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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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ВЛИЯНИЕ КЛИНИКО-ИММУНОЛОГИЧЕСКИХ АСПЕКТОВ НА РАЗВИТИЕ НЕСПЕЦИФИЧЕСКОГО ЯЗВЕННОГО КОЛИТА

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✓ Резюме

Неспецифический язвенный колит (НЯК) остается сегодня одной из наиболее актуальных проблем гастроэнтерологии. Это заболевание представляет собой хроническое разлитое воспаление слизистой оболочки и подслизистого слоя прямой кишки, проявляющееся следующими клиническими симптомами: болью в животе, частым стулом, тенезмом и ложным стулом, похуданием. Также неспецифический язвенный колит может сопровождаться различными внекишечными симптомами, что вызывает определенные трудности в ранней диагностике и лечении этого заболевания. Неспецифический язвенный колит (НЯК) имеет медицинское и социальное значение, так как вызывает тяжелые осложнения, плохой прогноз, трудности в диагностике и лечении. Эпидемиологические исследования показывают, что годовая заболеваемость НЯК составляет 10,4-12 случаев на 100 000 человек при распространенности 35-100 случаев на 100 000 человек.

В настоящее время основной упор в патогенезе НЯК делается на иммунную систему организма.

В первых исследованиях нарушений иммунной системы при неспецифическом язвенном колите (НЯК) обнаружение элементов лимфоидной ткани слизистой оболочки кишечника свидетельствует о нарушениях иммунного статуса организма. Наличие в таких инфильтратах плазматических клеток, эозинофилов, гранулоцитов, базофилов свидетельствует об изменениях в иммунной системе, увеличение количества макрофагов свидетельствует о фагоцитарной активности. Изучение особенностей изменений иммунной системы в зависимости от тяжести и формы заболевания, активности патологического процесса в толстой кишке, разработка клинико-иммунологических критериев диагностики, прогнозирование последствий заболевания, разработка принципов иммунокорректирующей терапии в настоящее время считаются актуальными

Ключевые слова: иммунитет, толстая кишка, иммунокоррекция, лимфоциты, генетическая предрасположенность

THE INFLUENCE OF CLINICAL AND IMMUNOLOGICAL ASPECTS ON THE DEVELOPMENT OF ULCERATIVE COLITIS

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✓ Resume

Nonspecific ulcerative colitis (NUC) remains one of the most urgent problems of gastroenterology today. This disease is a chronic diffuse inflammation of the rectal mucosa and submucosal layer, manifested by the following clinical symptoms: abdominal pain, frequent bowel movements, tenism and false stools, weight loss. Also, nonspecific ulcerative colitis can be accompanied by various extraintestinal symptoms, which causes certain difficulties in the early diagnosis and treatment of this disease. Non-specific ulcerative colitis (NUC) is medically and socially important, as it causes severe complications, poor prognosis, and difficulties in diagnosis and treatment. Epidemiological

studies show that the annual incidence of NUC is 10.4-12 cases per 100,000 people, with a prevalence of 35-100 cases per 100,000 people. NUC is three times more common than Crohn's disease.

At present, the main emphasis in the pathogenesis of NCD is on the body's immune system. In the first studies of immune system disorders in non-specific ulcerative colitis (NUC), the finding of lymphoid tissue elements of the intestinal mucosa indicates disturbances in the immune status of the body. The presence of plasma cells, eosinophils, granulocytes, basophils in such infiltrates indicates changes in the immune system, an increase in the number of macrophages indicates phagocytic activity. Studying the characteristics of changes in the immune system depending on the severity and form of the disease, the activity of the pathological process in the large intestine, developing clinical and immunological diagnostic criteria, forecasting the consequences of the disease, and developing the principles of immunocorrective therapy are currently considered relevant

Keywords: immunity, colon, immunocorrection, lymphocytes, genetic predisposition

KLINIK VA IMMUNOLOGIK JIHLARNING YARALI KOLIT RIVOJLANISHIGA TA'SIRI

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Nonspesifik yarali kolit (NUC) bugungi kunda Gastroenterologiyaning eng dolzarb muammolaridan biri bo'lib qolmoqda. Ushbu kasallik Rektum shilliq qavati va submukozal qatlarning surunkali diffuz yallig'lanishi bo'lib, quyidagi klinik belgilar bilan namoyon bo'ladi: qorin og'rig'i, tez-tez ichak harakatlari, tenizm va soxta axlat, vazn yo'qotish. Shuningdek, nonspesifik yarali kolit ichakdan tashqari turli xil alomatlar bilan birga bo'lishi mumkin, bu esa ushbu kasallikni erta tashxislash va davolashda muayyan qiyinchiliklarni keltirib chiqaradi. O'ziga xos bo'lmagan yarali kolit (NUC) tibbiy va ijtimoiy ahamiyatga ega, chunki u og'ir asoratlarni, yomon prognozni va tashxis qo'yish va davolashda qiyinchiliklarni keltirib chiqaradi. Epidemiologik tadqiqotlar shuni ko'rsatadiki, NUCNING yillik kasalligi 10,4 kishiga 12-100,000 holatni tashkil etadi, 35 kishiga 100,000-100 holatlar tarqaladi. NUC Kron kasalligiga qaraganda uch baravar keng tarqalgan.

Hozirgi vaqtda NCD patogenezida asosiy e'tibor tananing immunitet tizimiga qaratilgan. Maxsus bo'lmagan yarali kolitda (NUC) immunitet tizimining buzilishi bo'yicha birinchi tadqiqotlarda ichak shilliq qavatining limfoid to'qima elementlarini topish tananing immunitet holatidagi buzilishlarni ko'rsatadi. Bunday infiltratlarda plazma hujayralari, eozinofillar, granulotsitlar, bazofillarning mavjudligi immunitet tizimidagi o'zgarishlarni, makrofaglar sonining ko'payishi fagotsitik faollikni ko'rsatadi. Hozirgi vaqtda kasallikning og'irligi va shakliga, yo'g'on ichakdagi patologik jarayonning faolligiga qarab immunitet tizimidagi o'zgarishlarning xususiyatlarini o'rganish, klinik va immunologik diagnostika mezonlarini ishlab chiqish, kasallikning oqibatlarini prognoz qilish va immunokorrektiv terapiya tamoyillarini ishlab chiqish dolzarb hisoblanadi

Kalit so'zlar: immunitet, yo'g'on ichak, immunokorreksiya, limfotsitlar, genetik moyillik

Relevance

Recent studies confirm the importance of changes in the immune system in nonspecific ulcerative colitis (NUC), which makes it relevant to study the characteristics of these changes depending on the severity and form of the disease. The purpose of this study is to develop clinical and immunological characteristics and principles of immunocorrective therapy for NUC.

Changes in the immune system in nonspecific ulcerative colitis are also confirmed by clinical studies. This is confirmed by seasonality, hereditary genetic predisposition, increased individual sensitivity of the body to food, imbalance in the fraction of proteins in the body, increased globulins, effectiveness of immunodepressants, as well as toxic-allergic complications of aphthous stomatitis, iridocyclitis, arthritis, erythema nodosum, gangrenous pyoderma, autoimmune hemolytic anemia, thrombocytopenic purpura.

To achieve this goal, the following tasks have been identified, to identify the features of changes in the cellular and humoral immunity in patients with NUC of varying severity and depending on the form of the disease.

To study the state of functional activity of natural killer cells (NKC) in patients with NUC at various degrees of severity and forms of the disease.

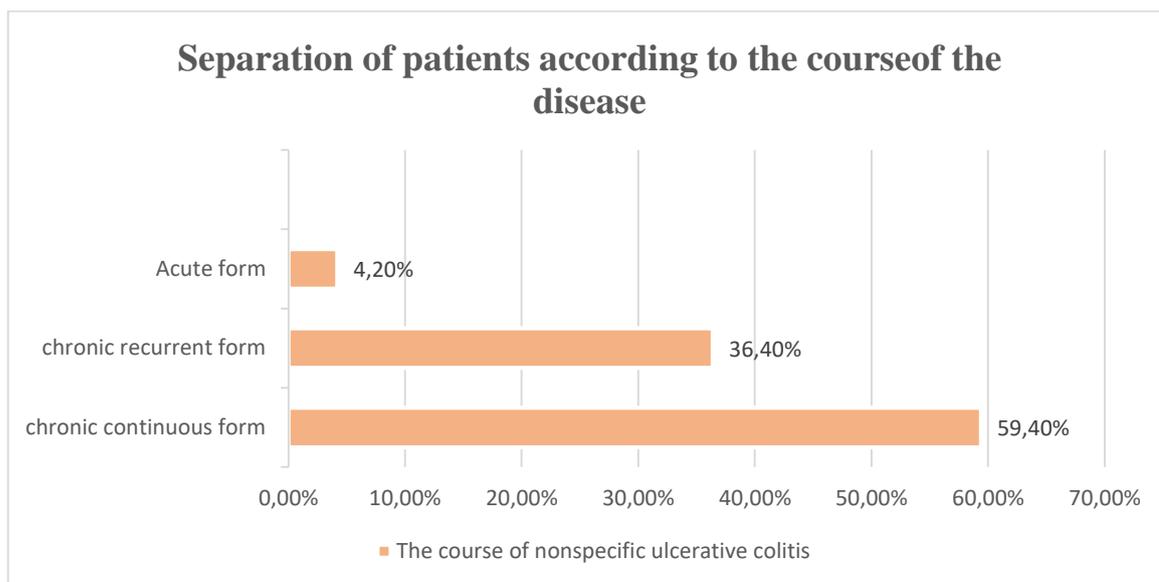
To study the effectiveness of treatment of ulcerative colitis using immunocorrective agents.

This study has practical significance, as it will allow the development of more effective methods for diagnosing and treating NUC, taking into account differences in the immune response in patients with different degrees of severity and forms of the disease.

Materials and methods

This study included the observation of 96 patients with ulcerative colitis in the acute phase in the gastroenterological department of City Medical Association No. 1 in Samarkand. The average age of the patients was 15-67 years, among whom there were 49 men and 47 women. All patients underwent a standard examination, including biochemical, radiological, endoscopic (sigmoid-fibroscopy, colonofibroscopy), immunological, bacteriological and histological examination of intravital colon biopsies.

The control group included 25 practically healthy individuals aged 17 to 56 years. As a result of the analysis, 59.4% of patients had a chronic relapsing form of NUC, 36.4% had a chronic continuous form, and only 4.2% had an acute form of the disease. A mild course was typical only for the chronic relapsing form in 20% of patients, moderate in 56.3%, and severe in 22.9%.



The assessment of immune status was carried out in accordance with accepted diagnostic standards. The absolute and relative content of T-lymphocytes, subpopulations of theophylline-resistant and theophylline-sensitive cells, the state of the B-link of the immune system, the concentration of immunoglobulins of classes A, M, G, the number and functional activity of natural killer cells were determined. The obtained data were processed statistically.

Results and discussions

A study of patients with mild ulcerative colitis showed the following results:

- In the study group of 46 patients, other diseases were detected in 20 (9.2%) of them, such as chronic cholecystitis, 13 (5.98%) patients with chronic pancreatitis, 11 (5.06%) patients with chronic hepatitis and 2 patients with acute appendicitis.

Despite the presence of concomitant diseases, in most patients the symptoms of ulcerative colitis were identified after a thorough questioning and examination.

- All patients had a chronic relapsing form of the disease with a disease duration of 1 to 14 years.



- Analysis of the immune status of this group showed a decrease in the relative number of lymphocytes and a decrease in the relative number of T-lymphocytes, as well as an increase in the relative and absolute number of B-lymphocytes. Indicators of humoral immunity were also changed, with an increase in the concentration of IgE and IgA, as well as an increase in the content of IgM compared to the control group.

- The functional activity of natural killer cells showed only a tendency to decrease.

Thus, in patients with mild ulcerative colitis, changes in the immune system are characterized by a decrease in T-lymphocytes, an increase in B-lymphocytes and immunoglobulins of class A and M. These changes can serve as diagnostic criteria for a chronic relapsing form of NUC with a mild course.

A study of patients with moderate ulcerative colitis revealed the following features:

- In 54 patients among the study patients, a moderate course of NUC was identified, among which 39% had a chronic continuous form of the disease, and 61% had a chronic relapsing form.

- Analysis of the immune system of these patients showed a decrease in the number of T-lymphocytes, T-helpers and T-suppressors. At the same time, an increase was noted in B-lymphocytes. This indicates a deficiency of the T-immune system and an imbalance between T and B cells.

- The level of immunoglobulins IgA and IgM was also increased in these patients, and the IgM content was 2.3 times higher than in the control group. The IgA concentration tended to increase by 1.7 times.

- Patients with moderate NUC showed the lowest levels of T-cell immunity with a predominant decrease in T-suppressors. A more pronounced clinical picture of the disease accompanies this immune deficiency.

A study of patients with severe NUC confirmed the following results:

- Severe disease was observed in 22 patients. Against the background of normal indicators of the number of lymphocytes in the peripheral blood, a sharp decrease in T-lymphocytes was detected.

- As in the case of a moderate course, there is a decrease in the number of T-helpers and T-suppressors, accompanied by an increase in the number of B-lymphocytes.

- The level of immunoglobulins IgA and IgM was also increased. IgM levels increased up to 3-7 times compared to the control group.

Thus, patients with nonspecific ulcerative colitis of moderate and severe severity are characterized by a decrease in the T-cell component of immunity, a deficiency of the T-system, as well as an increase in the level of immunoglobulins IgA and IgM. These changes indicate serious disorders of the immune system and may contribute to the development of more pronounced clinical manifestations of the disease.

This study showed that changes in the immune system of patients with ulcerative colitis (NUC) correlate with the severity of the disease and the activity of the pathological process. Even with mild NUC severity, changes in cellular and humoral immunity, as well as low functional activity of natural killer cells (NK) were detected. With an increase in the severity of the disease and the prevalence of the pathological process in the colon, a deepening deficiency of the T-immune system was observed, which was accompanied by the development of autoimmune reactions and systemic lesions of various organs, including the gastrointestinal tract, liver, heart and blood.

Conclusion

Main conclusions of the study:

1. Disturbances in the immune system (cellular and humoral immunity) in patients with NUC depend on the form of the disease, its severity and the activity of the pathological process.
2. Low functional activity of the NK indicates a severe course and unfavorable prognosis of the disease, and is a criterion for diagnosing its severity.
3. Determination of the state of the immune system (cellular and humoral immunity), as well as the functional activity of NK, can be used to determine the form and severity of NUC.
4. It is recommended to determine the individual sensitivity of T-lymphocytes to immunomodulatory drugs for more differentiated therapy.
5. Thus, understanding the changes in the immune system in NUC and their relationship with disease severity may be useful for the development of individualized methods for diagnosis and therapy of this condition.

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