

(BMI)  $\geq 30$  kg/m<sup>2</sup>) was observed in 22 (37%) patients, smoking - in 9 (15%), physical inactivity - in 18 (30%), hypercholesterolemia - in 27 (45%), burdened heredity for cardiovascular diseases - in 21 (35%). Hypercholesterolemia in RA is associated with inflammatory markers: C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), rheumatoid factor. 12 (20%) patients were diagnosed with coronary artery disease (IHD), 7 of them were established earlier (before the onset of RA), in 5 - IHD was diagnosed for the first time. Arterial hypertension was detected in 16 (27%) patients. Chronic heart failure (CHF) FC II-III according to NYHA was diagnosed in 5 (17%) patients out of 32, in 3 cases with preserved left ventricular ejection fraction (LV). In 3 patients, CHF was caused by IHD, in 8 - IHD and AH. Fasting hyperglycemia was detected in 12 (20%) patients. Anemia of varying severity was detected in 46 (77%) patients. When conducting an ECG in patients, changes were revealed in the form: metabolic changes in the ventricular myocardium - in 31 (52.5%) patients, left ventricular hypertrophy.

**Conclusions.** Thus, the majority of patients with identified ACCP and positive for RF with a high degree of disease activity have the highest cardiovascular risk. This is due to an increase in the frequency of traditional risk factors and clinical manifestations of cardiovascular diseases. In addition to detecting and monitoring RA activity, it is necessary to change the lifestyle of patients, as well as timely detection and treatment of comorbid conditions.

### LICHTENSTEIN PLASTIC FOR INGUINAL HERNIA

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**Introduction.** The issues of surgical treatment of inguinal hernias have not been unambiguously resolved to date. Surgeons have proposed a large number of methods of surgical interventions, however, the ideal intervention has not yet been developed. The problem is urgent and needs further development and study.

**Aim:** to study of lichtenstein plastic for inguinal hernia.

**Material and methods.** The results of treatment of 250 patients with inguinal hernias were analyzed. All operated on are men. The patients' age is from 25 to 86 years. According to the classification of Leoyd M. Nyhus (1995): direct hernias (type IIIa) were present in 111 (44.4%) patients; large oblique hernias (type IIIb) - in 74 (29.6%); recurrent hernias (type IV) were diagnosed in 65 (26%) patients. During the

examination, 163 (%) patients had various comorbidities: hypertension 72 (44.2%), coronary heart disease 33 (20.2%), diabetes mellitus 21 (12.9%), bronchial asthma, pulmonary emphysema, pneumosclerosis 18 (11%), varicose veins of the lower extremities 12 (7.4%), previous CVA 7 (4.3%). Of 74 patients with recurrent and hernias, 23 had a second, 9 had a third relapse,

**Results.** During the operation, local infiltrative anesthesia was used in 174 (69.6%) patients for anesthesia, epidural anesthesia was used in 60 (24%) cases, general anesthesia occurred in 16 (6.4%) patients. During the operation, we attach particular importance to minimal tissue trauma and hemostasis. Postoperative complications: in 26 (10.4%) cases, there was a slight scrotal edema, which completely disappeared within 1014 days after the operation. The occurrence of this complication is associated with compression of the spermatic cord into the hole created in the mesh implant; in 13 (5.2%) patients who were operated on for recurrent hernias, in the postoperative period and during the control examinations, there were areas of sensitivity disturbance in the operation area, which we associate with trauma to the nerve trunks during dissection of scar tissue. Conservative treatment after surgery included antibiotic therapy, pain relief, prevention of thromboembolic complications. There were no lethal outcomes. Long-term results by telephone survey were studied in the period up to 5 years after surgery, in 102 (40.8%) patients, recurrent hernias were not observed. The patients are feeling well.

**Conclusions.** Thus, hernia repair according to the Lichtenstein technique using a polypropylene mesh is the operation of choice in patients with straight (type IIIa), large oblique (type IIIb), recurrent hernias (type IV). Strict adherence to the operating technique, high-quality hemostasis, full-fledged conservative therapy allows avoiding the development of complications at various stages of treatment.

### EARLY DIAGNOSTICS OF INFECTED PANCREONEKROSIS

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**Introduction.** Infected pancreatic necrosis is a serious problem in modern urgent surgery. Purulent complications of acute pancreatitis are observed in no more than 5% of patients, but are accompanied by a mortality rate of 50-60%.

**Aim:** early diagnostics of infected pancreonekrosis.

**Materials and methods.** During the period