

GIPOTITOZ BILAN KASALLANGAN BEMORLARDA YURAK-QON TOMIR KASALLIKLARINING XUSUSIYATLARI

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Rezyume

Gipotireoz - bu sindrom, tiroid gormonlarining past darajalariga reaksiya bilan bog'liq bo'lgan tananing o'ziga xos holati. Gormonlar darajasi qoplanganda, odatda bu alomatlar yo'qoladi. Gipotireoz tiroid gormonlarining funktsional etishmovchiligi yoki gormonal metabolizmga ta'sir qiluvchi patologik jarayonlar bilan bog'liq bo'lishi mumkin.

Kalit so'zlar: arterial gipertenziya, P-Q interval, gemodinamik ko'rsatkichlar.

ОСОБЕННОСТИ ПОКАЗАТЕЛЕЙ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ У БОЛЬНЫХ ГИПОТИРЕОЗОМ

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Резюме

Гипотиреоз - это синдром, специфическое состояние организма, связанное с реакцией на низкий уровень гормонов щитовидной железы. Когда уровень гормонов компенсируется, эти симптомы обычно исчезают. Гипотиреоз может быть связан с функциональным дефицитом гормонов щитовидной железы или с патологическими процессами, влияющими на гормональный обмен.

Ключевые слова: артериальная гипертензия, P-Q интервал, гемодинамические показатели.

FEATURES OF INDICATORS OF CARDIOVASCULAR DISEASES IN PATIENTS WITH HYPOTHYROIDISM

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Resume

Hypothyroidism is a syndrome, a specific condition of the body associated with a reaction to low levels of thyroid hormones. When hormone levels are compensated for, these symptoms usually disappear. Hypothyroidism can be associated with a functional deficiency of thyroid hormones or with pathological processes that affect hormonal metabolism.

Key words: arterial hypertension, P-Q interval, hemodynamic parameters.

Introduction

Hypothyroidism is a syndrome, a specific condition of the body associated with a reaction to low levels of thyroid hormones. When hormone levels are compensated for, these symptoms usually disappear. Hypothyroidism can be associated with a functional deficiency of thyroid hormones or with pathological processes that affect hormonal metabolism. For the first time, hypothyroidism as a disease was described in 1873, and the term "myxedema" (mucous edema of the skin) in relation to severe forms of hypothyroidism began to be used since 1878. Hypothyroidism in Uzbekistan occurs at approximately 19 per 1000 in women and 21 per 1000 in men.

Subclinical hypothyroidism is the most common thyroid disorder. The most significant complications threatening the life of patients with hypothyroidism are caused by pathological changes in the cardiovascular system: arterial hypertension, myocardial dystrophy, circulatory failure, rhythm and conduction disturbances, etc. [3]. In hypothyroidism, blood pressure is usually lowered by systolic pressure. Diastolic pressure can be normal or even elevated [4]. According to Garkunov A.V. et al. (2005), on the contrary, in patients with hypothyroidism, arterial hypertension (AH) is often noted, according to their

own data, about 6% of cases are associated with diseases of the endocrine glands [5].

Materials and methods

100 patients (20 men and 80 women) aged from 17 to 69 years (mean age 42.3 ± 4.02 years) were followed up. Of these, 19 patients had subclinical hypothyroidism, 37 had moderate hypothyroidism, and 44 had severe hypothyroidism. To assess the functional state of the cardiovascular system in patients with hypothyroidism, an ECG was analyzed for the following indicators: heart rate (HR), the position of the electrical axis of the heart, the duration of the P wave, the PQ and QT intervals, the QRS complex, the presence of conduction disorders, hypertrophy of the heart, changes in the final part of the ventricular complex. an ultrasound diagnostic method, echocardiography, was also performed. the functional state of the pituitary-thyroid system was evaluated by determining thyroid hormones.

Research result

All patients were divided into 2 groups: group I - patients with hypothyroidism and arterial hypertension-

27 (27%) patients, group II-hypothyroidism without arterial hypertension - 73 (73%) patients. of group I patients with grade 3 hypertension, 22 (75%) patients had grade 2 hypertension, and 25% of 7 patients had grade 2 hypertension. in group II, 45 (63.5%) patients had normal blood pressure, 22 (30.9%) patients had low blood pressure, and 4 (5.6%) patients had high normal blood pressure (pre-hypertension).

Clinical characteristics of patients

When questioned, patients with hypothyroidism in combination with arterial hypertension complain of: headaches (65%), heart pain (stabbing, aching) of various duration (48%), shortness of breath during exercise (69%), flickering of flies before the eyes (35%), general weakness (58%), drowsiness (35%), memory loss (52%). in patients with manifest hypothyroidism, complaints of general weakness (62%), fatigue (67%), memory loss (68%), absent-mindedness (32%), headaches (24%), swelling around the eyes (37%), swelling of the tongue (88%), dry skin (62%), aching heart pain (11%), shortness of breath during exercise (67%) according to the table, in group I of patients with hypothyroidism combined with arterial hypertension, complaints of headaches, dizziness, pain in the heart (stabbing, aching) of various duration, shortness of breath during exercise, dry skin prevailed.

Clinical evaluation of ECG shows that in group I patients, changes in ECG parameters are present in all patients. At the same time, 14 patients (48%±9.27) had bradycardia, 1 patient (3.4%±0.63) had tachycardia, the remaining 14 patients (48%±9.27) had a normal rhythm, 2 patients (6%±4.41) had atrial extrasystoles, atrial fibrillation was noted in 1 patient (3.4%±0.63), lengthening of the PQ interval in 2 (6%±4.41), reduction, smoothness of the t wave in the V1-4 leads 11 (37%±8.96) patients. In group I with hypothyroidism with arterial hypertension, left ventricular hypertrophy is in the first place according to changes in ECG indicators, and diffuse myocardial changes are in the second place, which are significantly more common than in group II (P<0.001)

In group II of patients suffering from hypothyroidism and who did not have an increase in blood pressure, changes in ECG indicators were not registered in 9 patients (12.6%), in the remaining 62 patients (87.3%) they are present in various combinations. At the same time, 43 patients (61%±5.78) had bradycardia, 3 patients (4.0%±2.32) had tachycardia, the remaining 25 patients (35.21%±5.12) had a normal rhythm, 2 patients (6%±4.41) had atrial extrasystoles, 3 patients (4.0%±2.32) had an elongation of the PQ interval in 5 (7%±3.02), incomplete blockage of the right leg of the GIS bundle was observed in 8 patients (11%±1.11). In the second group of patients, bradycardia is in the first place, a decrease in the amplitude of the ventricular complex teeth in standard leads is in the second place, and diffuse changes in the myocardium are in the third place, which is characteristic of hypothyroidism. When evaluating EchoCG, changes in indicators occur in both groups, but in group I all changes in indicators occur more often than in group II. Thus, the features and differences of the above

complaints, ECG and Echocardiography studies in patients with hypothyroidism with and without arterial hypertension indicate the presence of hemodynamic changes. When combined with arterial hypertension, these changes are aggravated and burdened, which requires the need for a pathogenetic explanation of their development.

Conclusions

1. Among patients with hypothyroidism, changes in the level of blood pressure are common and account for 29% of cases, which dictates the need for early diagnosis of arterial hypertension in them.

2. Changes in ECG indicators are present in 91% of patients with hypothyroidism. When hypothyroidism is combined with arterial hypertension, an inter-burden occurs, which is reflected more characteristic of hypertension and manifested by left ventricular hypertrophy and diffuse changes in the myocardium, and in the absence of arterial hypertension, ECG changes remain characteristic of hypothyroidism, manifested by more frequent occurrence of bradycardia, prolongation of the PQ interval, and low-free ECG.

3. Echocardiographic changes occur in both groups, but 1.8 times more often in the group of patients with hypothyroidism with arterial hypertension. At the same time, in patients with hypothyroidism with arterial hypertension, changes in EchoCG parameters are associated with hyperdynamic changes characteristic of arterial hypertension.

4. The Revealed changes in hemodynamic parameters suggest a more differentiated approach to the diagnosis and treatment of patients with hypothyroidism in combination with arterial hypertension.

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