



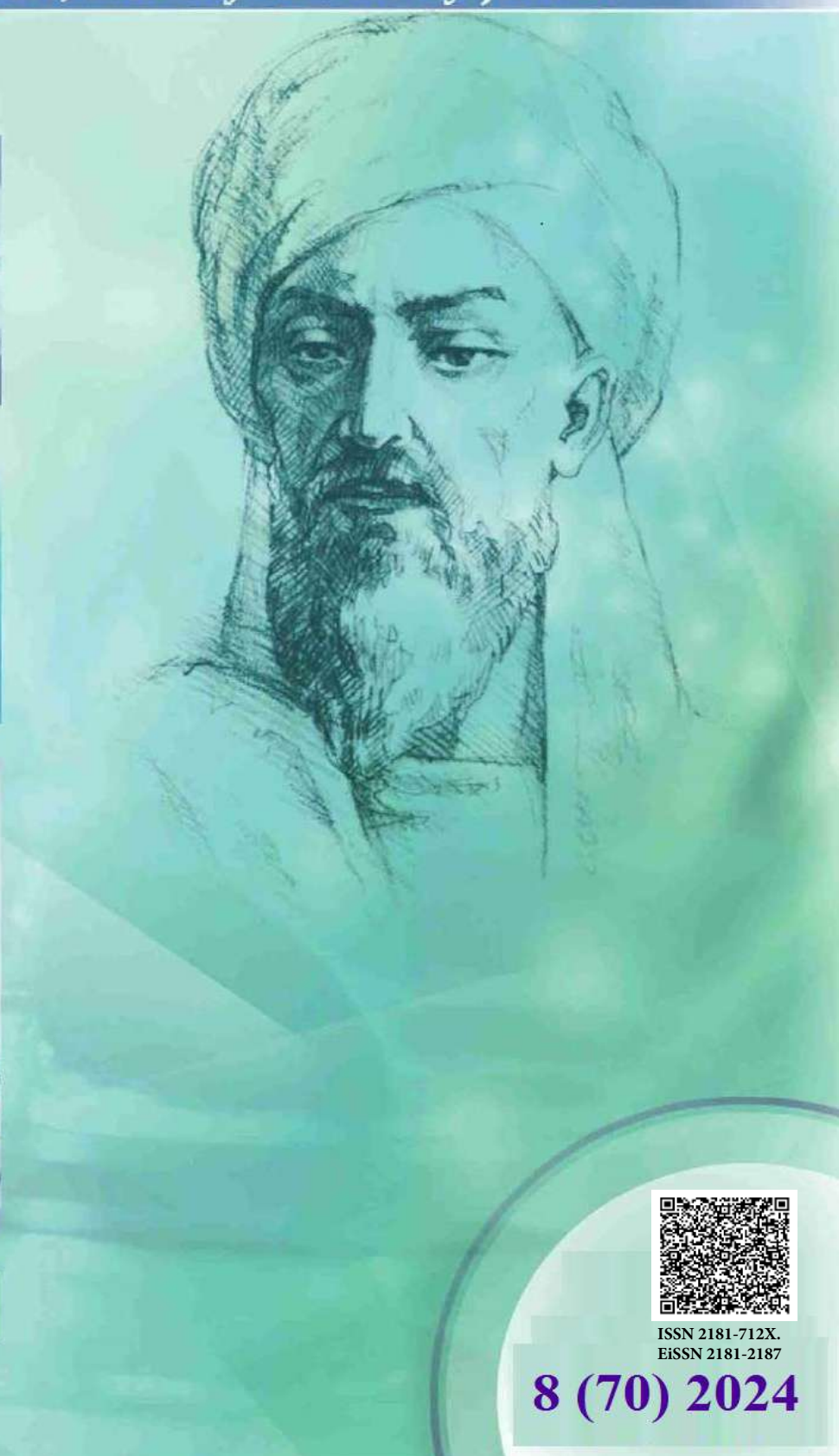
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ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

*Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
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август

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BENEFITS IN THE TREATMENT OF CHOLELITHIASIS WITH CHOLELITHOLYTIC THERAPY

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✓ Resume

Our research showed preparations containing ursodeoxycholic acid course cholelitholytic therapy in patients With hypermotor dysfunction of the gallbladder (GB), the dissolution of stones gave the best results, than normomotor GB: complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), not dissolved - 2 (8%); and with normotoric GB is better than hypomotor dysfunction of the GB complete dissolution - 8 (57%), incomplete dissolution - 5 (36%), Not dissolved - 1 (7%); at hypomotordysfunction G B complete dissolution - 20(54%), incomplete dissolution - 11(30 %), Not dissolved - 6(16%).

Keywords: cholelitic therapy, dysfunction gall bubble.

ПОЛЬЗА ХОЛЕЛИТОЛИТИЧЕСКОЙ ТЕРАПИИ ПРИ ЛЕЧЕНИИ ХОЛЕЛИТИАЗА

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✓ Резюме

Наши исследования показали, что в ходе курса препаратами содержащие урсодезоксихолевую кислоту при желчнокаменной терапии у больных с гипермоторной дисфункцией желчного пузыря (ЖП) растворение камней давало лучшие результаты, чем с нормомоторной ЖП: полное растворение - 19 (73%), неполное растворение - 5 (19%), не растворенный - 2 (8%); и при нормомоторной ГБ лучше, чем при гипомоторной дисфункции: полное растворение ГБ - 8 (57%), неполное растворение - 5 (36%), не растворившееся - 1 (7%); при гипомоторном дисфункция ЖП полное растворение - 20 (54%), неполное растворение - одиннадцать (30 %), не растворенное - 6 (16%).

Ключевые слова: желчнокаменная терапия, дисфункция желчного пузыря.

XOLELITIAZNI XOLELITOLIK TERAPIYA BILAN DAVOLASH

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✓ Rezyume

Bizning tadqiqotimiz shuni ko'rsatdiki, o't pufagining (O`P) gipermotor disfunktsiyasi bo'lgan bemorlarda ursodeoksixol kislotasini o'z ichiga olgan preparatlar kursi xolelitolitik terapiya, toshlarning erishi normomotor O`P ga qaraganda eng yaxshi natijalarni berdi: to'liq erishi - 19 (73%), to'liq erishi - 5 (19%)), erimagan - 2 (8%); va normotorik GB bilan GB ning gipomotor disfunktsiyasidan ko'ra yaxshiroqdir to'liq eritma - 8 (57%), to'liq bo'lmagan eritma - 5 (36%), eritilmagan - 1 (7%); gipomotorda disfunktsiya O`P to'liq erishi - 20 (54%), to'liq bo'lmagan eritma - 11 (30 %), eritilmagan - 6 (16%).

Kalit so'zlar: xolelitik terapiya, o't pufagi disfunktsiyasi.

Relevance

In developed countries gallstone disease (GSD) applies to number common diseases. Biliary stones (LC) are detected in 10-15% of the population. On Northwest Russia gallstones (GB) come to light V average at each fifth women and every tenth man [1, 2, 3, 4, 8]. From European countries greatest prevalence cholelithiasis marked V Switzerland: 18% - among men And 39.5% - among women, and the lowest in Portugal: 3.1% And 7.8% respectively. Exclusively rarely cholelithiasis meets at indigenous residents Thailand And Singapore. Most high frequency LCD installed at American Indians - more than 90% of the female population Pima tribe older than 60 years old have LC [5,12,14,16]. In USA prevalence cholelithiasis is 7.9% among men and 16.6% - among women.

It is noted that the inhabitants of Europe and Northern America dominated cholesterol stones, that time How at residents Asia and Africa - pigment [5]. In our country, the frequency of this diseases fluctuates from 5% before 20%. On today oral litholytic therapy really is only non-invasive method treatment sick With lithiasis GB. To benefits such therapy relate: absence expressed side effects effects, absence lethality, opportunity out patient treatment [6,13,15,17]. In the present time With this purpose use drugs UDHC, That's why method often called ursotherapy.

The purpose of the study is to study the effectiveness cholelitholytic therapy sick cholelithiasis with taking into account kind violations contractile capabilities GB.

Materials and Methods

In study entered 77 patients JCB: 54 (70.2%) - women And 23 (29.8%) - men. Age patients with GB dysfunction ranged from 18 before 57 years (average age 34 ± 4.2). In dependencies from states contractile the ability of the GB all patients were divided on the following groups, representative By age, gender indicators, indexbody weight, number and size of stones And etc. In first group entered data 37 patients With hypomotility, in second - 26 patients with hypermotility, and in the third - 14 persons With normal motility GB (control group). Diagnosis cholelithiasis verified on based on the results of clinical anamnesic, ultrasonographic, A V individual cases - radiological ways research.

Criteria inclusion sick V research group served:

- the presence of cholelithiasis at an early stage of development without seizures biliary colic V history
- absence chronic diseases liver, diabetes mellitus.

As our research and data have shown other authors [9-11, 18,20], count on successful dissolution of stones is possible only with strict selection patients:

- size stones Not must exceed 15 mm;
- stones must be purely cholesterol, that is, not giving a shadow on radiograph (X-ray negative) A on ultrasound Not giving "acoustic track";
- bilious bubble must fully retain its function, and the cystic duct it should be passable;
- bilious bubble must be filled stones less how half;
- bile duct must be free of stones.

All sick V quality litholytic facilities accepted a drug preparations containing ursodeoxycholic acid by 250mg V dose 8-10 mg/kg/ day. Results cholelitholytic therapy were controlled monthly ultrasonographic research. On conducting research were the consent of the most participants and members of the ethical committee for human rights in biomedicine at the Bukhara State medical institute.

Table 1 Indicators efficiency cholelitholytic therapy

Groupssick	After 3months			Through 6months			Through 9 months Andmore		
	1	2	3	1	2	3	1	2	3
	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$	$\frac{N}{\%}$
Hypomotor I dysfunction GB n=37 (48%)	$\frac{1}{4}$ 3 8	$\frac{1}{3}$ 3 5	$\frac{1}{0}$ 2 7	$\frac{1}{7}$ 4 6	$\frac{1}{2}$ 3 2	$\frac{8}{2}$ 2	$\frac{2}{0}$ 5 4	$\frac{1}{1}$ 3 0	$\frac{6}{1}$ 6
Hypermotor and I dysfunction GB n=26 (34%)	$\frac{1}{3}$ 5 0	$\frac{9}{3}$ 5	$\frac{4}{1}$ 5	$\frac{1}{6}$ 6 2	$\frac{7}{2}$ 7	$\frac{3}{1}$ 1	$\frac{1}{9}$ 7 3	$\frac{5}{1}$ 9	$\frac{2}{8}$
Normal motility GB n=14 (18%)	$\frac{6}{4}$ 3	$\frac{5}{3}$ 6	$\frac{3}{2}$ 1	$\frac{7}{5}$ 0	$\frac{5}{3}$ 6	$\frac{2}{1}$ 4	$\frac{8}{5}$ 7	$\frac{5}{3}$ 6	$\frac{1}{7}$
Total n=77 (100%)	$\frac{3}{3}$ 4 3	$\frac{2}{7}$ 3 5	$\frac{1}{7}$ 2 2	$\frac{4}{0}$ 5 2	$\frac{2}{4}$ 3 1	$\frac{1}{3}$ 1 7	$\frac{4}{7}$ 6 1	$\frac{2}{1}$ 2 7	$\frac{9}{1}$ 2

Note: 1 - complete dissolution, 2 - incompletdissolution, 3 - not dissolved

Received results processed statistically With using programs statistics 5.0. (stat soft , USA), statistically meaningful was considered magnitude $p < 0.05$. The results are expressed as average $\pm$ standard deviations (SD).

Parametric data with normal type distribution compared With help t- Student's criterion . We examined patients V flow 1 of the year. At all sick were cholesterol stones, which had, How usually round or oval in shape and were identified on the basis relevant criteria [20-23]. Quantity stones V bilious bubble was from 2up to 5. In 37 patients, microliths had a size of up to 5 mm, at 30 - up to 6-8 mm and at 10 - 10 mm.

Results and its Discussion

As seen from tables, on 3 month treatment V 1 group patients observed complete dissolution - 14 (38%) incomplete dissolution - 13 (35%), non-dissolution - 10 (27%).

In group 2, complete dissolution - 13 (50%), incomplete dissolution - 9 (35%), not dissolved - 4 (15%). IN 3 group, complete dissolution - 6 (43%), incomplete dissolution - 5 (36%), Not dissolved - 3 (21%). At 6 months of treatment V 1 a group of patients complete dissolution - 17 (46%), incomplete dissolution - 12 (32%), undissolved - 8 (22%). In 2 group, complete dissolution - 16 (62%) incomplete dissolution - 7 (27%),insoluble - 3 (11%). In group 3, complete dissolution - 7 (50%), incomplete dissolution - 5 (36%), undissolved - 2 (14%). On 9 And more month treatment V 1 group sick, complete dissolution - 20 (54%), incomplete dissolution - 11 (30%), undissolved - 6 (16%). In 2 group, complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), insoluble - 2 (8%). In group 3, complete dissolution - 8 (57%), incomplete dissolution - 5 (36%), insoluble - 1 (7%). For 9 or more monthly courses ursotherapy identified the following results: on 3 month complete dissolution - 33 (43%), incomplete dissolution - 27 (45%), undissolved - 17 (22%); on 6 month complete dissolution - 40 (52%), incomplete dissolution - 24 (31%), undissolved - 13 (17%); on 9 and more months complete dissolution 47 (61%), incomplete dissolution - 21 (27%), insoluble - 9 (12%). Our research showed preparations containing ursodeoxycholic acid course cholelitholytic therapy at sick With hypermotor dysfunction GB dissolutionstones gave the best results, how normomotor function of the gallbladder: complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), undissolved - 2 (8%); and have normomotor GB is better than GB hypomotor dysfunction complete dissolution - 8

(57%), incomplete dissolution - 5 (36%), undissolved - 1 (7%); at hypomotor dysfunction GB complete dissolution - 20 (54%), incomplete dissolution - eleven (thirty%), undissolved - 6 (16%).

Conclusions

1. Conducting 9 or more monthly course therapy drug Preparations containing ursodeoxycholic acid form capsules sick cholelithiasis And different types dysfunctions GB reliably dissolves bile stones.
2. During the course of ursotherapy in patients with hypermotor dysfunction of the gallbladder dissolution of stones prevailed how at normomotor And hypomotor dysfunction of the gallbladder.
3. Installed good portability 90 daily course of therapy with preparations containing ursodeoxycholic acid in sick GSD. Side effects reactions UDChA form light nausea, vomiting observed at one patient, taking the drug.
4. A drug preparations containing ursodeoxycholic acid maybe be successfully used How UDChA monotherapy, So And UDChA integrated therapy sick cholelithiasis, UDChA volume including And How hepatoprotector.

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