

control, determine the extent of the captured tissues and prevent damage to the internal epigastric vessels. The knot seam, when tightened, slips parallel between the PF transverse fibers. To provide reliable support and strengthen the restored PF, it is necessary to completely abandon the tightening of the ligature on the muscles to the stop, which is the reason for the manifestation of all the negative consequences attributed to plastic surgery by local tissues. It is necessary that the knot is only in contact with the muscle tissue, it is impossible for the ligature to cut into the thickness of the muscles. Muscle tissue has strength and power, at the same time, it is delicate and easily vulnerable and must be treated delicately, just like the elements of the spermatic cord. The muscles in the ligature groove should be as free as the spermatic cord in the inguinal ring. With this method, muscles are not damaged, innervation and microcirculation are not disturbed. According to the proposed method, we apply a suture to the muscles and lateral to the spermatic cord. The aponeurosis of the external oblique muscle of the abdomen (NKMZH) is restored in the form of a duplicate. Compliance with these principles of plastic surgery for an oblique inguinal hernia excludes the possibility of recurrence of a hernia. The fourth - the medial part of the inguinal canal is the weakest part of the inguinal canal, because remains uncovered by the internal oblique and transverse muscles, and the aponeurosis of the NCMF opposite this section forms a superficial inguinal ring. This anatomy of the medial inguinal canal is the reason for the appearance of a direct inguinal hernia and makes it difficult to repair it. We restore the PF defect using U-shaped seams. With an inguinal hernia, when the height of the inguinal gap is more than 3 cm, to bring them tight is fraught with a high risk of failure of the seam. According to our data, this occurs in 12.4% of cases. These tissues are the most fixed in contrast to the inguinal ligament and lateral muscles of the inguinal canal, which are mobile and less spaced from each other. than 2 cm that allows you to bring them closer together without tension and, therefore, without damaging the muscle tissue. Thus, if the height of the inguinal space is more than 3 cm, an endoprosthesis must be used to restore the medial part of the inguinal canal. Its dimensions should exceed the area of the medial section by more than 30%. We fix the endoprosthesis to the pubic bone, the aponeurosis of the rectus abdominis muscle, the medial part of the inguinal ligament and the internal oblique and transverse muscles sutured to the inguinal ligament. In 14 patients operated on since 2020, with a combination of plastics of the first 3 sections with local tissues according to the proposed method, and 4 sections using an endoprosthesis, recurrence of an inguinal hernia has not been observed to date.

Results. Relapse-free course.

Findings. The effectiveness of the combination of tension and non-tension hernioplasty.

LATENT TUBERCULOUS INFECTION AND CHILDREN'S QUALITY OF LIFE

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Introduction. Latent tuberculosis infection (LTI) is an asymptomatic condition in which patients carry the bacteria, but do not show any sign of illness, however they are at risk of disease activation at any time in the future.

Aim: to explore patients during diagnosis and treatment of latent tuberculosis infection, measure their quality of life.

Materials and methods. during 2020 year were examined 100 children 4-7 years age. Children were divided in 3 groups. First group (n=40) - a children with LTI. Group of the comparison (n=40) has comprised preschool age children with tuberculosis. Group of the checking (n=20) have constituted the preschool age healthy children. Quality of life was defined with the help of questionnaire PedsQL version 4.0 (the Russian version).

Results. Indicators of the physical functioning at healthy children were double above than at children with LTI and active tuberculosis - $88,1 \pm 3,4$ (against $44,5 \pm 2,5$ and $40,2 \pm 2,1$ points). Presence of the clinical manifestation of disease is greatly reflected on children's ability to coping with obstacle, run, participation in athletic games. At children with LTI indicators of their physical functioning also were low - $44,5 \pm 2,5$ that directs that LTI has an influence upon the general condition of organism, that reveals in general weakly expressed malaises at this groups children. This brings them to independent restriction of the daily physical load. At children with active tuberculosis, physical functioning indicators were low.

Lowest indicators of emotional functioning noted at children with LTI and active tuberculosis - $52,1 \pm 3,3$ and $53,2 \pm 2,4$ points, that indicated of negative influence of tuberculosis to nervous system. Children from this groups more annoyed, moody, whining, feel discomfort from clinical symptoms of disease, at them is often noted presence of alert on cause of contact with persons of opposite sex. Amongst children with active tuberculosis, we have revealed changes in emotional status that is connected with understanding of incurability of diseases, despondency from joining of tuberculosis. High indicators of emotional functioning are registered at healthy children - $83,8 \pm 3,9$.