

# Immun mikrotrombovaskulit va immun trombositopeniyani kechish xususiyatlari o'rganish

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**Annotatsiya:** Ushbu tizimning buzilishlari juda xilma-xildir, ular orasida multifaktorial patologiyalari alohida o'rin tutadigan patologiyalarga immun mikrotrombovaskulit (IMT) va immun trombositopeniya (ITP) kiradi.

**Kalit so'zlar:** immun mikrotrombovaskulit, immun trombositopeniya, gemostaz tizimi, klinik xususiyatlarini, gemorragik sindrom

## Study of features of immune microthrombovasculitis and immune thrombocytopenia

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**Abstract:** Disorders of this system are very diverse, among which the most prominent multifactorial pathologies are immune microthrombovasculitis (IMT) and immune thrombocytopenia (ITP).

**Keywords:** immune microthrombovasculitis, immune thrombocytopenia, hemostasis system, clinical features, hemorrhagic syndrome

**Kirish.** Gemorragik diatezlar turli xil patologiyalar orasida quyidagilar paydo bo'lish chastotasining ortishi, kasallikning kechishi va asoratlarning yuqori xavfi gemostaz tizimining immun buzilishlari bo'yicha alohida ahamiyatga ega.

Gemorragik vaskulit - bu birinchi navbatda kichik tomirlarga ta'sir qiladigan vaskulit bo'lib, ko'pincha katta yoshlilarda va bolalarda uchraydi. Xarakterli ko'rinishlarga palpatsiya qilinadigan purpuralar, artralgiyalar, oshqozon-ichak tizimi simptomlari va interstitsial glomerulonefrit kiradi. Bolalarda tashxis klinik belgilar asosida amalga oshiriladi, kattalarda esa odatda biopsiya talab qilinadi. Bolalarda kasallik odatda o'z-o'zidan yo'qoladi, lekin kattalarda surunkali shaklga o'tishi mumkin. Glyukokortikoidlar artralgiya va gastrointestinal simptomlarni kamaytirishi

mumkin, ammo kasallikning kechishiga ta'sir qilmaydi. Progressiv glomerulonefrit glyukokortikoidlar va siklofosfamidning yuqori dozalarini talab qilishi mumkin IgA ni o'z ichiga olgan immun komplekslar terining kichik tomirlarida va boshqa joylarda to'planadi. Etiologiya omillarga antigenlar orasida yuqori nafas yo'llarining infeksiyalari, streptokokk infeksiyalari, dorilar, oziq-ovqatlar, hasharotlar chaqishi va immunizatsiyani keltirib chiqaradigan viruslar kiradi.

Immun trombositopeniya (ITP) odatda anemiya yoki leykopeniya bilan bog'liq bo'lmagan qon ketishining buzilishidir. Odatda kattalarda surunkali, lekin bolalarda ko'pincha o'tkir va qaytalanuvchi shakllarda kechadi. Tashxis odatda trombositopeniyaning boshqa sabablarini (masalan, OITS infeksiyasi, S gepatit ) istisno qilish asosida klinik jihatdan amalga oshiriladi. Davolash kortikosteroidlar, splenektomiya, immunosuppressantlar va trombopoetin retseptorlari agonistlari yoki taloq tirozinkinaza ingibitori fostamatinibni bilan o'tkaziladi. Hayot uchun xavfli bo'lgan qon ketish holatlarida trombomassa quyish, tomir ichiga kortikosteroidlar, tomir ichiga anti-D immun globulin yoki tomir ichiga immun globulin alohida yoki kombinatsiyalangan holda qo'llanilishi mumkin. Immun trombositopeniya odatda trombositlarning tizimli antigenlariga qarshi qaratilgan autoantitelalarning ta'siridan kelib chiqadi. Ushbu autoantitelalar trombositlar, odatda taloqda yo'q qilinishining kuchayishiga va trombositlar ishlab chiqarilishi va megakariotsitlardan ajralib chiqishiga to'sqinlik qiladi.

Bolalardagi ITPda autoantitelalar virusli antigenlar bilan bog'lanishi mumkin. Kattalardagi sabablari noma'lum, garchi ba'zi mamlakatlarda (masalan, Yaponiya, Italiya) ITP kelib chiqishi *Helicobacter pylori* infeksiyasi bilan bog'laydilar va infeksiyani davolash ITP remissiyasi bilan kuzatilgan (1).

Olingan malumotlarga ko'ra, COVID-19 infeksiyasi davrida ITPn uchrash chastotasi ko'plab uchradi. COVID-19 ga qarshi emlash natijasida ITP bilan og'riqan bemorlarda trombositopeniyani yomonlashtirishi mumkin, ba'zi tadqiqotlarda ko'rsatilishicha trombositlar sonining taxminan 6% ga kamayganligini bildiradi (2). ITP homiladorlik davrida og'ir kechadi va onaning kasallanish xavfini oshiradi.

**Maqsad:** Immun mikrotrombovaskulitning (IMTV) va immun trombositopeniya (ITP) klinik ko'rinishlari xususiyatlarini o'rganish va tahlil qilish.

**Materiallar va usullar:** Tadqiqotga Samarqand viloyat ko'p tarmoqli tibbiyot markazining gematologiya va terapiya bo'limlarida 2022-2024- yillarda davolangan 40 nafar bemorlar ko'rib chiqildi. Xalqaro hisobga olgan holda tavsiyalar klinik va laboratoriya tomonidan tasdiqlangan IMTV (n=105) va ITP (n=135) diagnostikasi tahlil qilindi. Tadqiqot usullarida quyidagilarni o'z ichiga oladi: klinik (so'roq qilish, bemorlarni obyektiv ko'zdan kechirish va umumiy tekshirish) shikoyatlarni batafsil bayon qilish bilan an'anaviy gematologik sxema bo'yicha, laboratoriya (umumiy qon tahlil). qon, koagulogramma, miyelogramma) va statistik tahlil natijalari.

Natijalar: Ikkala IMTV bilan tekshirilgan bemorlar orasida (64,8% ga nisbatan 35,2%) va ITP bilan (72,6% ga nisbatan 27,4%) eng ko'p katta foizi ayollar edi (nisbat erkaklar va ayollar nisbati mos ravishda 1:1,8 va 1:2,6. Tashxis vaqtidagi muhim nuqta kasallikning yoshiga qarab toifalarga ajratish xususiyatlarni o'rganish edi. Shunday qilib, kattalarda IMTV va ITP bilan kasallanish darajasi yosh toifasi 17 yoshdan 46 yoshgacha, eng kami IMTV va ITP bilan kasallanishning yuqori darajasi (mos ravishda 3,0% va 2,5%) keksa bemorlar orasida ro'yxatga olingan (75 yosh va undan ortiq). O'z navbatida, anamnestik ma'lumotlarni keyingi o'rganish shundan dalolat beradiki, bu kasalliklar yoshlar uchun eng xos ekanligini ko'rsatdi.

IMTV va ITP bilan og'rikan bemorlar birinchi paydo bo'lishiga qaramay, buni ko'rsatdi teri toshmasi shaklida kasalliklarning teri belgilari IMTV bilan og'rikan bemorlarning 12,4 foizi va ITP bilan og'rikan bemorlarning 18,6 foizi tibbiy yordamga murojaat qilmagan va bunga unchalik ham e'tibor bermaganlar. Shu bilan birga IMTV bilan og'rikan bemorlarning 41 foizi va ITP bilan og'rikan bemorlarning 32 foizi noaniq kasalliklar bo'yicha ixtisoslashgan mutaxassislariga murojaat qilishgan va umuman boshqa kasalliklar bo'yicha davolanishgan. Bemorlarning faqat 49% (IMTV) va 57% (ITP) darhol kasallik belgilari boshlanganidan keyin gematologga diagnostik maqsadda murojaat qilishgan. Klinik tekshiruv vaqtida gematologlar bemorlarning yuqori foyizi kasallikning past darajasi o'rtacha ekanligini aniqladilar. Shunday qilib, Bemorlarning 24,9 foizida (25) IMTVning birinchi og'irlik darajasi belgilandi va ITP bilan og'rikan bemorlarda II va III og'irlik darajasi - 54,8 foizda (55) va 25,8% (26) tashkil etdi.

Gemorragik sindromning og'irligi bo'yicha: I darajali kasallikning og'irligi 21,0% da aniqlangan, II darajali og'irlik darajasi 56,3% (76) va III - 26,7% (36) ni tashkil qildi.

Xulosa: Shunday qilib, yuqorida ko'rib chiqilgan ma'lumotlar IMTV va ITP ko'proq jismoniy shaxslar orasida ro'yxatga olinganligini ko'rsatadi. Bundan tashqari, IMTV va ITP bilan kasallangan bemorlar ko'pincha boshqa turli shikoyatlar bo'yicha boshqa kasalliklar bilan mutaxassislarda davolanadi, bu esa shifokorlarning IMTV va ITP ko'rinishlari haqidagi bilimlari xabardorlikning yetishmasligidan dalolat beradi, buning natijasida ularning kech tashxisi va umumiy ahvoning yomonlashishi jiddiy asoratlarni rivojlanish xavfini oshiradi.

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