

simple surrogate marker associated with the development of cardiovascular disease of atherosclerotic origin. It can be used to detect metabolically active obesity in people with normal body weight and as a predictor of subclinical atherosclerosis.

Aim: to investigate the relationship between triglyceride-glucose IR index and metabolic cardiovascular risk factors (CVR) in patients with arterial hypertension (AH).

Materials and methods. We examined 255 patients - 123 (48.2%) women and 132 (51.8%) men aged 23 to 79 years (mean age (59.39 + 1.09) years) with AH II- III stage, which according to the TGGI index is divided into two groups: TGGI <4.81 units (n = 134) and TGGI > 4.82 units (n = 121). The absence of IR was indicated by the value of TGGI <4.81 units. Body mass index (BMI) was studied, which was calculated by doctors according to a standard formula. The normal body weight of patients corresponded to a BMI of 18 kg / m² to 24.9 kg / m². For overweight (OW) was taken BMI from 25 kg / m² to 29.9 kg / m², for obesity - BMI >30 kg / m². To diagnose visceral obesity (VO), the percentage of fat deposits (PFD), total fat mass (TFM) and fat mass index (FMI) were additionally calculated according to known formulas. Indicators of carbohydrate, lipid and purine metabolism were evaluated.

Results. The most important metabolic factors of CVR associated with IR in patients with AH are: impaired glucose tolerance, type 2 diabetes mellitus (DM), hypercholesterolemia, hypertriglyceridemia (GTH), decreased serum levels of high lipoprotein cholesterol (HDL) and hyperuricemia (HUE). Analysis of differences in lipid, carbohydrate and purine metabolism in patients with AH depending on the presence of IR for TGGI shows that in the case of reduced tissue sensitivity to insulin, the state of lipid metabolism deteriorates mainly due to disorders in lipoprotein lipolysis of TG-containing lipoproteins, as evidenced by an increase in serum TG concentration of 2.26 times (p <0.0001) and the value of the lipid ratio of TG / HDL cholesterol in 2.88 times (p <0.0001). In patients with AH and IR, the association of uric acid (UA) with serum HDL cholesterol (r = -0.361; p = 0.001), lipid ratio of TG / HDL cholesterol (r = 0.358; p = 0.001) and the value of TGGI (r = 0.319; p = 0.001), which is primarily due to the increase in cases of HUE in this group of patients - 29 (24.0%) compared with patients who had normal TGGI (19 (14.2 %) cases; p = 0.005). The relationship between the level of UA with these indicators is explained by the fact that its increase in serum is often accompanied by such disorders of lipid and carbohydrate metabolism as GTH, low cholesterol in HDL and hyperglycemia. In the presence of IR on the indicator of TGGI in patients

with AH, there was a relationship between serum concentrations of glucose and TG (r = 0.382; p <0.0001) and glucose and the lipid ratio of TG / HDL cholesterol (r = 0.337; p <0.001).

Conclusions. The most important metabolic factors of CVR associated with IR in patients with AH are impaired glucose tolerance, type 2 diabetes, nonalcoholic steatohepatitis, hypercholesterolemia, elevated TG levels, decreased serum HDL cholesterol and hyperuricemia. In patients with AH and reduced tissue sensitivity to insulin, TGGI is more associated with such a metabolic factor as CVR, such as increased BMI due to fat accumulation.

INFLUENCE OF TOPOGRAPHANATOMIC FEATURES OF THE HEPATOPANCREATOBILIARY ZONE ORGANS ON OPERATIONS FROM THE MINIDO ACCESS, WITH COMPLICATIONS OF CLOSE

Rakhmanov K.E., Mamanov M.Ch.,
Isomiddinova S.B.

*Samarkand state medical institute, Samarkand,
Uzbekistan*

Introduction. Wide laparotomy for complications of gallstone disease was almost replaced by laparoscopic cholecystectomy and operations from small approaches. Methods cannot be opposed. The surgeon himself must decide which one to apply to a particular patient. In this he should be helped by clearly defined indications and contraindications for each of these methods, based on the totality of all the data that affect the outcome of the operation.

Aim: improving the efficiency and safety of operations on the bile ducts from a mini-laparotomic access, with complications of gallstone disease.

Materials and methods. The work is based on the analysis of the results of surgical treatment of 176 patients with cholelithiasis, operated from a mini-access. In all patients, the following was determined: holotomy, syntopy and skeletotomy of the liver, gallbladder, type of liver gates, depth of the common bile duct. Depending on the combination of these indicators, the parameters of the surgical wound were established according to the criteria of A.Yu. Sazon - Yaroshevich. Minilaparotomy was performed according to the method developed by us, with an improved retractor design. Patient age: 19-85 years old. Acute cholecystitis was in 52 patients, chronic - in 97. Choledocholithiasis and papillostenosis complicated the course of the disease in 42 patients. And 27 residentsualcholedocholithiasis, after ChE. Obstructive jaundice was observed in 45. All patients were operated on using a mini-laparotomic approach. Cholecystectomy was performed in 149 patients,