

( $10.1 \pm 2.5$  versus  $19.8 \pm 3.4$ ) and economic costs of treatment ( $93\ 219 \pm 3\ 502$  versus  $104\ 108 \pm 4\ 116$ ). There was no significant difference in the duration of the operation. In patients with biliary sepsis, when comparing prospective and retrospective treatment results, it was noted:  $\pm 0.4$  versus  $4.8 \pm 1.2$ , lower incidence of postoperative complications (25% versus 41.6%) and mortality (15% versus 41.6%), as well as a shorter length of hospital stay ( $17.5 \pm 2.3$  versus  $25 \pm 3.5$ ) and lower financial costs for treatment ( $188\ 412 \pm 8\ 703$  versus  $218\ 730 \pm 11\ 270$ ). There was no significant difference in the duration of the operation.

**Conclusions.** Stratification of patients with hyperbilirubinemia, biliary hypertension and systemic inflammatory response syndrome into groups, as well as the proposed diagnostic criteria, routing and treatment tactics, can improve the results of treatment of this category of patients, as evidenced by such indicators as time from admission to the start of surgery, frequency postoperative complications, mortality, bed-day duration and economic costs.

### CHANGE IN PSYCHOEMOTIONAL STATUS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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**Introduction.** Systemic lupus (SLE) is an autoimmune rheumatic disease of unknown etiology characterized by hyperproduction of a wide range of organ-specific autoantibodies to various components of the nucleus and immune complexes causing immunoinflammatory tissue damage and disruption of internal organ functions. In systemic lupus erythematosus (SLE), many organs and systems of the body, including the central nervous system, are affected, leading to a number of nervous-mental syndrome, including neuropathological, such as depression, asthenoneurotic syndrome. Recent data show that the prevalence of depression in SLE patients is between 11.5% and 47%. According to the literature, each new exacerbation in the recurrent course of the disease progressively impairs SLE patients' life quality, intimate relations, increases the severity of depression, increases the frequency of suicidal attempts. Stress-related adaptation disorders are often detected in patients with SLE. The use of corticosteroids is also considered as a negative factor affecting the psychological background of SLE patients.

**Aim:** to study a frequency of personal and reflective alarm condition affected patients with systemic lupus erythematosus.

**Materials and methods.** The 25 of patients with a reliable diagnosis of SLE, whose average age was  $36,8 \pm 7.6$  years, who received hospital treatment in the departments of rheumatology and cardiorheumatology of the 1st clinic of Tashkent

Medical Academy, were examined. The following clinical manifestations of the disease were diagnosed in SLE patients: skin damage in the form of a "lupoid butterfly" (16 patients), photosensitization (11 patients), kidney damage (12 patients), heart damage (6 patients), discoid spills (7 patients). Patients were dominated by the II degree of disease activity of 15 patients (60%), and 18 patients (70%) had a disease age of more than 5 years. The control group was 25 virtually healthy individuals. An anxiety rating scale for Ch.D. Spielberger - Y.D. Khanin was chosen for the mental sphere survey, which consists of 40 questions and is now a reliable and informative way to assess reactive alarm (RA) levels as a condition and personal alarm (PA) as a sustainable characteristic of humans. Results are estimated usually in gradations: up to 30 points - low anxiety, 31-45 points - average anxiety, 46 points and more - high anxiety. Questionnaires were processed according to the instruction using the Statistical Analysis Software.

**Results.** The examination revealed that in patients with SLE the expression of RA and PA is directly proportional to the duration of the disease, i.e. the longer the disease, the more anxiety is expressed. Anxiety rates in patients with SLE with disease duration of more than 5 years were on average PA = 64, PA = 48 versus RA = 54, PA = 40 in patients with disease age of up to 5 years. The dependence of anxiety indicators on the degree of activity of the process was also established, the severity of anxiety increases with the increase of disease activity. The II degree of activity of the disease showed high values of RA (71), PA (51) compared to the I degree of activity (RA = 54 and PA = 41). Comparing the data of patients with control groups, reactive answer was found to be increased in patients with SLE compared to the control group with a prevalence of 1.6 times. Personal anxiety was also high in patients with RA comparatively with healthy, almost 1.65 times.

**Conclusions.** Thus, the results of the study revealed that psychoemotional disorders are detected to some extent in all SLE patients and depend both on the age of the disease and the degree of activity of the process, which often exacerbates the course of the disease and reduces patients' life quality. Therefore, such patients need to assess psychoemotional status and then correct its disorders, which can contribute to increased duration and quality of life of patients with SLE.

### HYPERHOMOCYSTEINEMIA IN PEDIATRIC PATIENTS WITH SYNCOPÉ

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**Introduction.** Several reports have indicated that through various molecular mechanisms, hyperhomocysteinemia is toxic for the brain.