

CONSERVATIVE TREATMENT OF PATIENTS WITH SPLENOMEGALY OF DIFFERENT GENES AND THE STUDY OF HEMOPOIESIS AFTER SPLENECTOMY

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Abstract: Splenomegaly - despite many studies on etiology, pathogenesis, diagnosis and treatment, many issues of this pathology remain unclear and require further solutions. The study of peripheral blood indicators of patients with splenomegaly, anemia, thalassemia of various origins of erythropoiesis and thrombocytopenia is one of the urgent problems of modern medicine.

Key words: Splenomegaly , thrombocytopenia , erythropoiesis , blood indicators

Аннотация: Несмотря на многочисленные исследования по этиологии, патогенезу, диагностике и лечению спленомегалии, многие вопросы этой патологии остаются неясными и требуют дальнейшего решения. Изучение показателей периферической крови больных спленомегалией различного генеза эритропоза и тромбоцитопенией, анемией талассемией является одной из актуальных проблем современной медицины.

Ключевые слова: спленомегалия, тромбоцитопения, эритропоз, показатели крови.

Splenomegaly is an abnormal enlargement of the spleen. The syndrome is not an independent nosological unit, but appears secondary to another pathological process in the body. Usually, the weight of the spleen is about 100-150 g, and it cannot be felt when palpated, because it is completely hidden under the chest. 2-3 times when enlarged organ palpation with determination can _

splenomegaly syndrome is diffuse liver disease. Currently, the incidence rate of this pathology is constantly increasing in the world, which is a major socio-

economic problem. When looking at the data obtained by European researchers, among the causes of splenomegaly, the changes in the liver parenchyma, which develop as a result of viral hepatitis B, C and D, appear to be in the first place. According to information, splenomegaly syndrome often accompanies patients with infectious pathology. One of these diseases is infectious mononucleosis syndrome, one of the most common infections in the world. There are heterophile-positive and heterophile-negative forms (caused by viruses: cytomegalovirus infection, herpes simplex viruses, rubella, hepatitis B, adenovirus) Local pathology of the spleen is common in medical practice, for example, lymphosarcoma, hemangioma, abscess and cysts Modern diagnostics taking into account the possibilities of methods, it is necessary to develop signs of malignancy and differential diagnosis of this pathology. Enlargement of the spleen over a period of time can occur in healthy children (every 10-20 children) and in about 3% of adults as a result of increased exposure of the immune system to negative external and internal influences.

Hepatolienal syndrome with enlargement of the spleen can be observed in autoimmune thrombocytopenia and hemolytic anemias of various origins, acute and chronic leukemias, tumors of lymphoid tissues.

Cysts, benign and malignant abdominal tumors are common causes of splenomegaly.

Acute and chronic infections of bacterial and viral origin are common causative factors. First of all, it is possible to think about infectious mononucleosis, viral hepatitis, malaria, herpes viruses, helminths and other pathogens.

Splenomegaly (collagenoses) in autoimmune diseases: occurs due to rheumatoid arthritis, nodular periarteritis.

It can occur due to liver diseases (hepatitis, cirrhosis), cardiovascular system and other organs with severe dysfunctions.

Splenomegaly can also be detected during examination of newborns due to various congenital diseases of this organ.

Identifying and eliminating the cause of an enlarged spleen (treatment of diseases that cause an enlarged spleen).

Antibacterial drugs - for bacterial causes of splenomegaly. Antineoplastic drugs - for the treatment of tumors and blood diseases. Hormonal drugs - anti-inflammatory and immunosuppressive (lowering immunity).

Vitamin therapy - with vitamin deficiency and concomitant anemia (anemia).

Surgical treatment (removal of the spleen when treatment of the spleen does not work, with tumors of the spleen and with the development of hypersplenism (a decrease in the number of blood cells due to the disappearance of the spleen).

Treatment tactics are selected depending on the cause of the pathological syndrome. Treatment can be conservative or surgical. The conservative method is mainly drug therapy and diet.

If splenomegaly has an infectious nature, a course of antibiotics should be included in its treatment. The drug is selected after determining the pathogen and its sensitivity to the drug. The dose and duration of treatment is determined individually. In some cases, it is necessary to take several antibiotics at the same time.

With inflammatory splenomegaly, depending on the cause of the disease, antiviral, antiprotozoal or antimycotic therapy may also be required. Nonsteroidal anti-inflammatory drugs and glucocorticosteroids are recommended to reduce inflammation and relieve joint symptoms (pain, fever). In severe manifestations of intoxication of the body, detoxification and anti-inflammatory therapy are required. It includes painkillers, vitamin and mineral complexes.

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