



## O'TKIR REVMATIK ISITMA: REVMATIK XOREYA PATOGENEZI HAQIDA ZAMONAVIY QARASHLAR (ADABIYOTLAR SHARHI)

*Umarova SS*

*3- Pediatrics tibby genetics kafedrası  
Samarqand davlat tibbiyot universities*

**Resume:** *O'tkir revmatik isitma pathogenezi A guruhli beta- gemolitik streptococcus va unga organization antiimmune javobi hozirga zamon tibbiyotida yangi darajadagi tushunchaga ega bo'ldi .. Sydenham xoreasi o'nlab yillar davomida revmatik isitmaning neurologist ko'rinishi sifatida tanilgan bo'lsa - yes, otoimmunitet va xatti-harakatlarning combinations miya , haha ... va neurosurgeon kasalliklarni streptococcus infectious diseases bilan bog laydigán nisbatan yangi tushunchadir . Maqolada adabiyotlar sharhi streptococcus A guruhli streptococcal qarshi immunization va miyadagi yallig'lanish reaksiyalariga qanday ta'sir qilishini tushunish uchun asos bo'lib xizmat qiladi .*

**Kalit comments :** *Sidengam xoreyasi , autoimmunitet , xulq-atvor , A guruhli batta- gemolitik streptococcal , recurrent isitma .*

**Resume:** *The pathogenesis of acute rheumatic fever caused by group A beta-hemolytic streptococcus and the body's autoimmune response to it has gained a new level of understanding in modern medicine. Although Sydenham's chorea has been known for decades as a neurological manifestation of rheumatic fever the combination of autoimmunity and behavior is a relatively new concept linking brain, behavior, and neuropsychiatric disorders to streptococcal infections. The article reviews the literature as a basis for understanding how group A streptococci affect immunity and inflammatory responses in the brain.*



**Key words:** *Sydenham's chorea, autoimmunity, behavior, group A Bacterolytic streptococci, rheumatic fever.*

O'tkir revmatik isitma (O'RI) A guruhidagi beta-gemolitik streptococcal keltirib chiqaradigan antiimmune kasallik bo'lib, kardit, poliartit, Sidengam xoreyasi, xalqasimon erythema va teri osti tugunlaridan iborat bo'lgan Kisel-Jons katta mezonlarini o'z ichiga oladi. Sidengam xoreyasi O'RI bilan og'riqan bemorlarning taxminan 20 foizida uchraydi [6]. Sidengam xoreyasi (SX) - markaziy asab tizimining streptococci infection keyingi autoimmun kasalligi bo'lib, Kisel-Jons mezonlariga ko'ra o'tkir revmatik isitma tashxisining asosiy clinic mezonlaridan biridir [1, 2].

Revmatizmni organisning barcha davrlarida, J.H. Stollermann fikriga ko'ra, revmatik xorea different diagnostics muayyan qiyinchiliklarni keltirib chiqaradigan eng sirli ko'rinish edi [1, 11]. Revmatik isitmada asab tizimining shikastlanishini tavsiflovchi keng qo'llaniladigan synonymous orasida Sidengam xoreyasi, kichik xoreya, revmatik xoreya va neurorheumatism kiradi [10].

O'Rinning kech Belgilari sifatida odatda streptococcus infection keyin 3 oy yoki undan ko'proq vaqt about SX clinic Belgilari kuzatila boshlanadi [2]. SX neuropsixik kasallik bo'lib, u hissiy labillik, tashvish, obsessiv-kompulsiv Belgilar, Diqqat yetishmasligi va hyperactive Belgilari yoki tiklar bilan namoyon bo'lishi mumkin. xoreik harakatlar, ko'pincha, tartibiz va stereotypical bo'lmagan noixtiyoriy harakatlardir. Bunga qo'shimcha ravishda, SXda gipotenziya, migren, dizartriya, disgrafiya va till dystonia kabi bir qator boshqa neurologist Belgilar ham kuzatilishi xos [4,8,11]. Ko'pincha emotional labillik, tashvish, giperaktivlik bilan birga diqqat yetishmasligi, kayfiyatning buzilishi ustunlik qiladi.

Ushbu geterogen ko'rinishlar SX tashxisini qiyinlashtiradi [9, 10]. Tashxisni tasdiqlashga laboratory tahlillari, xususan yallig'lanish belgilari (masalan, SRO, EChT), antistreptolizin -O (ASLO) va anti-DNK -aza B titrlarining oshishini



aniqlash orqali erishish mumkin . Elektroensefalografiyadagi o`zgarishlar specific ahamiyatga ega emas [11]. Biroq , ular differentsial tashxis o`tkazishda foydali bo'lishi mumkin .

Streptococcus infectious diseases bilan bog'liq bolardardagi autoimmun neuroscientist kasalliklar (PANDAS) SX bilan bir xil mexanizmga ega , ammo PANDAS penicillin profilaktikasini talab qilmaydi . Shuning uchun ularni bir-biridan farqlash Juda muhim .

So'nggi tadqiqotlarda aniqlanishicha , kasallikda antitanachalar lysogangliozidni va A guruhi streptococcus epitopini , N- asetil - glyukozaminni taniydi [2,7]. Syidengam xoreasidagi monoclonal antitanachalar ( mAbs ) lizogangliozid va A guruhi streptococcal uglevod epitopes o'rtasidagi taqlidni ko'rsatdi ( molecule mimicry ) . autoimmun neuropsychiatrist kasalliklarda (PANDAS) mavjud bo'lgan antitanachalar guruhi xoreyada kuzatiladigan antinachalarga o'xshamasligini ko`rsatadi [2].

SX A guruh b- gemolitik streptococcal qarshi antitanachalar bilan bog'liq bo'lib , ular neuronal learning hujayradan tashqari yuzasi yoki hujayra ichidagi ( sitoplazmatik yoki sitoskeletal ) antigen bilan o'zaro ta'sir qiladi .

SXda antitanachalar uchun asosiy birlamchi nishon dopamine retseptorlari (D1 va D2) bo'lishi kerak [3,8,9] deb taxmin quilinadi , ammo markaziy nerves systemsining lizogangliozid GM1 [17] va sitoskeletal oqsil tubulin bilan bog langan o'zaro reactive antitanachalar ham hosil bo'ladi [10,11]. Neuron hujayralarida aniqlangan o'ziga xos epitop yo'qligiga qaraman , neurologist symptoms keltirib chicaradigan mechanism kaltsiy-kalmodulinga bog'liq protein kinase II (CaMKII) faollashishi orqali neuron hujayralar tomonidan signal uzatilishini o'zgartirishni o'z ichiga good , good hypothetical ilgari suriladi [2, 7, 8]. Oxirgi tadqiqotlar shuni ko'rsatdiki , SXdagi IgGlar miyadagi o'zaro reactive antigenlar guruhini nishonga oladi [10]. Ularga lysogangliozid kiradi va ular miyada keng tarqalgan hujayra



ichidagi oqsil bo'lgan tubulinni ham nishonga oladi . O'zaro reactive reactions antitanalarning dofamin D1 va D2 retseptorlari bilan reaksiyaga Kirishishi va ularga signal berishlari ko'rsatilgan [3], IgG shuningdek neuron hujayralariga signal beradi va miyaning muhim signalization molecules bo'lgan CaMKII ni faollashtiradi , o'zaro reactive anti- streptococcus antitanachalari bazal gangliyadagi neuron hujayralari tomonidan ortiqcha dopamine ishlab chiqarishga olib keladi va natijada xoreyaga olib keladi .

Revmatik xoreyaning asosiy clinic ko'rinishlari Turtles symptom bo'lib , ular :

- xoreik hyperkinesia ;
- mushaklar gipotonusi ;
- statistics va coordination buzilishi ;
- vegetativ-qon tomir dystonia ;
- emotional labillik [4, 5].

Revmatizmnda asab tizimining zararlanishini muhokama qilishda xoreya va PANDAS syndromining isolation shakllarini (pediatric autoimmune neuropsychiatric disorders associated with group A streptococcal infections) taqqoslash katta ahamiyatga ega [5,9]. Bu sindrom birinchi Marta SE Swedo va boshqalar tomonidan 1998 yilda [2, 9] kiritilgan . Ushbu sindromning diagnostician mezonlari quyidagilardir :

- obsessive-compulsive buzilishlar va / yoki tiklar ( obsessive fiklar , obsessive harakatlar );
- prepubertal davrda kasallikning debyuti (12 days );



- BGSA infections bilan bog'liqlik ( nazofarengial surtmada ( tamponda ) streptokokni topilishi , ASLO va / yoki antistreptococcus DNAza B titrini oshishi ) laborator tasdiqlanishi ;
- neurologist statusdagi o' zgarishlar ( xoreiform hyperkinesia ).

Isolation xoreyada kasallikning avval o'tkazgan streptococci infections bilan bog'liqligini laboratory tadqiqotlari har doim ham tasdiqlay olmaydi . Turli mualliflarning fikriga ko'ra , isolating xoreya bilan ogrigan ba'zi bemorlarda streptococcus infection laboratory tasdiqlanishining yo'qligi symptomatic kechikishi bilan bog'liq bo'lishi mumkin [5-7]. Tashxisda exocardiography muhim ahamiyatga ega , chunki xoreya bilan ogrigan bemorlarning 57 foizida subclinic cardit bilan birga kechishi mumkin [9]. Nee Kong Chew va boshqalar tomonidan o'tkazilgan tadqiqot nationality ko'ra , xoreyaning izolyasiyalangan Turida bemorlarda ko'pincha revmatik yurak kasalligining rivojlanishi aniqlanadi (17% hollarda ) [1].

Revmatism bilan kasallanishning sezilarli darajada pasayishiga Qaramasdan O'RI bilan kasallanishning ko'payishiga olib kelishi mumkin bo'lgan omillarni hisobga olsak muammo dolzarb bo'lib qolmoqda . Bu omillarga nafaqat ijtimoiy-iqtisodiy , balki birlamchi tibbiyot muassasalarida streptococci faringitis va tonsillitis o' z vaqtida tashxis qo'yish va adequate davolashning kechiktirilishi , O'RI bo'yicha shifokorlarning xabardorligi va hushyorligini yo'qolishi , revmatik isitmaning ikkilamchi prophylactics kechiktirish kabi jihatlar ham kiradi . Revmatizmning zamonaviy xususiyatlarini o'rganishda kasallikning asosiy mezonini bo'lgan xoreya alohida e'tiborga loyiqdir .

Adequate antistreptococcus antibiotic therapy tayinlash bunday bemorlarda neurosurgeon symptomatic tez regression olib keldi [15, 29]. Hozirgacha ushbu tashxisning mustaqilligi masalas munozarali bo'lib qolmoqda . Biroq , revmatik xoreya , odatda , o'tkir osti boshlanadi , pandasi syndrome esa aniq hyperkinetic sindrom bilan o'tkir to'satdan boshlanishi bilan tavsiflanadi [29, 30]. Ikkala



kasallikning pathogenesis limbik tizim , bazal gangliyalalar , striatum va dumly yadrolarining immune shikastlanishining rivojlanishi bilan autoimmun jarayonga asoslangan bo'lib , bu dopamine haddan tashqari ko'payishi bilan bog`liq [29, 30]. Ko'pgina hollarda clinic bu savolga faqat yurakning mitral va aorta klapanlarining holatiga e'tibor qaratib , bunday ko'rinishga ega bo'lgan bemorlarni dynamic kuzatish orqali aniq javob Berish mumkin .

### Xulosa .

O'RI pediatrics hal etilmagan muammosi bo'lib qolmoqda . Bu yurak shikastlanishi prognostication jiddiyligi , shifokorlarning hushyorligi pastligi sababli kech tashxis qo'yishning hozirgi yuqori darajasi bilan bog'liq . Differentsial diagnostics uchun revmatik isitmaning eng qiyin namoyon bo'lishi xoreadir , ayniqsa uning isolation qilingan tur . Revmatik isitma tarkibida xoreyaning uchrash frequent uchinchi o'rinda turadi va bizning ma'lumotlarimizga ko'ra , neurologist anamnesis bo'lgan bolarda revmatik isitmada xoreya sezilarli darajada tez-tez rivojlanadi .

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