

Impact Factor: 6.145

ISSN: 2181-0990
DOI: 10.26739/2181-0990
www.tadqiqot.uz

JRHUNR

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH



TADQIQOT.UZ

VOLUME 3,
ISSUE 2

2022

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН

Журнал репродуктивного здоровья и уро-
нефрологических исследований

JOURNAL OF REPRODUCTIVE HEALTH AND URO-NEPHROLOGY RESEARCH

Главный редактор: Б.Б. НЕГМАДЖАНОВ

Учредитель:

Самаркандский государственный
медицинский университет

Tadqiqot.uz

Ежеквартальный
научно-практический
журнал

N^o 2
2022

ISSN: 2181-0990
DOI: 10.26739/2181-0990

Главный редактор:
Chief Editor:

Негмаджанов Баходур Болтаевич
доктор медицинских наук, профессор,
заведующий кафедрой Акушерства и гинекологии №2
Самаркандского Государственного медицинского университета

Doctor of Medical Sciences, Professor,
Head of the Obstetrics and Gynecology Department
No. 2 of the Samarkand State Medical University

Заместитель главного редактора:
Deputy Chief Editor:

Каттаходжаева Махмуда Хамдамовна
доктор медицинских наук, профессор
Кафедры Акушерства и гинекологии Ташкентского
Государственного стоматологического университета

Doctor of Medical Sciences, Professor
Departments of Obstetrics and Gynecology
Tashkent State Dental University

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ:
MEMBERS OF THE EDITORIAL BOARD:

Луис Альфондо де ла Фуэнте Эрнандес
профессор, член Европейского общества
репродукции человека и эмбриологии
Prof. Medical Director of the Instituto
Europeo de Fertilidad. (Madrid, Spain)

Ramašauskaitė Diana
профессор и руководитель клиники акушерства
и гинекологии при институте клинической
медицины Вильнюсского университета (Prof. Clinic
of Obstetrics and Gynecology Vilnius University Faculty
of Medicine, Latvia)

Зуфарова Шахноза Алимджановна
доктор медицинских наук, профессор, директор
Республиканского центра репродуктивного
здоровья населения (M.D., Professor, Director
of the Republican Center for Reproductive Health)

Агабабян Ирина Рубеновна
кандидат медицинских наук, доцент, Самаркандского
Государственного медицинского университета
(Candidate of Medical Sciences, Associate Professor,
Samarkand State Medical University)

Зокирова Нодира Исламовна
доктор медицинских наук, профессор Самаркандского
Государственного медицинского университета

Кадыров Зиёратшо Абдуллоевич
доктор медицинских наук, профессор
Непрерывного медицинского образования
медицинского института РУДН.

Негматуллаева Мастура Нуруллаевна
доктор медицинских наук, профессор Бухарского
государственный медицинского института.

Окулов Алексей Борисович
доктор медицинских наук, профессор
Московского государственного
медико-стоматологического университета.

Махмудова Севара Эркиновна
доктор философии по медицинским наукам (PhD)
(ответственный секретарь)

ЧЛЕНЫ РЕДАКЦИОННОГО СОВЕТА:
MEMBERS OF THE EDITORIAL BOARD:

Boris Chertin
MD Chairman, Departments of Urology & Pediatric
Urology, Shaare Zedek Medical Center, Clinical Professor in
Surgery/Urology, Faculty of Medicine, Hebrew University,
Jerusalem. (Профессор хирургии/урологии, медицинский
факультета ивритского университета)

Fisun Vural
Doçent Bilimleri Üniversitesi, Haydarpaşa
Numune Eğitim ve Araştırma Hastanesi
Kadın Hastalıkları ve Doğum Kliniği İdari
ve Eğitim Sorumlusu. Доцент Университета
естественных наук, учебно-исследовательской
больницы клиники акушерства и гинекологии.

Melike Betül Öğütmen
SBÜ Haydarpaşa Numune SUAM Nefroloji
Kliniği idari ve Eğitim Sorumlusu.
Доцент Университета естественных наук,
учебно-исследовательской
больницы клиники нефрологии.

Аллазов Салах Алазович
доктор медицинских наук, профессор
кафедры урологии, Самаркандского
Государственного медицинского университета

Ахмеджанова Наргиза Исмаиловна
доктор медицинских наук, доцент,
заведующая кафедрой №2 педиатрии с
курсом неонатологии, Самаркандского
Государственного медицинского университета

Локшин Вячеслав Нотанович
доктор медицинских наук, профессор,
член-корр. НАН РК, президент Казахстанской
ассоциации репродуктивной медицины.

Никольская Ирина Георгиевна
доктор медицинских наук, профессор
ГБУ МО МОНИАГ.

Шалина Раиса Ивановна
доктор медицинских наук, профессор
кафедры акушерства и гинекологии педиатрического
факультета РНИМУ им.Н.И.Пирогова

Page Maker | Верстка: Хуршид Мирзахмедов

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Телефон: +998 (94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

СОДЕРЖАНИЕ | CONTENT

ОБЗОРНЫЕ СТАТЬИ

- 1. Агабабян И.Р., Садикова Ш. Ш., Исmoilов Р. М.**
ВЫЯВЛЕНИЕ НАРУШЕНИЙ СКОРОСТИ КЛУБОЧКОВОЙ ФИЛЬТРАЦИИ В ЗАВИСИМОСТИ ОТ СТЕПЕНИ ОЖИРЕНИЯ / IDENTIFICATION OF EARLY DISORDERS OF GLOMERULAR FILTRATION RATE DEPENDING ON THE DEGREE OF OBESITY/ SEMIZLIK DARAJASIGA QARAB KOPTOKCHALAR FILTRATSIYASI TEZLIGI BUZILISHLARINI ERTA ANIQLASH.....6
- 2. Амонова М.Ф.**
ДЕФИЦИТ ВИТАМИНА Д У ЖЕНЩИН В МЕНОПАУЗЕ/VITAMIN D DEFICIENCY IN MENOPAUSA WOMEN/ MENOPAUZADAGI AYOLLARDA D VITAMINI YETISHMASLIGI.....10
- 3. Шавази Н.Н., Алимова П.Б.** СОВРЕМЕННЫЕ АСПЕКТЫ АКУШЕРСКИХ КРОВОТЕЧЕНИЙ/ CURRENT ASPECTS OF OBSTETRIC HEMORRHAGE/ AKUSHERLIK QON KETISHINING ZAMONAVIY JIHATLARI.....13
- 4. Мурадова Р.Р., Хайдаров М.М., Тураев Х. Н.**
НЕФРОТОКСИЧНОСТЬ КАК ПРОБЛЕМА СОВРЕМЕННОЙ АНТИБИОТИКОТЕРАПИИ/ NEPHROTOXICITY AS A PROBLEM OF MODERN ANTIBIOTIC THERAPY/ NEFROTOKSIKLIK - ZAMONAVIY ANTIBIOTIKOTERAPIYANING MUAMMOSI SIFATIDA.....17

ОРИГИНАЛЬНЫЕ СТАТЬИ

- 1. Гиясов Ш.И., Гафаров Р.Р.**
СИСТЕМАТИЗАЦИЯ ПОСЛЕОПЕРАЦИОННЫХ ОСЛОЖНЕНИЙ ГОЛЬМИЕВОЙ ЛАЗЕРНОЙ ЭНУКЛЕАЦИИ ПРОСТАТЫ – СТАНДАРТИЗИРОВАННЫЙ ПОДХОД/ SYSTEMATIZATION OF POSTOPERATIVE COMPLICATIONS OF HOLMIUM LASER ENUCLEATION OF THE PROSTATE - A STANDARDIZED APPROACH/ GOLMIY LAZERLI PROSTATA BEZI ENKLEATSIYANING OPERATSIYADAN KEYINGI ASORATLARINI TIZIMLASHTIRISH – STANDARTLASHTIRILGAN YONDASHUV.....20
- 2. Даминова М.Х., Ахмеджанов И. А., Ахмеджанова Н.И., Изомиддинова М.К.**
СРАВНИТЕЛЬНАЯ ОЦЕНКА КЛИНИКО- ЛАБОРАТОРНЫХ ПОКАЗАТЕЛЕЙ ПРИ РАЗЛИЧНЫХ ФОРМАХ ПИЕЛОНЕФРИТА У ДЕТЕЙ/ COMPARATIVE ASSESSMENT OF CLINICAL AND LABORATORY PARAMETERS IN VARIOUS FORMS OF PYELONEPHRITIS IN CHILDREN/ BOLALARDA PIELONEFRITNI TURLI XIL SHAKLLARIDA KLINIK -LABORATOR XUSUSIYATLARNI QIYOSIY BAXOLASH.....25
- 3. Исламов Т.Ш., Ахмеджанов И. А., Ахмеджанова Н.И.**
КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ХРОНИЧЕСКОГО ГЛОМЕРУЛОНЕФРИТА У ДЕТЕЙ/ CLINICAL AND LABORATORY CHARACTERISTICS OF VARIOUS FORMS OF ACUTE GLOMERULONEPHRITIS IN CHILDREN/ BOLALARDA O'TKIR GLOMERULONEFRITNI TURLI XIL SHAKLLARIDA KLINIK -LABORATOR XUSUSIYATLARI.....29
- 4. Каттаходжаева М.Х., Абдуллаева Л.С., Сулейманова Н. Ж.**
ПРАКТИЧЕСКИЕ КОНТРАВЕРСИИ В ПРОФИЛАКТИКЕ ПОСЛЕРОДОВЫХ АКУШЕРСКИХ КРОВОТЕЧЕНИЙ/ PRACTICAL CONTRAVERSIONS IN THE PREVENTION OF POSTPARTUM OBSTETRIC HEMORRHAGE/TUG'RUQDAN KEYINGI AKUSHERLIK QON KETISHINING OLDINI OLISHDA AMALIY QARAMA-QARSHILIKLAR.....35
- 5. Каттаходжаева М.Х., Абдуллаева Л.С., Сулейманова Н. Ж.**
ЗНАЧЕНИЕ ПРОГНОЗИРОВАНИЯ ПОСЛЕРОДОВЫХ КРОВОТЕЧЕНИЙ ПРИ СИНДРОМЕ ПЕРЕРАСТЯЖЕНИЯ МАТКИ В ПЕРСОНИФИКАЦИИ ПРОФИЛАКТИЧЕСКИХ МЕРОПРИЯТИЙ/ THE VALUE OF PREDICTING POSTPARTUM HEMORRHAGE IN THE SYNDROME OF UTERINE OVERSTRETCHING IN THE PERSONIFICATION OF PREVENTIVE MEASURES/ TUG'RUQDAN KEYINGI AKUSHERLIK QON KETISHINING OLDINI OLISHDA AMALIY QARAMA-QARSHILIKLAR.....39
- 6. Сайфиев Х.Х., Ахмеджанов И. А., Ахмеджанова Н.И.**
СОВРЕМЕННЫЙ ПОДХОД К ТЕРАПИИ ОСТРОГО ПИЕЛОНЕФРИТА У ДЕТЕЙ/IMPORTANCE OF MODERN APPROACHES IN THE DIAGNOSIS OF PURULENT-INFLAMMATORY DISEASES OF THE UTERUS/ BOLALARDA UTKIR PIELONEFRITNI DAVOLASHDA ZAMONAVIY YONDASHUV.....43
- 7. Солеева С.Ш., Агабабян И.Р., Ярашева З.Х.**
ИНТЕРВЕНЦИОННОЕ ВЕДЕНИЕ БОЛЬНЫХ С ХРОНИЧЕСКОЙ ИШЕМИЧЕСКОЙ БОЛЕЗНЬЮ СЕРДЦА/INTERVENTIONAL MANAGEMENT OF PATIENTS WITH CHRONIC CORONARY HEART DISEASE/SURUNKALI KORONAR YURAK KASALLIGI BO'LGAN BEMORLARNI INTERVENTSION BOSHQARISH.....46
- 8. Меликова Д.У., Бегнаева М.У.**
КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ХРОНИЧЕСКОГО ПИЕЛОНЕФРИТА У ДЕТЕЙ/CLINICAL FEATURES OF CHRONIC PYELONEPHRITIS IN CHILDREN/ BOLALARDA SURUNKALI PIYELONEFRIT KECISHINING KLINIK JIHATLARI.....51
- 9. Ризаев Ж.А., Хусанбаева Б.А.**
ПРОВЕРКА ЭФФЕКТИВНОСТИ ПРЕДЛОЖЕННОЙ СХЕМЫ ЛЕЧЕНИЯ СТОМАТОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ У ПАЦИЕНТОВ С ХРОНИЧЕСКОЙ БОЛЕЗНЬЮ ПОЧЕК/ CHECKING THE EFFECTIVENESS OF THE PROPOSED TREATMENT REGIMEN FOR DENTAL DISEASES IN PATIENTS WITH CHRONIC KIDNEY DISEASE/ SURUNKALI BUYRAK KASALLIGI BO'LGAN BEMORLARDA TAVSIYA ETILGAN TISH KASALLIKLARI DAVOLASH REJIMINING SAMARADORLIGINI TEKSHIRISH.....54

10. Шаханова Ш.Ш., Рахимов Н.М., Корабоев Ф.Т.

ПОВЫШЕНИЕ ЭФФЕКТИВНОСТИ ЛЕЧЕНИЯ МНОЖЕСТВЕННЫХ ОСТЕОГЕННЫХ МЕТАСТАЗОВ РАКА ПОЧКИ И ПРЕДСТАТЕЛЬНОЙ ЖЕЛЕЗЫ/ INCREASE THE EFFECTIVENESS OF TREATMENT OF MULTIPLE OSTEOPENIC METASTASES OF KIDNEY AND PROSTATE CANCER/BUYRAK VA PROSTATA BEZI KO'PLAB OSTEOPEN METASTAZLARIDA DAVOLASH SAMARADORLIGINI OSHIRISH.....60

11. Таниш Г. А.

ОСНОВНЫЕ ПРИЧИНЫ СИНДРОМА ПОЛИКИСТОЗНЫХ ЯИЧНИКОВ У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА/SUMMARY MAIN CAUSES OF POLYCYSTIC OVARIAN SYNDROME IN WOMEN OF REPRODUCTIVE AGE/REPRODUKTIV YOSHIDAGI AYOLLARDA TUXUMDONLARNING POLIKISTOZ SINDROMI KELIB CHIQISHINING ASOSIY SABABLARINI ANIQLASH.....64

12. Умаров З.М., Каттаходжаева М.Х., Сулейманова Н. Ж.

ЗНАЧЕНИЕ ИННОВАЦИОННЫХ ТЕХНОЛОГИЙ В ТАЗОВОМ ПРЕДЛЕЖАНИИ ПЛОДА/ THE IMPORTANCE OF INNOVATIVE TECHNOLOGIES IN BREECH PRESENTATION OF THE FETUS/ THE IMPORTANCE OF INNOVATIVE TECHNOLOGIES IN BREECH PRESENTATION OF THE FETUS/ HOMILA CHANOG'I BILAN OLDINDA KELISHIDA INNOVATSION TEXNOLOGIYALAR AHAMIYATI.....68




УДК 616.6-613.76

Melikova Dilshodakhon Uktamovna
Assistant
Samarkand State Medical University
Samarkand, Uzbekistan

Begnaeva Mukhiba Usmanovna
Assistant
Samarkand State Medical University
Samarkand, Uzbekistan

CLINICAL FEATURES OF CHRONIC PYELONEPHRITIS IN CHILDREN

For citation: Melikova Dilshodakhon Uktamovna, Begnaeva Mukhiba Usmanovna, Clinical features of chronic pyelonephritis in children, Journal of reproductive health and uro-nephrology research. 2022, volume 3, issue 2

 <http://dx.doi.org/10.5281/zenodo.6678344>

ANNOTATION

We have observed 87 children aged from 5 to 12 years with a diagnosis of chronic pyelonephritis (CHP). With the detection of the functional state of the kidney complex clinical trials were conducted in both groups of patients with chronic pyelonephritis. In the examination of patients with chronic pyelonephritis, a number of features were identified against the background of anemia syndrome, reflecting the characteristics of pathological processes with different etiology.

Key words: oxyhemoglobin, dysmetabolic nephropathy, pyelonephritis, urinary tract infections

Меликова Дилшодахон Уктамовна

Ассистент

Самаркандский государственный медицинский университет
Самарканд, Узбекистан

Бегнаева Мухиба Усмановна

Ассистент

Самаркандский государственный медицинский университет
Самарканд, Узбекистан

КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ХРОНИЧЕСКОГО ПИЕЛОНЕФРИТА У ДЕТЕЙ

АННОТАЦИЯ

Мы наблюдали 87 детей в возрасте от 5 до 12 лет с диагнозом хронический пиелонефрит (ХПН). С выявлением функционального состояния почек были проведены комплексные клинические испытания в обеих группах пациентов с хроническим пиелонефритом. При обследовании больных хроническим пиелонефритом на фоне анемического синдрома были выявлены ряд особенностей, отражающих особенности патологических процессов различной этиологии.

Ключевые слова: оксигемоглобин, дисметаболическая нефропатия, пиелонефрит, инфекции мочевыводящих путей

Melikova Dilshodaxon Uktamovna

Assistant

Samarqand davlat tibbiyot universiteti
Samarqand, O'zbekiston

Begnaeva Muxiba Usmanovna

Assistant

Samarqand davlat tibbiyot universiteti
Samarqand, O'zbekiston

BOLALARDA SURUNKALI PIYELONEFRIT KECHISHINING KLINIK JIHATLARI

ANNOTATSIYA

Biz surunkali piyelonefrit (SPn) bilan kasallangan 5-12 yoshgacha bo'lgan 87 nafar bolalarni kuzatdik. Buyraklarning funksional holatini aniqlash bilan surunkali piyelonefritli bemorlarning har ikki guruhida ham keng qamrovli klinik sinovlar o'tkazildi. Surunkali piyelonefritli bemorlarni anemik sindrom fonida uchrashida turli etiologiyali patologik jarayonlarning xususiyatlarini aks ettiruvchi bir qator xususiyatlar aniqlandi.

Kalit so'zlar: oksigemoglobin, dismetabolik nefropatiya, piyelonefrit, siydik yo'li infeksiyalari

In the structure of morbidity of children, diseases of the genitourinary system currently occupy the ninth place. Among childhood diseases, urinary tract infections, including pyelonephritis, are second in prevalence (more than 5% in girls and 1-2% in boys) after respiratory tract infections. The mortality rate of children on dialysis is 30-150 times higher than in the general population, and the life expectancy of children from birth to 14 years on dialysis is 20 years. To date, the main direction of scientific research related to the problem of chronic kidney disease is the search for new controlled factors contributing to the progression of the disease to the stage of chronic renal failure. Existing studies point to anemia as one of these factors. It is obvious that the traditional approach to the treatment of anemic syndrome at the terminal stage of chronic kidney disease is not able to slow down the progression of the pathological process in the kidneys and, accordingly, cannot lead to significant improvements in the duration and quality of life of patients. Therefore, the search for predictors of the development of nephrogenic anemia, the formation of risk groups for its development in the early stages of chronic kidney disease should be considered a priority. At the moment, various predictors of anemia have been described, but there are no quantitative characteristics of the degree of their influence suitable for practical use.

Relevance. In recent years, a significant number of studies have been collected that show anemia as an independent risk factor [1,2] affecting the development of chronic pyelonephritis and the occurrence of terminal status. Under the influence of tissue hypoxia, including associated with anemia, epithelial-mesenchymal transformation of the cells of the ducts and the spread of inflammatory cytokines and fibrosis molecules can lead to the development of fibrosis increases and, accordingly, a decrease in the excretory function of the kidney [3]. In addition, it should be taken into account that intact nephrons experience a great functional strain, thereby increasing the need for oxygen. Therefore, a decrease in blood transport function on account of a decrease in the number of red blood cells leads to the lesion of unchanged nephrons in the effect of initial damage [5].

At the same time, a decrease in the level of hemoglobin triggers a number of adaptivisms of the body, such as an increase in cardiac blood drive, a decrease in peripheral resistance, an increase in oxyhemoglobin dissociation, so that tissues are adequately supplied with oxygen. Under the influence of hypoxia, transcription of genes involved in the operation of alternative metabolic pathways is activated. In chronic pyelonephritis, anemia is usually normocytic and normochrome. The number of reticulocytes decreases, it is normal or slightly rises, and may increase as a result of hemolysis or hypoxia. The weight of anemia is variable, but the hemoglobin concentration in general is from 55 to 120 g/l, and the hematocrit content is from 17 to 35%, which is typical for nephrogen anemia.

Purpose of the study: to evaluate the effect of anemia on the course of chronic pyelonephritis in children

Materials and Methods: We examined 87 children aged 5-12 years with a diagnosis of chronic pyelonephritis (CHP) who are on inpatient treatment at the Samarkand Regional Children's Multidisciplinary Medical Center. In order to solve the problems posed in our study, all children were divided into two groups: 1 group - chronic primary pyelonephritis, 2 Group - chronic secondary non - constructive pyelonephritis. To study the effect of anemia on the pathological process in the kidneys, both groups were divided into small groups according to the main diagnosis: at the time of admission to the hospital, depending on the level of hemoglobin: 1 small group - mild anemia (hemoglobin level <90 g/l), 2 small group - children with moderate severity of anemia (hemoglobin level 89-70 g/l). The average age of children in the 1 group is 7,55±2,7, in the 2 Group-7,4±3,2.

When collecting Anamnesis data, it was found that among relatives in the family there were chronic kidney pathologies (chronic pyelonephritis, chronic glomerulonephritis, chronic TIN), abnormalities in kidney development (single kidney, pathology of the number and location of the kidney, hydronephrotic transformation of the kidney), the presence of relatives who performed dysmetabolic nephropathy,

programmatic hemodialysis or peritoneal dialysis, as well as relatives who died due to chronic kidney disease.

When collecting the life Anamnesis of the patient, special attention was paid to the features of pregnancy and infancy. Evaluation of the dynamics of physical and mental development of the child under the age of 1 year was carried out. Somatic and Infectious Diseases, surgical interventions were taken into account.

The collection of the history of the disease Anamnesis included the time of onset of the disease, the dynamics of clinical manifestations, laboratory and instrumental studies according to the individual development card and the patient's displacement from the history of the disease in the hospital.

Results of the study: a survey of the patients of the main group and the comparison group was conducted to complete the tasks set before us.

With the detection of the functional state of the kidney complex clinical trials were conducted in both groups of patients with chronic pyelonephritis. in the examination of patients with chronic pyelonephritis, a number of features were identified against the background of anemia syndrome, reflecting the characteristics of pathological processes with different etiology. Based on the complaints and Anamnesis of the patients, we found that 25,0% of the children in Group I and 37,8% of the children in Group II had no complaints at the time of admission to the hospital.

In general, patients in Group I had fewer complaints associated with the underlying disease and its complications. In addition, we examined the accompanying cases - complaints associated with dyspeptic disorders, symptoms of acute respiratory viral infections.

Children in Group I confidently complained of pain in the lower back area less often ($p < 0,05$). Their frequency was 15,0±1,4, while in the II group was 59,4±2,4. Also in the II Group, symptoms of intoxication, as well as complaints such as headache related to neurocirculatory dystonia, were more frequent in the I group 5,0±1,3 and in the II Group 35,1±2,4 ($P < 0,05$). Although individual nosology's, in general, repeated the situation in the groups, we tried to determine the specific features of SP recurrence in Group I patients, depending on their etiology. Chronic pyelonephritis against the background of anemia of a moderate degree of severity is manifested by more frequent occurrence of the infectious symptom. The frequency of headache associated with intoxication (with improvement of general well-being, when lowering fever, when neurological pathology is excluded at the examination of the neurologist) is 5,0±1,3 in Group I, and in Group II- 18,9±2,4%. Fever in chronic PN was observed in Group I Children 10,0±1,0 and 32,4±2,4 in Group II.

Thus, despite the apparent good condition of children in Group I, the data obtained together with the moderate severe degree of anemia of chronic pyelonephritis with a different etiology can indicate a more severe course of the disease in this small group, a greater activity of the pathological process and a greater meeting of the side effects of treatment. The results of general behavioral evaluation differ from the data presented in the literature [1,3,4], which indicates a decrease in the quality of life and a deterioration in the general condition in combination with anemia of chronic pyelonephritis. In our study, complaints about the general condition disorders were observed in the group of children with mild anemia (weakness, weakness, fatigue, loss of appetite, sluggishness of school education and physical exertion) - without 15,0±1,4%, in the II group - almost 2 times more-with 29,7±2,0 ($p < 0,05$). To investigate this discrepancy, we investigated the absolute number of complaints in the comparison groups taking into account the stage of the disease in children, since the violation of kidney function could have affected the results of the study. Thus, the data obtained in spite of the good condition of children in Group I at the visible level can show that the combination of different etiology ChP with a moderately severe degree of anemia is more severe course of the disease in this small group, the greater activity of the pathological process and a greater match of the side effects of treatment.

Conclusions: we found that anemia syndrome meets in 70% of children along with the active period of chronic pyelonephritis. Its

prevalence increased parallelically with a decrease in the excretion function of the kidneys from 17,0% to 36,4%. It was found that anemia syndrome leads to a more rapid decrease in the excretory function of the kidneys, which is assessed by the rate of excretory filtration. However,

it is mainly associated with indirect symptoms (clinical and laboratory changes), characteristic of the development of chronic pyelonephritis. The exact link between anemia and a decrease in GFR is manifested only in the last stages of the disease.

References:

1. Ишкабулов Д.У. Экологические и клиничко-генетические аспекты заболеваний органов мочевой системы в детском возрасте. Педиатрия 2002; (3-4): 120-125
2. Atkinson M.A., Pierce C.B., Fadrowski J.J. Association between common iron store markers and hemoglobin in children with chronic kidney disease. *Pediat Nephrol* 2012; 27: 12: 2275-2283.
3. Jelkmann W. Physiology and pharmacology of erythropoietin. *Transfus Med Hemother* 2013;40(5):302-309
4. Эттингер, О. А., Зеновко, И. К., & Гендлин, Г. Е. (2012). Анемия при хронической болезни почек: роль препаратов железа. *Лечебное дело*, (4), 38-46.
5. Панкратенко, Т. Е., Абасеева, Т. Ю., & Маргиева, Т. В. (2011). Анемия у детей с хронической болезнью почек. *Педиатрическая фармакология*, 8 (3), 80-84.

ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

ТОМ 3, НОМЕР 2

**JOURNAL OF REPRODUCTIVE HEALTH AND
URO-NEPHROLOGY RESEARCH**

VOLUME 3, ISSUE 2

Editorial staff of the journals of www.tadqiqot.uz

Tadqiqot LLC the city of Tashkent,

Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz

ООО Тадqiqot город Ташкент,

улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Тел: (+998-94) 404-0000