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

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✓ *Rezyume*

Ushbu maqolada atriyal fibrilatsiyaning doimiy shakli bo‘lgan bemorlarda elektr kardioversiyadan foydalanish samaradorligi va xavfsizligi to‘g‘risidagi ma‘lumotlar keltirilgan, shuningdek, elektr kardioversiyadan keyin sinus ritmini tiklash natijasiga ta‘sir qiluvchi omillar o‘rganilgan.

Kalit so‘zlar: sinus ritmi, atriyal fibrilatsiya, doimiy shakl, elektr kardioversiya

ЭФФЕКТИВНОСТЬ ЛЕЧЕНИЯ АРИТМИЙ У ПАЦИЕНТОВ С БРОНХИАЛЬНОЙ АСТМОЙ

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✓ *Резюме*

В данной статье приведены данные об эффективности и безопасности применения электрической кардиоверсии у больных персистирующей формой фибрилляции предсердий, а также изучены факторы, влияющие на результат восстановления синусового ритма после электрической кардиоверсии.

Ключевые слова: Синусовый ритм, фибрилляция предсердий, персистирующая форма, электрическая кардиоверсия.

EFFECTIVENESS OF ARRHYTHMIA TREATMENT IN PATIENTS WITH BRONCHIAL ASTHMA

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✓ *Resume*

This article presents information on the efficacy and safety of electrical cardioversion in patients with persistent atrial fibrillation, as well as factors affecting the results of sinus rhythm recovery after electrical cardioversion.

Key words: Sinus rhythm, atrial fibrillation, persistent form, electrical cardioversion.

Relevance

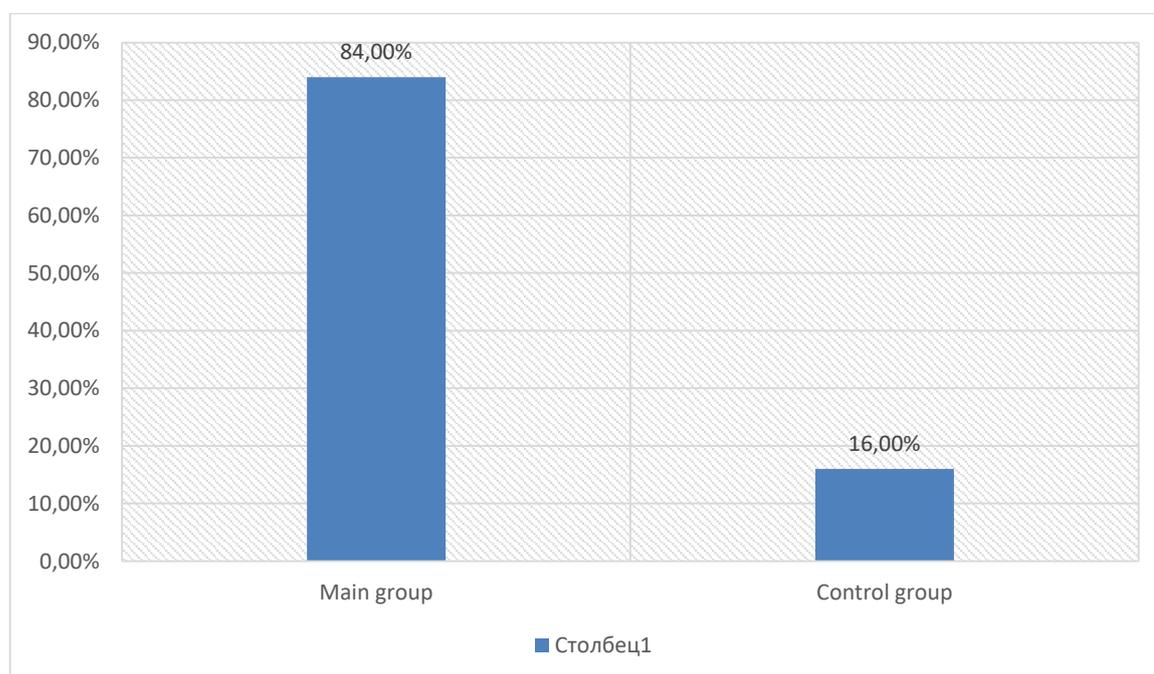
Atrial fibrillation (AF) in patients with bronchial asthma is one of the most common cardiovascular complications, the prevalence of which is increasing every year. In the 1990s, atrial fibrillation was observed in 8.5% of cases in people over 60 years old, while in recent years this figure has reached 12.5% in men and 10.2% in women over 60 years old [4, 10]. In older patients, organic pathology of the heart contributes to the development of atrial fibrillation. It is also necessary to consider that AF can worsen the course of cardiomyopathies or be one of the early symptoms of the disease [3]. Restoring sinus rhythm in atrial fibrillation is one of the primary objectives of arrhythmologists. In this context, electrical cardioversion is regarded as one of the most effective methods [5, 6]. According to the results of retrospective studies, this method was deemed successful due to the restoration of sinus rhythm in 70-85% of cases when electrical cardioversion was applied. The use of this method in combination with antiarrhythmic drugs further increased the percentage of sinus rhythm restoration. When only antiarrhythmic drugs were used, the recovery rate of sinus rhythm was 60-70%, and this process took longer compared to electrical cardioversion [7, 8].

The aim of the study is to compare the effectiveness of electric cardioversion alone or in combination with antiarrhythmic drugs in patients with bronchial asthma with atrial fibrillation.

Materials and methods of scientific work

During the study, 50 patients with bronchial asthma with atrial fibrillation were examined, who were hospitalized in the intensive care unit of the Samarkand Cardiology Center. The age of the patients ranged from 38 to 78 years, with an average of 55 years. According to the sex distribution, men prevailed among the examined (65%), while women constituted 35%.

For analysis, patients were divided into two groups based on the presence of comorbidities. The main group consisted of 42 (84%) patients with a history of asthma combined with diseases such as dilated cardiomyopathy and post-myocardial infarction cardiosclerosis. The second group included 8 (16%) patients who exhibited atrial fibrillation against the background of an idiopathic course.



We also asked patients about the duration of the arrhythmia. In some cases, it lasted from several hours to a year, and in some patients, it was asymptomatic. The criteria for patient selection fully complied with the recommendations of the European Society of Cardiologists.

The number of patients diagnosed with arrhythmia for the first time was 12.0% (6 patients), and it should be noted that they did not take antiarrhythmic drugs.

The remaining 20 patients with dilated cardiomyopathy and 24 patients with PICS received antiarrhythmic treatment at the prehospital and inpatient stages of treatment, but this treatment did not

give the expected result, i.e., the rhythm was not restored. Therefore, it was decided to perform an electrocardioversion.

Upon admission to the hospital, each patient underwent a comprehensive examination, including electrocardiography, echocardiography, 24-hour Holter monitoring, and laboratory tests. A crucial stage in the diagnostic process was transesophageal echocardiography (TEE) to detect potential thrombi in the left atrium [10, 11]. Patients without detected thrombi were prescribed anticoagulant therapy as recommended by clinical protocols. Additionally, before electrical cardioversion, an intravenous polarizing mixture and etacizine (at a dose of 10 mg per kilogram of body weight) were administered. When a thrombus was detected in the left atrium, anticoagulant therapy was also prescribed, followed by a one- or two-month course of etacizine after thrombus absorption. Electrical cardioversion was performed using a "DI-S-04" defibrillator. This device generates single current pulses in the form of damped oscillatory discharges [13, 14]. After cardioversion, all patients underwent continuous ECG monitoring. The effectiveness of electrical cardioversion was assessed by the maintenance of sinus rhythm for 24 hours.

Final results and their discussion

The results of our research confirmed that electrocardioversion is an effective and safe treatment method. Normal sinus rhythm was restored in all examined patients. Simultaneous use of the drug ethacin further increased the effectiveness of the treatment. In most cases (76.0%), the sinus rhythm was restored at the first attempt of electrical stimulation. Since the first attempt was unsuccessful in 8.0% of patients, repeated discharge was used. Another 12.0% of patients achieved a positive result after the third category. In rare cases, when necessary, we used up to six digits, which allowed us to normalize the rhythm in one of the patients (4.0%).

During the study, we monitored the rate of ventricular contractions during cardioversion. In 18 patients (36.0%), the heart rate did not exceed 110 beats per minute. In the remaining 32 (64.0%) patients, it was higher than 140. There are differing opinions in scientific works regarding the influence of left atrial size and volume on the effectiveness of electrocardioversion. In our study, we divided patients according to the size of the left atrium - less than 4.0 cm and more than 4.0 cm. At the same time, in 10 people, the size of the left atrium was 6.0 cm. It is noteworthy that within the framework of our study, the influence of left atrial size on the success of returning to sinus rhythm was not revealed. The analysis showed no correlation between the effectiveness of electrocardioversion, heart rate, blood pressure, the presence of dyskinesia zones according to echocardiography data, and the gender of patients. No serious complications were observed after the procedure. Importantly, no cases of recurrent arrhythmia were recorded in patients before discharge from the hospital. However, a year after discharge from the hospital, a recurrence of arrhythmia was observed in two patients, and in six - after six months, after the complete restoration of the sinus rhythm.

In the 6-minute walk test after treatment, the number of patients who could walk 0-200 meters was 5 people. This means that the physical ability in the main group is very low, requiring urgent assistance. 12 patients covered a distance of 201-350 meters. These patients have low functional activity and a high probability of respiratory failure. Patients who walked 351-450 meters - 40%; this indicator reflects the average functional state. Treatment is proving effective for the patients. Those who walked 451-600 meters accounted for 26%, the patients were in the best condition, and bronchial asthma and arrhythmia were controlled at a high level. In most patients, walking distance exceeds 350 meters, which indicates good effectiveness of treatment against asthma and arrhythmia. However, in this case, in 17 patients, the result of walking less than 350 meters was noted, it is necessary to strengthen the rehabilitation program, conduct an additional assessment of the respiratory tract and cardiovascular system.

Conclusion

Thus, the effectiveness of electrical cardioversion, i.e., the likelihood of successfully restoring normal sinus rhythm, significantly increases under conditions of skilled medical personnel performance and proper patient selection, especially when etacizine is used. The results of the study showed that the duration of arrhythmia, the size of the left atrium, blood pressure indicators, the patient's age, as well as their sex and the rate of ventricular contractions do not have a significant

effect on the restoration of sinus rhythm. In cases where pharmacological treatment proves ineffective, considering the high potential for restoring normal heart rhythm and its positive impact on blood circulation, it is recommended to explore the possibility of performing electrical cardioversion if there are no medical contraindications. Additionally, it is necessary to continue studying the factors that determine successful restoration of sinus rhythm using more advanced research methods.

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