN were below observation. Among the surveyed patients boys were slightly a lot of - 161 (64.6%) than ladies - 88 (35.4%). All patients underwent general laboratory, functional, and organic chemistry analysis strategies.
For a comparative study of the influence of risk factors, patients were divided into two groups:
Group 1: 138- sick kids with virus-associated GN (55.5%);
Group 2: 111- kids with GN while not infective agent association (44.5%).
The information of the official medical statistics of the regional health department of the Bukhara region for 2017-2019 was retrospectively studied.

DISCUSSION

The results of a retrospective study of knowledge for three years showed that 43293 (76%) kids out of the full variety of youngsters were admitted to the hospital with diseases of the genitourinary apparatus (UTD) throughout the studied amount. the incidence of GN for the studied amount is seventeen.3%. it had been found that the frequency of hospitalization of youngsters with tract diseases is on the average seven.61% of the full children's hospitalization. Analysis of morbidity and hospitalization at the place of residence showed that kids living in rural areas were a lot of usually hospitalized - 204 (81.9%). At a similar time, the frequency of hospitalization of youngsters with UTD within the amount 2017-2019 raised nearly one.6 times.

The nosological structure showed a predominance of chronic GN in kids. Thus, in our studies, GCN - 137 (55.0%), OHN-75 (30.2%), and first syndrome (NS)-37 (14.8%) were established.

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The examination discovered comorbid pathology in kids of this class. once CGN set such concomitant diseases as iron deficiency anemia I-IIdegree-88 (64,3%), frequent respiratory disorder - 122 (89,0%), and delayed physical development, 69 (50,4%), cavity - sixty eight (49,6%), redness - eighteen (13.2%), and rubor - seventy eight (56,9%), herpes infection - fifty five (40,2%), diarrhea-28 (20,4%), convulsive syndrome-1 (0,73%), injury vasculitis- one (0,73%).

In AGN, the frequency of comorbid pathology was as follows:: repeated metastasis infective agent infections (RRVI))- forty six (61,4%), iron deficiency anemia I-IIdegree-- twenty one (28,0%), allergic reaction - two (2,7%), class Insecta allergic - one (1,4%), injury vasculitis-1 (1,4%), pox -1 (1,4%), diarrhea-1 (1,4%), measles-1 (1,4%).

Primary NS happens in comorbidity with RRVI-23 (62.2%), iron deficiency anemia of I-IIdegree-5 (13.5%), unhealthy syndrome-6 (16.2%), herpes infection-1 (2.7%), food allergy-1 (2.7%), dental caries-1 (two.7%),

CONCLUSION

As a result of research, it had been attainable to work out some regional options of GN in children: the frequency of GN is considerably higher among rural children; comorbid types of GN predominate within the clinical picture; GCN prevails within the structure of urinary organ diseases. Comorbid pathologye acts as a predictor of GN formation in kids and therefore the transition of the method to the chronic course.

REFERENCES

1. Bright's disease / / Nephrology: a guide for doctors / ED.Tareeva, Moscow: Meditsina Publ., 2000, pp. 188-279.
2. Nephrology: A national guide/ed.N. A. Mukhina, Moscow: GEOTAR-Media, 2009C, p. 45.
3. Prikhodina, L. S.Primary Bright's disease /HPPrikhodina, V. V. Dlin, M. S. Ignatova //Children's nephrology: a guide for doctors, Moscow: MIA, 2011, pp. 263-268.
4. Eison T, M. Poststreptococcal acute Bright's disease in children: clinical options and pathologic process /T.M.Eison, B.H. Ault, D.P. Jones, R.W. Cheshey //Am. J. Nephrol. - 2011. - v. 26.- P.165-180.
5. Prognostic criteria for citomegalovirus associated glomerulonephritis in children; Turaeva Nargiza Karimovna https://wjpr.net/dashboard/abstract_id/14449 nine (6), 278-285