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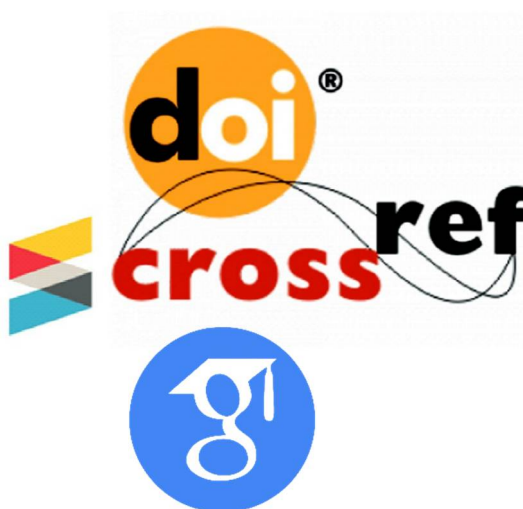
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**LABORATORY DIAGNOSTICS OF INFLAMMATORY METAMORPHISM AND
MARKERS OF ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH CHRONIC PAIN
SYNDROME WITH BRUCellosIS GENESIS DORSOPATHY**

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ANNOTATION

Purpose: to analyze the results of laboratory diagnosis of inflammatory metamorphism and markers of endothelial dysfunction in patients with chronic pain syndrome in dorsopathy of brucellosis origin.

Material and methods: Cluster analysis was applied to process a standardized set of clinical and laboratory parameters studied in 106 patients in the period from 2020 to 2022, who are being examined and treated in the Samarkand City Infectious Diseases Hospital with a diagnosis of chronic brucellosis.

Results. Based on the results of multivariate analysis, parameters were identified that are a pathogenetic factor of inflammation, leading to pain and stimulating the production of pro-inflammatory cytokines.

Conclusions. 1. The high value of the study of inflammatory markers of endothelial dysfunction in patients with chronic brucellosis is shown.

2. Correlation analysis of inflammatory markers of endothelial dysfunction revealed that they could be considered as a pathogenetic factor of inflammation leading to pain.

Key words: dorsopathy, markers of endothelial dysfunction, chronic brucellosis.

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ЛАБОРАТОРНОЕ ДИАГНОСТИРОВАНИЕ ВОСПАЛИТЕЛЬНОГО МЕТАМОРФИЗМА И МАРКЕРОВ ДИСФУНКЦИИ ЭНДОТЕЛИЯ У БОЛЬНЫХ С ХРОНИЧЕСКИМ БОЛЕВЫМ СИНДРОМОМ ПРИ ДОРСОПАТИЯХ БРУЦЕЛЛЁЗНОГО ГЕНЕЗА

АННОТАЦИЯ

Цель: проведение анализа полученных результатов лабораторного диагностирования воспалительного метаморфизма и маркеров дисфункции эндотелия у больных с хроническим болевым синдромом при дорсопатиях бруцеллёзного генеза.

Методы: Кластерный анализ был применен для обработки стандартизированного набора клинических и лабораторных показателей изучены у 106 пациентов в период с 2020 по 2022годы, находящиеся на обследовании и лечении в городской инфекционной больнице города Самарканда с диагнозом хронический бруцеллёз.

Результаты. По итогам многофакторного анализа были выявлены параметры, которые являются патогенетическим фактором воспаления, приводящие к боли и стимулирующие продукцию провоспалительных цитокинов.

Выводы. 1. Показано высокое значение исследования воспалительных маркеров дисфункции эндотелия у больных с хроническим бруцеллёзом.

2. Корреляционный анализ воспалительных маркеров дисфункции эндотелия выявил, что их можно рассматривать как патогенетический фактор воспаления, приводящий к боли.

Ключевые слова: дорсопатия, маркеров дисфункции эндотелия, хронический бруцеллёз.

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BRUTSELLYOZ GENEZLI DORSOPATIYASI BO'LGAN BEMORLARDA SURUNKALI OG'RIQ SINDROMI YALLIGLANISH METAMORFIZMI VA ENDOTELIY DISFUNKSIYASI MARKERLARINI LABORATOR DIAGNOSTIKASI

ANNOTATSIYA

Maqsad: brutsellyoz genizli dorsopatiyasida surunkali og'riq sindromi bo'lgan bemorlarda yallig'lanish metamorfizmi va endotelial disfunktsiya belgilarining laboratoriya diagnostikasi natijalarini tahlil qilish.

Materiallar va metodlar. 2020-2022-yillarda Samarqand shahar yuqumli kasalliklar shifoxonasida surunkali brutsellyoz tashxisi bilan tekshirilayotgan va davolanayotgan 106 nafar bemorda o'rganilgan standartlashtirilgan klinik va laboratoriya ko'rsatkichlarini qayta ishlash uchun klaster tahlili qo'llanildi.

Natijalar. Ko'p o'lchovli tahlil natijalariga ko'ra, yallig'lanishning patogenetik omili bo'lgan, og'riqqa olib keladigan va yallig'lanishga qarshi sitokinlarni ishlab chiqarishni rag'batlantiradigan parametrlar aniqlandi.

Xulosa. 1. Surunkali brutsellyozli bemorlarda endotelial disfunktsiyaning yallig'lanish belgilarini o'rganishning yuqori ahamiyati ko'rsatilgan.

2. Endotelial disfunktsiyaning yallig'lanish belgilarining korrelyatsion tahlili shuni ko'rsatdiki, ular og'riqlarga olib keladigan yallig'lanishning patogenetik omili sifatida qaralishi mumkin.

Kalit so'zlar: dorsopatiya, endotelial disfunktsiya belgilari, surunkali brutselloz.

Kirish. Og'riq, o'zining biologik kelib chiqishi bo'yicha, shikastlanish, yallig'lanish va ishemiya paytida to'qimalar shikastlanganda rivojlanadigan tanadagi muammo belgisidir. Og'riq - bu

buzilishni bartaraf etishga qaratilgan himoya reaksiyalari majmuasi shakllanadigan xavf signalidir [1, 2].

Brutsellyozning yuqori tarqalishi, zo'ravonligi va natijalari ushbu muammoni hal qilish bo'yicha optimistik prognozlar uchun asos bermaydi [3]. Kasallikning klinik ko'rinishida asab tizimining shikastlanish belgilari etakchi o'rinni egallaydi va bu masala bo'yicha adabiyotlarda mavjud bo'lgan ma'lumotlar kam yoki eskirgan, parchalangan va qarama-qarshidir, bu esa ulardan amaliy foydalanishga to'sqinlik qiladi [4, 5]. Surunkali dorsopatiyalar umurtqa pog'onasining degenerativ-distrofik kasalliklari fonida rivojlanadi va irsiy moyillikka ega bo'lgan multifaktorial kasallik, periferik asab tizimining ikkilamchi lezyoni bo'lgan yuqumli kasallikdir [6, 7, 8].

Tadqiqot maqsadi: brutsellyoz kelib chiqishi dorsopatiyasida surunkali og'riq sindromi bo'lgan bemorlarda yallig'lanish metamorfizmi va endotelial disfunktsiya belgilarining laboratoriya diagnostikasi natijalarini tahlil qilish.

Materiallar va tadqiqot usullari

Bizning ishimizda 2020 yildan 2022 yilgacha bo'lgan davrda Samarqand shahar yuqumli kasalliklar shifoxonasida surunkali brutsellyoz tashxisi bilan ko'rikdan o'tkazilayotgan va davolanayotgan 106 nafar bemor o'rganildi. Bemorlar tasodifiy davolash guruhlariga ajratildi, ammo yoshi, jinsi va bemorning ahvolidagi og'irligi tadqiqot natijalariga sezilarli ta'sir ko'rsatishi mumkin bo'lgan kuchli parametrlar bo'lganligi sababli, tanlovda barcha guruhlar o'xshashligini ta'minlash uchun nazorat to'siqlari qo'llanildi. bu xususiyatlar. Barcha bemorlar batafsil nevrologik tekshiruvdan va klinik epidemiologik tekshiruvdan o'tkazildi, shu jumladan laboratoriya diagnostikasi (IgG va IgM sinfidagi brutsellyoz patogenlariga antikorlarni aniqlash bilan fermentativ immunoassay, Huddleson plastinkasining aglutinatsiya reaksiyasi. Asosiy o'rganilgan material yallig'lanish belgilarini o'rganish edi. metamorfizm va endotelial disfunktsiya belgilari: fibrinogen, C-reaktiv oqsil, interleykin-1b, endotelin-1 va qon zardobida eruvchan adezyon molekulalarining kontsentratsiyasi 84 nafar bemorda "Brusselsyoz kelib chiqishi surunkali dorsopatiya" tashxisi bilan.

Natijalar va muhokama. Fibrinogenning ko'payishi nafaqat qon ivish tizimining tarkibiy qismi, balki o'tkir va surunkali yallig'lanish, immun va o'sma hodisalarining ko'rsatkichidir [9]. Yallig'lanishning dorsopatiyalarning rivojlanishi haqidagi hozirgi qarashlari jarayonning mahalliy xususiyatga ega bo'lgan bir yoki bir nechta umurtqa pog'onasi segmentlari bilan cheklanganligiga asoslanadi [10, 11]. Ushbu kasalliklarda fibrinogen kontsentratsiyasining fiziologik me'yordan oshishi o'rtacha darajada aniqlanadi va NSAIDlar tomonidan yaxshi davolanadi [12, 13, 14].

Bizning ilmiy ishimizda bemorlarning qon plazmasidagi fibrinogen kontsentratsiyasi Klausga ko'ra standart laboratoriya va klinik usulda o'rganildi. Brutsellyoz kelib chiqadigan dorsopatiyalarda surunkali og'riqlar bilan og'riq bemorlarda fibrinogen miqdori 1,7 dan 3,2 g/l gacha, o'rtacha 2,45 g/l ni tashkil etdi, bu ham normaga to'g'ri keldi.

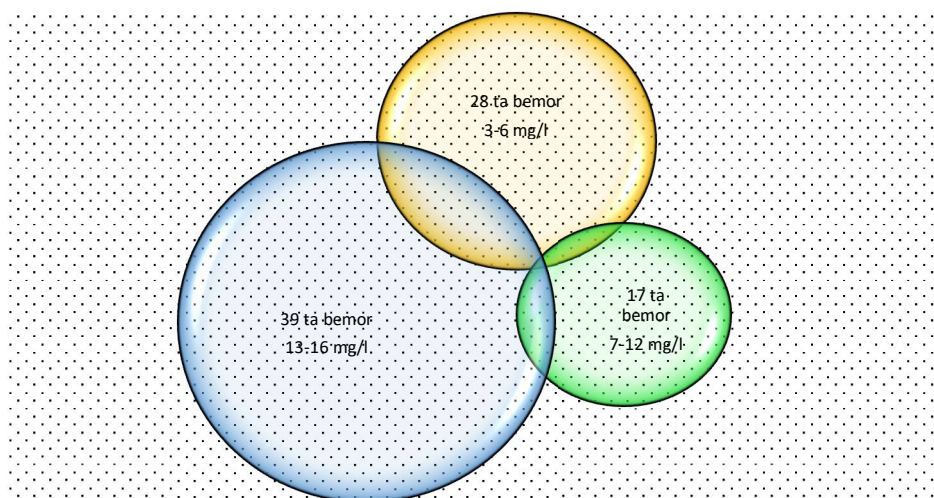
CRP yallig'lanishning o'tkir bosqichidagi oqsillardan biri bo'lib, yallig'lanishning biokimyoviy va immunokimyoviy belgilarining keng doirasiga ega. Siqilish-ishemik kelib chiqadigan dorsopatiyada surunkali og'riq sindromining rivojlanishiga umurtqa pog'onasi va intervertebral disklardagi degenerativ-distrofik jarayonlar yordam beradi. Og'riqning rivojlanishi uchun mexanik, biokimyoviy va immunologik omillar orqa miya ildizlariga ta'sir qiladi. Natijada aseptik otoimmün yallig'lanish rivojlanadi.

Bizning ishimizda yallig'lanish jarayonining faolligini baholash uchun C-reaktiv oqsil o'rganildi. Sog'lom odamlarning qon zardobida CRP izlar shaklida aniqlanadi va 3 mg/l dan past bo'ladi. Past intensivlikdagi yallig'lanish bilan qon zardobidagi CRP 7 mg/l gacha. 7,1 - 50 mg/l yallig'lanish jarayonining o'rtacha intensivligining ko'rsatkichidir. Jiddiy yallig'lanish va otoimmün kasalliklarda CRP darajasi 50 mg / L dan oshadi.

Qon topshirishdan bir kun oldin bemorlardan kuchli jismoniy faoliyatni istisno qilish, chekish va spirtli ichimliklarni iste'mol qilmaslik so'ralgan. Ertalab och qoringa venadan qon olindi. Tadqiqot barcha bemorlarda o'tkazildi. CRP konsentratsiyasi Thermo Science kompaniyasining reaktivlar to'plamidan foydalangan holda yuqori sezgir miqdoriy usul bilan aniqlandi.

Bizga ma'lumki, brutselloz qo'zg'atuvchisi hujayra ichida joylashgan bo'lib, natijada bo'shashgan biriktiruvchi to'qima hujayralari tan olinadi va ularning signallari tug'ma immunitet

tizimining ishga tushishiga yordam beradi. Hujayradagi ekzogen patogenlar bo'shashgan biriktiruvchi to'qimalarda yallig'lanishga qarshi sitokinning sintezi va qonga sekretsiyasiga yordam beradi [15, 16]. Sitokin sinteziga javoban gepatotsitlar C-reaktiv oqsilni keltirib chiqaradi. II guruhdagi barcha 84 bemor C-reaktiv oqsilni o'rganishdan o'tkazildi, ularning qiymatlari quyidagicha edi: 28 (33,3%) bemorda - 3-6 mg / l; 39 da (46,4%) - 7-12 mg/l; 17 da (20,3%) - 13-19 mg / l (1-rasm).

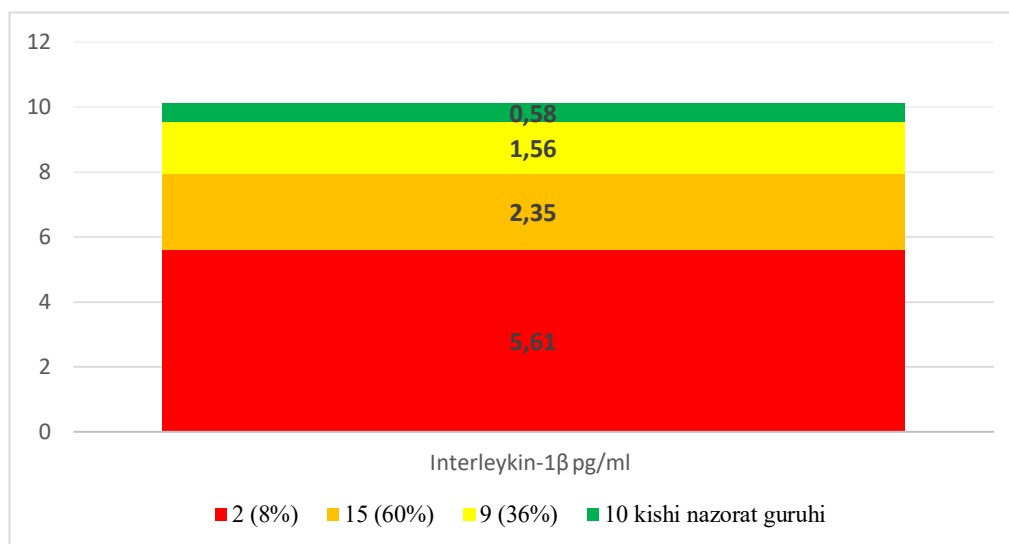


1-rasm. C-reaktiv oqsil ko'rsatkichlari

Interleykin-1b, ajratilgan sarum sitokin, fagotsitar mononuklear hujayralar tomonidan chiqariladi, tananing o'ziga xos va o'ziga xos bo'lmagan himoya reaksiyalarining rivojlanishida ishtirok etadi va turli maqsadli hujayralarga, shu jumladan dorsopatiyaga qarshi faoldir.

Ushbu tadqiqotni o'tkazish uchun biz 25 bemorni tanlashga qaror qildik va taqqoslash uchun ko'rsatmalarga muvofiq standart reagent to'plamlari (Bender MedSystem 224/2, Avstriya) yordamida Elishay tomonidan interleykin-1b ni aniqlash uchun nazorat guruhidan 10 kishini olishga qaror qildik.

Natijada quyidagi ko'rsatkichlar olindi: 2 (8%) bemorda 5,61 (5,60 - 5,62) pg/ml, 15 (60%) - 2,35 (2,29-2,41) pg / ml, bu engil darajani ko'rsatdi. yallig'lanish reaksiyasi va 8 (32%) 1,56 (1,54-1,58) bemorlar, natijalar yallig'lanish jarayonlarining zaif darajasini ko'rsatdi (2- rasm).



2- rasm. Bemorlarning qon zardobidagi interleykin-1b tarkibi

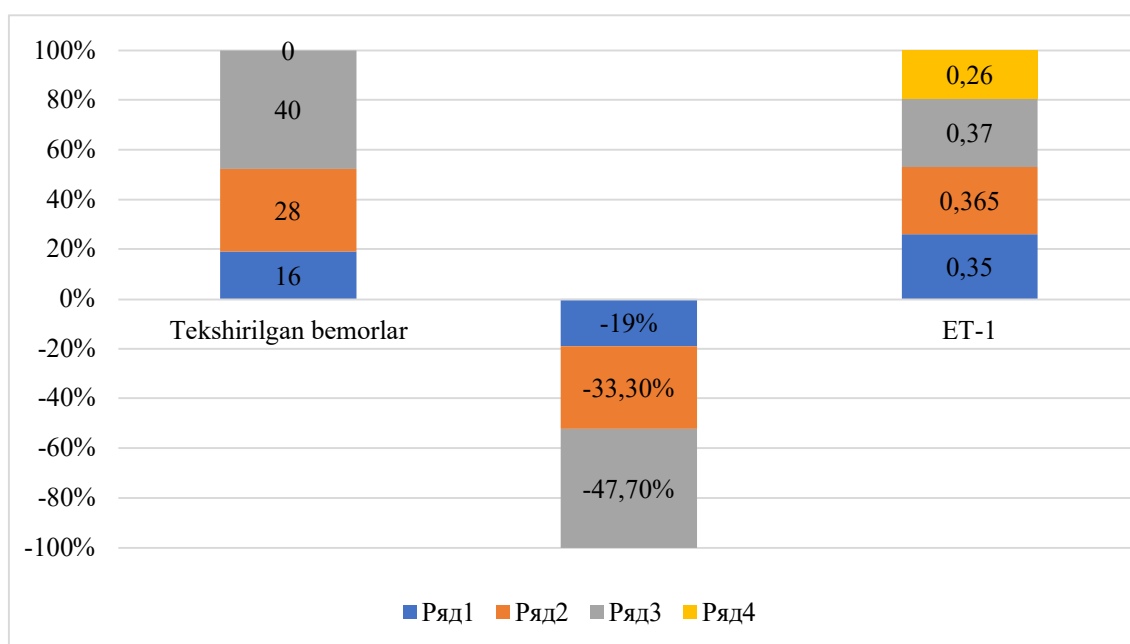
Qon zardobidagi endotelin-1 hozirgi vaqtda kasalliklarni o'rganishda periferik va markaziy tomirlar devorlarining devorlarining shikastlanishining an'anaviy belgisi sifatida samarali qo'llaniladi: yurak-qon tomir tizimi, diabetes mellitusdagi mikro- va makroangiopatiya, distsirkulyator ensefalopatiya, turli vaskulitlar. etiologiyalar va boshqalar [17]. U endotelial

hujayralarda, qon tomir devorining silliq mushak hujayralarida, shuningdek, miya va orqa miya neyronlari va astrositlarida hamda bir qator boshqa to'qimalarda hosil bo'ladi [18,19].

Zamonaviy tushunchalarga ko'ra, venoz turg'unlik va mahalliy epidurit rivojlanishi bilan epidural venoz pleksuslarning siqilishi [20] dorsopatiyada surunkali og'riq paydo bo'lish mexanizmida muhim rol o'ynaydi, bu zarar bilan birga keladigan periferik qon oqimining buzilishi bilan birga bo'lishi mumkin emas [21].

Bizning tadqiqotimizda biz turli xil kelib chiqadigan dorsopatiyalarda surunkali og'riq sindromi bo'lgan bemorlarning periferik qon zardobida uch fazali ferment immunoassay usuli bilan endotelin-1 tarkibini o'rgandik.

Bemorlarda (n=84) periferik qon zardobida ET-1 ning miqdori quyidagicha edi: 16 (19%) bemorda - 0,350 fmol/l, 28 (33,3%) - 0,365 fmol/l va 40 (47,7%) - 0,370 fmol / l. (bu o'rtacha 0,362 fmol/l). Taqqoslash uchun ET-1 0,260 fmol/l ni ko'rsatgan nazorat guruhining 6 kishisida ham aniqlandi (3-rasm).



3-rasm. II guruhdagi bemorlarda qon zardobida endotelin-1 ning tarkibi.

SRP va endolin-1 in vitro va in vivo tizimlarda adezyon molekulalarining ekspressiyasini keltirib chiqaradigan omillar bo'lganligi sababli [22] periferik qon tomir to'shagining endoteliy holatini yanada o'rganish uchun. spondilogenik nevrologik sindromlar bilan og'riq bemorlarda qon tomir endoteliy-1 va hujayralararo adezyon molekulalarining eruvchan adezyon molekulalarining endotelial hujayralari ifodasini o'rgandik. Globulinlar oilasiga mansub bu oqsillar qon zardobida qon tomir endotelial disfunktsiyasiga olib keladigan turli patologik sharoitlarda topilgan. Bugungi kunda ular qon tomir devori patologiyasining an'anaviy belgilari sifatida qabul qilinadi [23, 24]. Qon zardobidagi qon tomir endotelial adezyon molekulalari-1 va hujayralararo adezyon molekulalari-1 kontsentratsiyasi Avstriyaning Bender MedSystem (BMS201, BMS232) dan 166 ta reagentdan iborat tijorat to'plamlari yordamida ferment bilan bog'langan immunosorbent tahlili bilan aniqlandi.

SHD bilan og'riq bemorlarning qon zardobida qon tomir adezyon molekulalari (sVCAM-1) va hujayra yopishish molekulalari (sICAM-1) tarkibini aniqlash uchun turli xil kelib chiqadigan dorsopatiyalarning har bir guruhidan 20 nafar bemor tanlab olindi.

O'rganilgan bemorlarda (n=20) qon tomirlarining adezyon molekulalarining tarkibi quyidagicha edi: minimal ko'rsatkich 772,80 maksimal 1200,80 ng/ml, o'rtacha 986,80ng/ml. Bemorlarning ushbu guruhidagi hujayra yopishish molekulalarining tarkibi quyidagicha edi: minimal - 510,75, maksimal - 865,10 ng /ml, o'rtacha 687,925ng/ml.

Xulosa. Brutsellyoz genezisi dorsopatiyasida surunkali og'riq sindromi bilan og'riq bemorlarning qon zardobidagi yallig'lanish belgilari yallig'lanish genezisi belgilarini aniqlaydi. Qon

plazmasidagi mahalliy fibrinogen turli xil kelib chiqadigan dorsopatiyalarda surunkali og'riqli bemorlarni differentsial tashxislash uchun qo'shimcha biokimyoviy tahlil sifatida tanlanishi mumkin. Turli xil kelib chiqishi dorsopatiyalari bo'lgan surunkali og'riq sindromi bilan og'rigan bemorlarning qon zardobida CRP kontsentratsiyasini o'rganishda bu surunkali og'riq sindromi rivojlanishida qo'shimcha diagnostik belgi sifatida qaralishi mumkin bo'lgan juda sezgir miqdoriy usul. Shuningdek, CRP ni yallig'lanishning patogenetik omili, og'riqqa olib keladigan va yallig'lanishga qarshi sitokinlarni ishlab chiqarishni rag'batlantiruvchi omil sifatida ko'rib chiqish mumkin. Qon zardobida aniqlangan interleykin-1b kontsentratsiyasi surunkali og'riqni qo'zg'atadigan yallig'lanish jarayonining mavjudligining turli ko'rsatkichlarini ko'rsatdi. O'rganilayotgan bemorlarning qon zardobida endotelin-1 kontsentratsiyasining ortishi dorsopatiyada periferik qon tomir endoteliyasining shikastlanishining dalili sifatida qaralishi mumkin, bu etiologiya va patogenezga qarab, surunkali og'riqning xarakterini ham belgilaydi. RRHda CHD bilan og'rigan bemorlarning qon zardobidagi adezyon molekularining (sVCAM-1) va (sICAM-1) kontsentratsiyasi yallig'lanishga qarshi omillar va endotelial disfunktsiya belgilari bilan aniq korrelyatsiyaga ega edi. Biz (sICAM-1) va C-reaktiv oqsil kontsentratsiyasi, (sICAM-1) kontsentratsiyasi va interleykin-1b kontsentratsiyasi o'rtasidagi o'rta kuchli korrelyatsiyani aniqladik. (sVCAM-1) va C-reaktiv oqsil kontsentratsiyasi o'rtasida ancha zaif korrelyatsiya va (sVCAM-1) kontsentratsiyasi va interleykin-1b kontsentratsiyasi o'rtasida kuchli bog'liqlik aniqlandi. Shunday qilib, yallig'lanishga qarshi belgilarning yuqori konsentratsiyasi fonida bemorlarda periferik qon zardobida qon tomir endotelial adezyon molekulari-1 (sVCAM-1) va hujayralararo adezyon molekulari-1 (sICAM-1) kontsentratsiyasining oshishi. C-reaktiv oqsil va interleykin-1b periferik tomir to'shagida endotelial hujayralar disfunktsiyasi bilan birga keladigan yallig'lanish jarayonining mavjudligini ko'rsatadi.

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