Aplastik anemiyasi bilan homiladorda kasallikning turli bosqichlarida boshqarish tajribasi

Feruza Khaydarovna Mamatkulova
Mohinur Tolibovna Shodiyeva
Nigora Shuxratovna Salomova
Samarqand davlat tibbiyot universiteti

Annottatsiya: Aplastik anemiya - gematopoetik ildiz hujayralarining buzilishi bo‘lib, uning natijasida gematopoetik o‘zak xujayralarining patologiyasi bo‘lib, unda suyak iligi gipoplaziyasi yoki aplaziyasi, 2 yoki undan ortiq hujayra avlodlari (eritrotsitlar, leykotsitlar va trombotsitlar) sitopeniyalari rivojlanadi. Klinik simptomlar anemiya, trombotsitopeniya (petexiya, qon ketish) yoki leykopeniya (infeksiya) rivojlanishidan kelib chiqadi. Tashxis suyak iligi biopsiyasi paytida periferik qonda pansitopeniya va suyak iligining gipotsellyulyarini aniqlashga asoslangan. Davolash odatda antitimotsitar globulini va siklosporin yoki suyak iligi transplantatsiyasi bilan immunosupressiyani o‘z ichiga oladi.

Kalit so‘zlar: aplastik anemiya, homiladorlik, genetik mutatsiyalar, gemotransfziya, ildiz hujayralari

Experience in managing a pregnant woman with aplastic anemia at different stages of the disease

Feruza Khaydarovna Mamatkulova
Mohinur Tolibovna Shodiyeva
Nigora Shukhratovna Salomova
Samarkand State Medical University

Abstract: Aplastic anemia is a hematopoietic stem cell disorder, resulting in a pathology of hematopoietic stem cells, in which bone marrow hypoplasia or aplasia, cytopenias of 2 or more cell lineages (erythrocytes, leukocytes and platelets) develop. Clinical symptoms are due to the development of anemia, thrombocytopenia (petechiae, bleeding) or leukopenia (infection). Diagnosis is based on the detection of pancytopenia and bone marrow hypocellularity in peripheral blood during bone marrow biopsy. Treatment usually includes immunosuppression with antithymocyte globulin and cyclosporine or bone marrow transplantation.

Keywords: aplastic anemia, pregnancy, genetic mutations, blood transfusion, stem cells

Kirish. Aplastik anemiya (AA) qon tizimining kam uchraydigan kasalligi bo‘lib, u gematopoetik xujayralarining kamayishi bilan og‘ir suyak iligi yetishmovchiligi ildiz hujayralari, suyak iligi aplaziyasining rivojlanishi va pansitopeniya paydo bo‘lishi bilan tavsiflanadi. AA bilan homiladorlik onaga ham, homilaga ham tahdid soladigan og‘ir asoratlarning rivojlanishi bilan birga kelishi mumkin. AA bilan homilador ayollarni davolash gematologlar va tegishli shifokorlar uchun qiyin vazifadir.

Aplastik anemiya etiologiyasi

Kimyoviy moddalar (masalan, benzol, noorganik mishyak)

Dorilar (masalan, o‘smaga qarshi dorilar, antibiotiklar, steroid bo‘lmagan yallig‘lanishga qarshi dorilar, antikonvulsanlar, atsetazolamid, oltin tuzlari, penitsilamin, xinakrin) yoki toksinlar

Gepatit (gepatit viruslari uchun seronegativ)

Homiladorlik

Radiatsiya ta’siri

Viruslar (Epshteyn-Barr virusi va sitomegalovirus)

Genetik mutatsiyalar natijasida kelib chiqqan suyak iligi yetishmovchiligining irsiy kasalliklari (masalan, Fankoni anemiyasi, Shvaxman-Daymonda sindromi, diskeratoz)

Aniq mexanizm noaniq bo‘lib qolmoqda, ammo orttirilgan holatlarning aksariyati gematopoetik ildiz hujayralariga immunitet hujumini o‘z ichiga oladi. Klonal gematopoez tez-tez kuzatiladi va miyeloid malignizatsiyaga o‘tish xavfi mavjud.

Aplastik anemiyaning belgilari

Aplastik anemiya odatda sekin bilan boshlanadi, ko‘pincha virus bilan kasallanganidan, dori vositalarining ta’siridan yoki zaharli moddalar (masalan, insektitsidlar, benzol) ta’siridan bir necha hafta yoki oy o‘tgach, ba’zida o‘tkir bo‘lishi mumkin.

Aplastik anemiyada kamqonlik zaiflik va charchoqqa olib kelishi mumkin, og‘ir trombotsitopeniya esa petexiyalar, ekimozlar, tish milkidan, konyunktiva va boshqa to‘qimalardan qon ketishiga olib kelishi mumkin. Agranulotsitoz odatda hayot uchun xavfli infeksiyalarga olib keladi.

Aplastik anemiya diagnostikasi

To‘liq qon tahlili va retikulotsitlar soni

Sitogenetik va molekulyar tahlil yordamida suyak iligi tekshiruvi

Paroksizmal tungi gemoglobinuriyada (PTG) klonni (hajmini) aniqlash uchun oqim sitometriyasi

PTG klonini aniqlash irsiy sindromni istisno qilishga imkon beradi (1).

Aplastik anemiya pansitopeniya bilan og‘rigan bemorlarda, ayniqsa yoshlarda ko‘proq rivojlanishi mumkinligi aniqlanadi. Og‘ir aplastik anemiya suyak iligi hujayraliligi < 25% va quyidagilardan ≥ 2 tasining mavjudligi bilan tavsiflanadi:

Mutlaq neytrofillar soni < 500/μL (< 0,5 × 109/L)

Mutlaq retikulotsitlar soni < 60 000/μL (< 60 × 109/L)

Trombotsitlar soni < 20 000/μL (< 20 × 109/L)

Juda og‘ir aplastik anemiya mutlaq neytrofillar soni < 200/μL (< 0,2 x 109/L) sifatida aniqlanadi.di.

Ishning maqsadi. Homiladorlik davrida AA bilan kasallangan bemorlarni kasallikning turli bosqichlarida (boshlanish, remissiya, refrakterlik) davolash xususiyatlarini tahlil qilish.

Materiallar va usullar. 2012 yildan 2023 yilgacha bo‘lgan davrda Samarqand tibbiyot markazining gematologiya va ginekologiya bo‘limlarida AA bilan 16 homilador ayol kuzatildi. AA tashxisining o‘rtacha yoshi 25 yil (18-33 yosh). Og‘ir bo‘lmagan AA (NAA) bo‘lgan 11 bemor va og‘ir AA bilan 11 bemor bor edi.

Natijalar va muhokama. 6/16 bemorlarda AA tashxisi birinchi marta homiladorlik davrida qo‘yildi. O‘rtacha homiladorlik muddati 21 hafta (8-35 hafta). Ulardan ikkita bemorga 21-22-haftadan boshlab tug‘ilgunga qadar kuniga 5 mg / kg dozada CSA terapiyasi buyurildi, buning fonida transfuziyaga bog‘liqlikning pasayishi qayd etildi. Uchta (32 haftadan ortiq) zudlik bilan favqulodda yetkazib berishdan o‘tdi va keyin ATG kursini oldi (1-3-jadvallarda). 7/16 hollarda homiladorlik ATG va CSA terapiyasidan so‘ng to‘liq remissiya fonida sodir bo‘ldi (o‘rtacha remissiya 7 yil). Ulardan 2 nafar bemorda 9 oylik remissiya davri kuzatilgan. relaps rivojlandi (CSA terapiyasi fonida) va remissiya davri 13 yil bo‘lgan 1 bemorda tug‘ruqdan keyin qon miqdorini tiklash bilan o‘rtacha sitopeniya rivojlandi. 2/16 hollarda homiladorlik refrakter AA holatida sodir bo‘ldi va homiladorlikni boshqarish qon tarkibiy qismlarini transfuziyasi yordamida amalga oshirildi. U1/16 - AA-PTG sindromi rivojlanishida (ekulizumab terapiyasi o‘tkazildi). Natijada, 15/16 sog‘lom bolalarni tug‘di. Bir abort erta bosqichda (12 hafta) CSA terapiyasi fonida AA ning qaytalanishi rivojlanishi tufayli amalga oshirildi. Bir bemor ISTga chidamli bo‘lgan TAA kursi fonida og‘ir yuqumli asoratlar rivojlanishi natijasida vafot etdi. Tug‘ish asosan kesar kesish bilan amalga oshirildi. Tabiiy yo‘l bilan tug‘ish terapiyadan chiqarilgan to‘liq remissiyadagi ayollarga ruxsat berildi.

Xulosa. AA aniqlangan tashxisi bilan homiladorlikni rejalashtirish uzoq muddatli to‘liq remissiya va ISTni to‘xtatish holatida zarur. Bunday holda, retsidiv rivojlanishining oldini olish mumkin.

Bizning bemorlar guruhida, AAning to‘liq uzoq muddatli remissiyasidagi ayollar orasida homiladorlik asoratsiz davom etdi va qisqa muddatli remissiya davri

bo‘lgan bemorlarda remissiyaga erishildi. 21-22 haftadan so‘ng CSA terapiyasi tug‘ilishgacha qon quyish ehtiyojini kamaytirishi mumkin. Har biri xomilador uchun individual yondashuv talab etiladi

AA bo‘lgan homilador bemor, gemotransfziyanning optimal ta’minotini ta’minlash, shuningdek, har bir holatda klinik xususiyatlarni (shu jumladan akusherlik, ginekologik) hisobga olish uchun shifokorlar guruhining muvofiqlashtirilgan ishini talab qiladi.

Foydalanilgan adabiyotlar

1. M.F. Khaydarovna. Helicobacter Pylori And its Importance in the Development of Anemia Associated With Iron Deficiency and Vitamin B12 Miasto Przyszłości 44, 207-211

2. Mamatkulova F.Kh. Shomurodov K.E.,Temirov N. N. Significance. Of Helicobacter Pylori In Iron Deficiency. International Journal for Research in Applied.Science & Engineering Technology (IJRASET)ISSN: 2321-9653; Volume.9 Issue XII Dec.2021.https://doi.org/10.22. 214/ijraset.2021.39443. 1103-1106

3. L.S. Maxmonov, M.B. Norbo‘tayeva, F.X. Mamatkulova AKUSHER GINEKOLOG AMALIYOTIDA TEMIR TANQISLIGI KAMQONLIGI Miasto Przyszłości 54, 319-327

4. Maxmonov L.S., Mamatqulova F.X., Holiqulov B.Y. Gemorragik diatezlar bilan kasallangan ayollarda tuxumdon apopleksiyasi asoratini davolash tamoyillari //Science and Education. – 2022. – Т. 3. – №. 12. – С. 237-244.

5. Соколова М.Ю. Беременность и роды у женщин с идиопатической тромбоцитопенической пурпурой: автореф. дис. .. докт. мед. наук. М. 2004; 50

6. F.X.Mamatkulova., X.I.Axmedov. Temir tanqisligi kamqonligining kelib chiqish sabablari va davolashga zamonaviy yondoshuv. “SCIENCE AND EDUCATION” VOLUME 4,ISSUE1.2023/195-203

7. Dadajonov, U., Abdiyev, K., Mamatkulova, F., & Dadajonov, U. (2021). Innovatsionniye metodi lecheniya immunnoy trombotsitopenicheskoy purpuri u lits molodogo vozrasta. Obshestvo i innovatsii, 2(4/S), 52-56.

8. Mamatkulova F. X. Mamatova N. T. Ruziboeva.O. N. Prevention Of Anemia In Patients With Tuberculosis. The American Journal of Medical Sciences and Pharmaceutical Research, 2(11), 62–65.

9. L.S.Makhmonov., F.Kh.Mamatkulova., M.B. Berdiyarova, K.E. Shomurodov.THE MAIN CAUSES OF ANEMIA IN IRON AND VITAMIN B 12 DEFICIENCY ASSOCIATED WITH HELICOBACTER PYLORI

10. Makhmonov L. S., Mamatkulova F. Kh., Kholturaeva D. F., Muyiddinov Z. Z. IMPORTANCE OF DETECTION OF HEPSIDINE AND INTERLEUKINS IN

"Science and Education" Scientific Journal / Impact Factor 3,848 (SJIF) February 2023 / Volume 4 Issue 2.

11. Mamatkulova F. X. Mamatova N. T. Ruziboeva.O. N. Prevention Of Anemia In Patients With Tuberculosis. The American Journal of Medical Sciences and Pharmaceutical Research, 2(11), 62–65.

12. Maxmonov, L. S., Mamatqulova, F. X., & Meliqulov, B. S. (2023). Trombotsitopatiya bilan kasallangan ayollarda tuxumdon apopleksiyasi kechishi va asoratini davolash tamoyillariga zamonaviy yondashuv. Science and Education, 4(2), 384-391.

13. Makhmonov L. S., Mamatkulova F. Kh., Kholturaeva D. F., Muyiddinov Z. Z. IMPORTANCE OF DETECTION OF HEPSIDINE AND INTERLEUKINS IN IRON DEFICIENCY ANEMIA. Asian Journal of Multidimensional Research ISSN: 2278-4853 Vol. 11, Issue 4, April 2022

14. Dadajanov U. D., Mamatkulova Feruza Xaydarovna, R. Oyjamol N. Features Of Thrombophilia In Covid-19 European Journal of Molecular & Clinical Medicine2020/12/26. 07/03

15. Mamatkulova Feruza Khaydarovna, Akhmedov Husan Isrofilovich, Abdiev Kattabek Makhmatovich. Essential Thrombocythemia - Principal Analysis in Children and Adolescents. JOURNAL OF INTELLECTUAL PROPERTY AND HUMAN RIGHTS Volume: 2 Issue: 10 | Oct – 2023 ISSN: 2720-6882. 23-29.

16. ON Ruziboeva, KM Abdiev, AG Madasheva, FK Mamatkulova MODERN METHODS OF TREATMENT OF HEMOSTASIS DISORDERS IN PATIENTS WITH RHEUMATOID ARTHRITIS Ученый XXI века 78 (7), 8-11.

17. LS Maxmonov, FX Mamatkulova, OE Alimov, UU Raxmonov. Yelka Kamari Operatsiyalarida Regional Anesteziyaning Samaradorligi Miasto Przyszłości 47, 993-997

18. Abdiyev K.M., Dadajanov U.D., Mamatkulova F.X. Nekotoriye aspekti vedeniya bolnix s trombotsitopenicheskoy purpuroy oslojnennoy s apopleksiyey yaichnika. Problemi ekologii, zdorovya, farmatsii i parazitologii. Nauchniye trudi. Moskva. 2013 g. Str. 372-373.

19. Makhmonov L.S., Sh. Koraboev S.K., Gapparova N..Sh, Mamatkulova F. Kh. Early diagnosis and treatment of funicular myelosis in v12 deficiency anemia. Asian Journal of Multidimensional Research Year : 2022, Volume : 11, Issue : 5.First page : (369) Last page : (373)Online ISSN : 2278-4853.

20. Mamatkulova F.X., Alimov O.E., Namozov M.N.O‘. Abdominal jarroxlik operatsiyalardan keyingi davrda regional anesteziyaning samaradorligi va rivojlangan kamqonlikni davolash //Science and Education. – 2023. – Т. 4. – №. 2. – С. 445-452.

21. KM Abdiev, AG Madasheva, FK Mamatkulova MODERN METHODS OF TREATMENT OF HEMORRHAGIC SYNDROME AT AN EARLY STAGE IN

PATIENTS WITH IDIOPATHIC THROMBOCYTOPENIC PURPURA. УЧЕНЫЙ XXI ВЕКА, 41-44

22. MF Khaydarovna, AH Isrofilovich, AK Makhmatovich Essential Thrombocythemia-Principal Analysis in Children and Adolescents. Journal of Intellectual Property and Human Rights 2 (10), 23-29

23. Gadayev A.G., Maxmonov L.S., Mamatqulova F.X. Helicobacter pylori bilan assotsiyalangan temir va vitamin B12 tanqisligi kamqonliklarida yallig‘lanish sitokinlarining ayrim laborator ko‘rsatkichlar bilan o‘zaro bog‘liqligi. – 2022.

24. Maxmonov L.S.,Mamatqulova F.X.,Holiqulov B.Y.Trombotsitopatiya bilan kasallangan ayollarda tuxumdon apopleksiyasi asoratini davolash tamoyillari Biologiya va tibbiyot muammolari 2022, №1.UDK: 615.3:617.01.134 ISSN 2181-5674 61-67s.

25. K.M Abdiev, AG Madasheva, F Kh Mamatkulova. MODERN METHODS OF TREATMENT OF HEMORRHAGIC SYNDROME AT AN EARLY STAGE IN PATIENTS WITH IDIOPATHIC THROMBOCYTOPENIC PURPURA. УЧЕНЫЙ XX

26. L.S. Makhmonov, FK Mamatkulova, MB Berdiyarova, KE Shomurodov. The main causes of anemia in iron and vitamin b 12 deficiency associated with helicobacter pylori.Nveo-natural volatiles & essential oils Journal| NVEO, 10167-10174I ВЕКА. Ст.41

27. K.M Abdiev, FK Mamatkulova, KM Shomirzaev.STRUCTURE OF COMORBIDITY IN IDIOPATHIC THROMBOCYTOPENIC PURPLE ACADEMICIA: An International Multidisciplinary Research Journal 12 (12), 52-56

28. Abdiyev K.M., Mamatkulova F.X., Shomirzayev X. M. Immun trombotsitopenik purpurani davolashning innovatsion va noananaviy usullari //Science and Education. – 2023. – Т. 4. – №. 1. – S. 228-234.

29. Abdiev Kattabek Makhmatovich, Mamatkulova Feruza Khaydarovna. Structure of comorbidity in idiopathic thrombocytopenic purple SKM ACADEMICIA: An International Multidisciplinary Research Journal 22 (12), 56-60

30. U.D DADAJONOV, KM ABDIEV, FX MAMATKULOVA. Innovative methods of treatment of immune thrombocytopenic purpura in young people Society and innovations, 52-56 Society and innovations, 52-56

31. Mamatkulova F. X., Usmonqulov J. Sh. O‘. Vitamin V12 kamqonligi va uni davolash //Science and Education. – 2023. – Т. 4. – №. 2. – S. 252-259.

32. Maxmonov L., Mamatkulova, F., Abdiyev, K., & Amerova, D. (2021). The importance of using clinical audit in teaching the subject of hematology. Obshestvo i innovatsii, 2(6), 215-221.

33. FX Mamatkulova, SF Ziyodinov, DX Suyundiqov. Yurak-qon tomir kasalliklari bo ‘lgan bemorlarda qonining elektrokinetik va klinik-laborator ko ‘rsatmalari. Science and Education 5 (2), 154-160