ISSN 3060-4567

NON-STEROID ANTI-INFLAMMATORY DRUGS: GASTROINTESTINAL COMPLICATIONS IN TREATMENT

Achilov Shokhrukh

Faculty of Medicine, International University of Asia, Uzbekistan

ABSTRACT *:To date, the world medical literature presents a huge amount of data on the side effects of NSAID therapy, primarily on their toxic effects on the gastrointestinal tract (GIT). It is known that NSAID-induced erosive and ulcerative damage can be localized in almost any part of the digestive tract. However, traditionally the subject of discussion is NSAID-induced damage to the mucous membrane of the gastroduodenal zone . Nevertheless, the toxic effects of NSAIDs on the small intestine (NSAID-induced enteropathy), despite the relatively rare discussion in the literature, is much more common than is commonly believed.*

Methods. *Analysis of the treatment results in 275 patients with acute gastrointestinal bleeding from the urgent surgical department of Bukhara branch of the Republican cientific Center for Emergency Medical Care*

Results. *Endoscopic methods of hemostasis in bleeding from the upper gastrointestinal tract (argon plasma coagulation, combined prolonged infiltration hemostasis with the use of 6% solution of polyglucin with mafusol, irrigation with the solution ligation of the esophageal veins and Danis stent implantation) were applied to 275 patients. All patients simultaneously received conservative treatment. When using the methods of endoscopic hemostasis mentioned above in patients with bleeding from upper gastrointestinal tract the efficiency was achieved in 87.9% of cases. It was the highest when using combined endoscopic methods. Recurrent acute bleeding was diagnosed in 30 (7.1%) cases.*

Conclusion*. The efficacy of endoscopic methods of hemostasis in bleeding from the upper gastrointestinal tract, especially their combined use, was*

ISSN 3060-4567

revealed; differentiated approach to the use of endoscopic and surgical techniques of hemostasis depending on the source of bleeding and its intensity is required.

Keywords: *upper gastrointestinal tract, bleeding, endoscopic hemostasis, surgical treatment, conservative therapy.*

INTRODUCTION

One of the urgent problems of practical health care is acute gastrointestinal bleeding that requires emergency surgical care. Gastrointestinal bleeding is not only a public health problem, but it also remains an economic problem. Thus, in the United States, the cost of treating patients with bleeding ulcers is more than $2 billion per year [11]. Acute gastrointestinal bleeding (GIB) is one of the most common causes of emergency hospitalization in hospitals. Mortality in this pathology has not decreased for 30 years and ranges from 5 to 14, in people over 60 years old it can reach 40% [1,2,12]. GCC can be detected in patients at any age from 18 to 89 years, 2-3 times more often in men than in women. Mortality rates are the same in both sexes [3,4]. The causes of acute GCC of non-ulcerative origin are: esophageal varices due to portal hypertension, Mallory-Weiss syndrome, polyps of the stomach and esophagus, erosive gastroduodenitis, erosive lesions of the esophageal mucosa, cancer of the esophagus and stomach and other causes. The cause of bleeding can also be medical ulcers and erosions, which are localized in any part of the gastrointestinal tract. From 42% to 60% of patients indicated prior gastrointestinal bleeding aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), anticoagulants, antiplatelet agents. Some patients took 3 drugs per day: antiplatelet agents, anticoagulants and non-steroidal anti-inflammatory drugs [5,6,7]. Non-steroidal anti-inflammatory drugs (NSAIDs) are one of the most popular classes of drugs. The high effectiveness of non-steroidal anti-inflammatory drugs (NSAIDs) in pain, inflammation and fever, the possibility of purchasing drugs without a prescription explain their "popularity" among different population groups [8,9, 10.]. In the United States, about 30 billion NSAID tablets are sold annually; in developed countries, these drugs are received

by 20–30% of the elderly, among whom about 30% are forced to take these drugs, despite the presence of risk factors for the development of adverse events from the gastrointestinal tract (gastrointestinal tract) and the cardiovascular system. To date, the doctor's arsenal has a huge number of NSAIDs that differ in chemical structure, but have the same effect. In the study of J.P. Hreinsson et al. it was found that the incidence of gastroduodenal bleeding in patients taking non-steroidal anti-inflammatory drugs (NSAIDs) is 371 per 100,000, which is 4 times higher than in the general population. According to world statistics, more than 30 million people daily take non-steroidal anti-inflammatory drugs (NSAIDs) [11,12]. The use of these drugs in routine clinical practice is progressively increasing both due to the aging of the population, and due to the growing prevalence of degenerative diseases of the musculoskeletal system, due to the peculiarities of the lifestyle of a modern person (prolonged forced sitting position, lack of adequate physical activity, nutritional etc.)

THE AIM OF THE STUDY

Was to improve the results of treatment of patients with bleeding from NSAIDs induced by OEJAP of the stomach and duodenum 12 and to develop a therapeutic and diagnostic algorithm for this category of patients.

METHODS.

The dissertation research included an analysis of patients who were treated in the surgical departments of the Bukhara branch of the RRCEM for the period from 2015. to 2021 with bleeding from NSAIDs induced by OEJP. During this time, 275 patients with bleeding from OEJP of the stomach and duodenum were treated after taking various types of NSAIDs. The study included only patients taking NSAIDs. The study did not include patients with tumors of the upper gastrointestinal tract, bleeding from the veins of the RVV, Malore-Weiss syndrome and other pathologies.

RESULTS.

Endoscopic methods of hemostasis of bleeding from the upper gastrointestinal tract (argon plasma coagulation, combined prolonged infiltration

ISSN 3060-4567

hemostasis with the use of a 6% solution of polyglucin with mafusol, irrigation with a solution of "Hemostab", ligation of the veins of the esophagus and installation of a Danish stent) were used in 404 patients. All 421 patients also received conservative therapy in parallel. When using the above methods of endoscopic hemostasis in patients with bleeding from the upper digestive tract, efficiency was achieved in 87.9% of cases. It was highest with the combined use of various endoscopic methods. Recurrent acute bleeding was diagnosed in 30 (7.1%) patients. Most patients with recurrent bleeding suffered from gastric and/or duodenal ulcers (21 patients). All 30 patients with recurrent bleeding underwent surgical intervention using the author's technique.

The mean age was 57±0.9 years (19–87 years). There were 251 (59.6%) men and 170 (40.4%) women. Almost 41% of patients had comorbidities, most often cardiovascular. Gastric ulcer was the cause of acute bleeding in 69 (16.4%) patients, duodenal ulcer - in 159 (37.8%), Mallory-Weiss syndrome - in 84 (19.9%), erosive-hemorrhagic lesions of the upper sections of the gastrointestinal tract - in 45 (10.7%) patients, varicose veins of the esophagus and stomach - in 37 (8.8%), tumor lesions of the stomach - in 27 (6.4%) patients. The patient's condition and the severity of blood loss were determined according to the classification of A.I. Gorbashko (1982) [3]. In our study, mild blood loss was found in 53% of patients, moderate in 32%, and severe in 15% of patients. For examination of the upper gastrointestinal tract, fiber and video endoscopes from Olympus (Japan) were used. With fibroesophagogastroduodenoscopy, the source of bleeding and the stability of hemostasis were determined according to the classification of J.A. Forrest et al. (1974). In our study, patients were distributed as follows: - Ia (arterial, jet) - 13 (3.2%) patients; - IV (drip, diffuse; stopped bleeding) - 57 (13.5%); – IIa (thrombosed artery) — 114 (27.1%); – IIc (fixed clot) — 160 (37.9%); – IIc (small thrombosed vessels) — 63 (14.9%); - III (ulcer under the "white" thrombus) - 14 (3.4%) patients. Based on the data obtained, we determined the treatment tactics individually for each patient. After establishing the source of bleeding and appropriate preparation, endoscopic or surgical

methods of hemostasis were used, followed by conservative therapy. For argon plasma coagulation, we used devices from Fotek EA-141 and EA-142 (Yekaterinburg) and KLS martin maxium (Germany). The method of combined prolonged infiltration hemostasis was performed using a 6% solution of polyglucin with mafusol at a 1:1 dilution using an ERBE endoscopic injection needle and probes for argon plasma coagulation. Irrigation with Hemostab solution was carried out through an endoscopic catheter, in the amount of 2-3 ml for each case of bleeding. Esophageal vein ligation was performed with Boston Scientific ligatures (USA). To stop bleeding from varicose veins of the esophagus, the ELLA Danish stent was used, followed by its endoscopic extraction within 7 days. Conservative treatment included infusion, hemostatic, antisecretory and eradication therapy. Infusion therapy was started with infusions of colloid-crystalloid solutions to compensate for the deficit in circulating blood volume and stabilize hemodynamics with simultaneous correction of hemocoagulation disorders by transfusion of fresh frozen plasma. When carrying out substitution therapy, we were guided by the provisions given in the algorithm for managing patients with gastroduodenal bleeding by V.K. Gostishchev [4]. During substitution therapy, the parameters of hemodynamics and infusion load were carefully controlled due to the unpredictability of the body's response to blood loss and its replacement. In the course of conservative therapy, fibrogastroduodenoscopy was performed for the purpose of dynamic control. Argon plasma coagulation was used in 197 cases in patients with gastric ulcer, duodenal ulcer and Mallory-Weiss syndrome. Endoscopic irrigation with Hemostab solution was performed in 139 cases in patients with erosive-hemorrhagic lesions of the upper gastrointestinal tract, as well as with Mallory's syndrome.

When using the above methods of endoscopic hemostasis in patients with bleeding from the upper digestive tract, efficiency was achieved in 87.9% of cases. It was highest with the combined use of various endoscopic methods. According to our study, recurrence of acute bleeding was diagnosed in 30 (7.1%)

patients. It should be noted that the majority of patients with recurrent bleeding were with gastric and duodenal ulcers (21 patients). All 30 patients with recurrent bleeding underwent surgical interventions. 9 patients died.

With gastric bleeding in patients in serious condition, with inoperable tumors, only palliative operations are justified, such as suturing a bleeding vessel after gastrotomy, excision of an ulcer, ligation of the main vessels throughout, etc. After such operations, our patients developed recurrent bleeding. In order to stop and prevent recurrence of gastric bleeding and necrosis of the gastric wall, we proposed a method for the surgical treatment of gastric bleeding [7].

The goals are achieved by ligating the branches of the small and large perigastric arches in the area of the source of bleeding and immediately adjacent areas under the control of blood pressure in the intramural vessels - until it is firmly established at the level of 40–45 mm Hg. at the edge of the bleeding site. The method is carried out as follows. Prior to the start of laparotomy, a fibrogastroscope is inserted into the stomach, through which blood is removed from the stomach, clots are washed, and a bleeding site is established. Then, under general anesthesia, through a mini-incision in the transmitted light of a fibrogastroscope, the surgeon fixes the position of the source of bleeding and the intramural vessels associated with it.

Reveal perigastric arches - small, large and vessels directed from them to the anterior and posterior walls of the stomach. Bandage direct vessels in the projection of the source of bleeding (tumors, ulcers). In the course of ligation, the method of angiotensometry determines the blood pressure in the vessels of the submucosal layer, in the sections adjacent to the bleeding focus from the side of the lesser and greater curvature. The ligation of the vessels going to the tumor is continued until the arterial pressure in the intramural vessels is established in the indicated sections at the level of 40–45 mm Hg. Depending on the position and length of the focus of bleeding, the pressure is bandaged in the areas of the stomach wall adjacent to the pathological focus and thereby stop bleeding from tumors, ulcers, erosions of the stomach.

When the pressure in the intramural vessels is below 40–45 mm Hg. destructive changes in the gastric wall develop. At pressures above 40–45 mm Hg. does not provide a reliable stop bleeding. The proposed method is characterized by simplicity, low trauma, asepsis of the operation, since the lumen of the stomach is not opened. The method can be the operation of choice for an inoperable tumor of the stomach, as well as for gastric bleeding in elderly patients with severe concomitant diseases, when more extensive operations are accompanied by an increased risk.

CONCLUSIONS

A retrospective analysis of hospitalized patients with bleeding from NSAIDs induced by OEJP of the stomach and duodenum revealed certain features. The number of hospitalized patients over the past 3 years with bleeding from NSAIDs induced by OEJP increased by 26.8% and there is an upward trend in patients with this category. recurrence of bleeding in the group of patients with CDLD from 22.4% in the control group decreased to 5% in the main group (decreased by 17.4%) who underwent combined endoscopic hemostasis, who also received rebapimid and glutathione. For bleeding FIa, FIb, in order to treat bleeding and prevent bleeding, combined endoscopic hemostasis (clipping and injection methods) is recommended; rebapimide and glutathione.

LITERATURE

1. Латипов, И. И., & Хамроев, Х. Н. (2023). Улучшение Результат Диагностике Ультразвуковой Допплерографии Синдрома Хронической Абдоминальной Ишемии. *Central Asian Journal of Medical and Natural Science*, *4*(4), 522-525.

2. Хамроев, Х. Н. (2022). Toxic liver damage in acute phase of ethanol intoxication and its experimental correction with chelate zinc compound. *European journal of modern medicine and practice*, *2*(2).

3. Xamroyev, X. N. (2022). The morphofunctional changes in internal organs during alcohol intoxication. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, *2*(2), 9-11.

ISSN 3060-4567

4. Хамроев, Х. Н., & Туксанова, Н. Э. (2021). Characteristic of morphometric parameters of internal organs in experimental chronic alcoholism. *Тиббиётда янги кун*, *2*, 34.

5. Nutfilloyevich, K. K. (2024). NORMAL MORPHOMETRIC PARAMETERS OF THE LIVER OF LABORATORY RATS. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *36*(3), 104-113.

6. Nutfilloevich, K. K., & Akhrorovna, K. D. (2024). MORPHOLOGICAL CHANGES IN THE LIVER IN NORMAL AND CHRONIC ALCOHOL POISONING. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *36*(3), 77-85.

7. Kayumova, G. M., & Nutfilloyevich, K. K. (2023). Cause of perinatal loss with premature rupture of amniotic fluid in women with anemia. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, *2*(11), 131-136.

8. Хамроев, Х. Н., & Уроков, Ш. Т. (2019). ВЛИЯНИЕ ДИФФУЗНЫХ ЗАБОЛЕВАНИЙ ПЕЧЕНИ НА ТЕЧЕНИЕ И ПРОГНОЗ МЕХАНИЧЕСКОЙ ЖЕЛТУХИ. *Новый день в медицине*, (3), 275-278.

9. Хамроев, Х. Н., & Ганжиев, Ф. Х. (2023). Динамика структурно-функциональных нарушение печени крыс при экспериментальном алгоколние циррозе. *Pr oblemsofmodernsurgery*, *6*.

10. Хамроев, Х. Н., & Хасанова, Д. А. (2023). Жигар морфометрик кўрсаткичларининг меъёрда ва экспериментал сурункали алкоголизмда қиёсий таснифи. *Журнал гуманитарных и естественных наук*, (2), 103-109.

11. Хамроев, Х. Н., Хасанова, Д. А., Ганжиев, Ф. Х., & Мусоев, Т. Я. (2023). Шошилинч тиббий ёрдам ташкил қилишнинг долзарб муаммолари: Политравма ва ўткир юрак-қон томир касалликларида ёрдам кўрсатиш масалалари. *XVIII Республика илмий-амалий анжумани*, *12*.

12. Хамроев, Х. Н., & Тухсанова, Н. Э. (2022). НОВЫЙ ДЕНЬ В МЕДИЦИНЕ. *НОВЫЙ ДЕНЬ В МЕДИЦИНЕ Учредители: Бухарский государственный медицинский институт, ООО" Новый день в медицине",(1)*, 233-239.

13. Хамроев, Х. Н. (2022). Toxic liver damage in acute phase of ethanol intoxication and its experimental correction with chelate zinc compound. *European journal of modern medicine and practice*, *2*(2).

14. Kayumova, G. M., & Hamroyev, X. N. (2023). Significance of the femoflor test in assessing the state of vaginal microbiocenosis in preterm vaginal discharge. *International Journal of Medical Sciences And Clinical Research*, *3*(02), 58-63.

15. Каюмова, Г. М., Хамроев, Х. Н., & Ихтиярова, Г. А. (2021). *Причины риска развития преждевременных родов в период пандемии организм и среда жизни к 207-летию со дня рождения Карла Францевича Рулье: сборник материалов IV-ой Международной научнопрактической конференции (Кемерово, 26 февраля 2021 г.)*. ISBN 978-5-8151-0158-6.139-148.

16. Каюмова, Г. М., Мухторова, Ю. М., & Хамроев, Х. Н. (2022). Определить особенности течения беременности и родов при дородовом излитии околоплодных вод. *Scientific and innovative therapy. Научный журнал по научный и инновационный терапии*, 58-59.

17. Уроков, Ш. Т., & Хамроев, Х. Н. (2018). Клинико-диагностические аспекты механической желтухи, сочетающейся с хроническими диффузными заболеваниями печени (обзор литературы). *Достижения науки и образования*, (12 (34)), 56-64.

18. Nutfilloevich, H. K., & Akhrorovna, K. D. (2023). COMPARATIVE CLASSIFICATION OF LIVER MORPHOMETRIC PARAMETERS IN THE LIVER AND IN EXPERIMENTAL CHRONIC ALCOHOLISM. *International Journal of Cognitive Neuroscience and Psychology*, *1*(1), 23-29.

19. Уроков, Ш. Т., & Хамроев, Х. Н. (2019). Influe of diffusion diseases of the liver on the current and forecfst of obstructive jaundice. *Тиббиётда янги кун*, *1*, 30.

20. Каюмова, Г. М., Мухторова, Ю. М., & Хамроев, Х. Н. (2022). Причина преждевременных родов. *Scientific and innovative therapy. Научный журнал по научный и инновационный терапии*, 57-58.

21. Хамроев, Х. Н., & Хасанова, Д. А. (2023). Сравнительная характеристика морфометрических показателей печени. *Журнал Проблемы биологии и медицины ПБиМ*, *5*.

22. Хамроев, Х. Н., Тешаев, Ш. Ж., & Туксанова, Н. Э. (2021). Influence of environmental factors on the morphometric parameters of the small intestine of rats in postnatal ontogenesis. *International Journal of Pharmaceutical Research*, *13*.

23. Уроков, Ш. Т., Холиков, Ф. Й., Кенжаев, Л. Р., & Хамроев, Х. Н. (2023, December). СОВРЕМЕННАЯ ДИАГНОСТИКА И ТАКТИКА ЛЕЧЕНИЯ ПРИ ОСТРЫХ КОЛЕЦИСТИТАХ И ГРЫЖАХ ДИАФРАГМЫ. In *Proceedings of Scientific Conference on Multidisciplinary Studies* (Vol. 2, No. 12, pp. 114-116).

24. Каюмова, Г. М., Хамроев, Х. Н., & Ихтиярова, Г. А. ПРЕЖДЕВРЕМЕННЫЕ РОДЫ В УСЛОВИЯХ ПАНДЕМИИ COVID-19. *Современный мир, природа и человек: сборник материалов XXII-ой*, *214*.

25. Kayumova, G. M., & Hamroyev, X. N. (2023). SIGNIFICANCE OF THE FEMOFLOR TEST IN ASSESSING THE STATE OF VAGINAL.

26. Хамроев, Х. Н. (2024). METHODS FOR TREATMENT OF CHOLEDOCHOLITIASIS. *Web of Discoveries: Journal of Analysis and Inventions*, *2*(12), 32-39.

27. Хамроев, Х. Н., & Бозоров, Н. К. (2024). ЛЕЧЕНИЯ БОЛЬНЫХ С ЖЕЛУДОЧНО-КИШЕЧНЫМ КРОВОТЕЧЕНИЕМ С ИСПОЛЬЗОВАНИЕМ ЭНДОСКОПИЧЕСКИХ И ХИРУРГИЧЕСКИХ МЕТОДОВ ГЕМОСТАЗА. *Yangi O'zbekiston taraqqiyotida tadqiqotlarni o'rni va rivojlanish omillari*, *5*(1), 108-113.

28. Nutfilloyevich, K. K. (2024). DIAGNOSIS OF CHRONIC VIRAL HEPATITIS. *TADQIQOTLAR*, *31*(1), 205-213.

29. Nutfilloyevich, K. K. (2024). ВЫБОР ОПТИМАЛЬНОЙ ТАКТИКИ ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕЦИСТЭКТОМИИ У ПАЦИЕНТОВ С ЦИРРОЗОМ ПЕЧЕНИ. *TADQIQOTLAR. UZ*, *31*(1), 195-204.

30. Nutfilloyevich, K. K. (2024). ВЫБОР ОПТИМАЛЬНОЙ ТАКТИКИ ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕЦИСТЭКТОМИИ У ПАЦИЕНТОВ С ЦИРРОЗОМ ПЕЧЕНИ. *TADQIQOTLAR. UZ*, *31*(1), 195-204.

31. Хамроев, Х. Н. (2024). УЗНАТЬ, КАК НЕСТЕРОИДНЫЕ ПРОТИВОВОСПАЛИТЕЛЬНЫЕ ПРЕПАРАТИТЫ ВЛИЯЮТ НА РАЗВИТИЕ КРОВОТЕЧЕНИЯ В ВЕРХНИХ ОТДЕЛАХ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА. *TADQIQOTLAR*, *31*(1), 214-221.

32. Urokov, S., Salomov, N., & Khamroev, K. (2023). IMPROVING SURGICAL TREATMENT OF ESOPHAGAL-GASTRIC BLEEDING IN LIVER CIRRHOSIS. *Medical science of Uzbekistan*, (5), 22-25.

33. Ikhtiyarova, G. A., Dustova, N. K., & Qayumova, G. (2017). Diagnostic characteristics of pregnancy in women with antenatal fetal death. *European Journal of Research*, (5), 5.

34. Kayumova, G. M., & Nutfilloyevich, K. K. (2023). CAUSE OF PERINATAL LOSS WITH PREMATURE RUPTURE OF AMNIOTIC FLUID IN WOMEN WITH ANEMIA. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, *2*(11), 131-136.

35. Kayumova, G. M., & Dustova, N. K. (2023). Significance of the femoflor test in assessing the state of vaginal microbiocenosis in preterm vaginal discharge. Problems and scientific solutions. In *International conference: problems and scientific solutions. Abstracts of viii international scientific and practical conference* (Vol. 2, No. 2, pp. 150-153).

36. Каюмова, Г. М., Мухторова, Ю. М., & Хамроев, Х. Н. (2022). Определить особенности течения беременности и родов при дородовом излитии околоплодных вод. *Scientific and innovative therapy. Научный журнал по научный и инновационный терапии*, 58-59.

37. Kayumova, G. M., & Dustova, N. K. (2023). ASSESSMENT OF THE STATE OF THE GENITAL TRACT MICROBIOCENOSIS IN PREGNANT WOMEN WITH PREMATURE RUPTURE OF THE MEMBRANES USING THE FEMOFLOR TEST. *Modern Scientific Research International Scientific Journal*, *1*(1), 70-72.

38. Valeryevna, S. L., Mukhtorovna, K. G., & Kobylovna, E. S. (2019). Premature Birth In A Modern Aspect. *International Journal of Bio-Science and Bio-Technology*, *11*(10), 31-37.

39. Саркисова, Л. В., Каюмова, Г. М., & Умидова, Н. Н. (2018). Морфологические изменения фетоплацентарного комплекса при герпетической инфекции. *Тиббиётда янги кун*, 188-191.

40. Каюмова, Г. М., Саркисова, Л. В., & Умидова, Н. Н. (2018). Современные взгляды на проблему преждевременных родов. *Тиббиётда янги кун*, 183-185.

41. Каюмова, Г. М., Хамроев, Х. Н., & Ихтиярова, Г. А. (2021). *Причины риска развития преждевременных родов в период пандемии организм и среда жизни к 207-летию со дня рождения Карла Францевича Рулье: сборник материалов IV-ой Международной научнопрактической конференции (Кемерово, 26 февраля 2021 г.)*. ISBN 978-5-8151-0158-6.139-148.

42. Саркисова, Л. В., Каюмова, Г. М., & Бафаева, Н. Т. (2019). Причины преждевременных родов и пути их решения. *Биология ва тиббиёт муаммолари*, *115*(4), 2.

43. Kayumova, G. M., & Dustova, N. K. (2023). Significance of the femoflor test in assessing the state of vaginal microbiocenosis in preterm vaginal discharge. Problems and scientific solutions. In *International conference: problems and scientific solutions. Abstracts of viii international scientific and practical conference* (Vol. 2, No. 2, pp. 150-153).

44. KAYUMOVA, G., & DUSTOVA, N. (2023). *Features of the hormonal background with premature surge of amniotic fluid. Of the international scientific*

and practical conference of young scientists «Science and youth: conference on the quality of medical care and health literacy» Ministry of healhcare of the republic of kazakhstan kazakhstan's medical university «KSPH». ISBN 978-601-305-519-0.29-30.

45. Қаюмова, Г. М. НҚ Дўстова.(2023). Muddatdan oldin qog'onoq suvining ketishida xavf omillarning ta'sirini baholash. *Журнал гуманитарных и естественных наук*, *2*(07), 11-18.

46. Каюмова, Г. М., & Мухторова, Ю. М. (2022). Пороговые значения антител к эстрадиолу, прогестерону и бензо [a] пирену как факторы риска преждевременного излития околоплодных вод при недоношенной беременности. *Scientific and innovative therapy. Научный журнал по научный и инновационный терапии*, 59-60.

47. Sarkisova, L. V., & Kayumova, G. M. (2019). Exodus of premature birth. *Тиббиётда янги кун*, *1*(25), 155-159.

48. Саркисова, Л. В., & Каюмова, Г. М. (2018). Перинатальный риск и исход преждевременных родов. *Проблемы медицины и биологии*, 169-175.

49. Каюмова, Г. М., Саркисова, Л. В., & Рахматуллаева, М. М. (2018). Особенности состояния плаценты при преждевременных родах. In *Республиканской научно практической конференции «Актуальные вопросы охраны здоровья матери и ребенка, достижения и перспективы* (pp. 57-59).

50. Каюмова, Г. М., Саркисова, Л. В., & Саъдуллаева, Л. Э. (2018). Показатели центральной гемодинамики и маточно-фетоплацентарного кровотока при недонашивании беременности. In *Республиканской научно практической конференции «Актуальные вопросы охраны здоровья матери и ребенка, достижения и перспективы* (pp. 56-57).

51. Саркисова, Л., Каюмова, Г., & Рузиева, Д. (2019). Современные тренды преждевременных родов. *Журнал вестник врача*, *1*(4), 110-114.

52. Каюмова, Г. М., & Ихтиярова, Г. А. (2021). Причина перинатальных потер при преждевременных родов у женщин с анемией.(2021).

In *Материалы республиканской научно-практической онлайн конференции.«Актуальные проблемы современной медицины в условиях эпидемии* (pp. 76-7).

53. Kayumova, G. M. (2023). TO DETERMINE THE FEATURES OF THE COURSE OF PREGNANCY AND CHILDBIRTH IN WOMEN WITH PRENATAL RUPTURE OF AMNIOTIC FLUID. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, *2*(11), 137-144.

54. Kayumova, G. M. (2023). To Determine the Features Of Pregnancy and Children During Antenature Ruption Of Ambient Fluid. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, *1*(9), 66-72.

55. Kayumova, G. M. (2023). Features of the Hormonal Background During Premature Relation of Ambitional Fluid. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, *1*(9), 73-79.

56. Kayumova, G. M. (2023). The Significance Of Anti-Esterogen And Progesterone Antibodies As A Risk Factor In Premature Rupture Of Amniotic Fluid. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, *1*(9), 58-65.

57. Каюмова, Г. М. (2024). ПЕРИНАТАЛЬНЫЕ ИСХОДЫ ПРИ ДОРОДОВОМ РАЗРЫВЕ ПЛОДНЫХ ОБОЛОЧЕК. *Journal of new century innovations*, *46*(1), 242-251.

58. Каюмова, Г. М. (2024). ОПРЕДЕЛИТЬ ФАКТОРЫ РИСКА ПРЕЖДЕВРЕМЕННЫХ РОДОВ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *38*(6), 228-235.

59. Каюмова, Г. М. (2024). ОСОБЕННОСТИ КАЧЕСТВЕННОГО СОСТАВА МИКРОБИОТА ВЛАГАЛИЩА ПРИ АКТИВНО-ВЫЖИДАТЕЛЬНОЙ ТАКТИКЕ ВЕДЕНИЯ БЕРЕМЕННЫХ С ПРЕЖДЕВРЕМЕННЫМ ИЗЛИТИЕМ ОКОЛОПЛОДНЫХ ВОД. *Journal of new century innovations*, *46*(1), 231-241.

60. Каюмова, Г. М. (2024). ИССЛЕДОВАНИЕ МИКРОБИОТА ВЛАГАЛИЩА ПРИ ДОРОДОВОМ ИЗЛИТИИ ОКОЛОПЛОДНЫХ ВОД. *Journal of new century innovations*, *46*(1), 213-221.

61. Каюмова, Г. М. (2024). ИССЛЕДОВАНИЕ ПОКАЗАТЕЛЕЙ КРОВИ У БЕРЕМЕННЫХ С ПРЕЖДЕВРЕМЕННЫМИ ОКОЛОПЛОДНЫМИ ВОДАМИ. *Journal of new century innovations*, *46*(1), 222-230.

62. Kayumova, G. M. (2024). ANTIBACTERIAL THERAPY FOR PRETERMARY AND ANTENATURE RURUSION OF AMBITIONAL FLUID. *Journal of new century innovations*, *46*(1), 252-262.

63. Kayumova, G. M. (2024). BIOCHEMICAL MARKERS OF PREMATURE BIRTH. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *38*(6), 190-199.

64. Kayumova, G. M. (2024). ON THE QUESTION OF EXPECTANT MANAGEMENT OF LABOR IN FULL-TERM PREGNANCY COMPLICATED BY PREMATURE RELATION OF AMBIENT FLUID. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *38*(6), 200-210.

65. Ачилов, Ш. Ш. (2024). Иммуногенетические Аспекты Диагностики, Постковидный Некроз Головки Бедра. *Research Journal of Trauma and Disability Studies*, *3*(4), 198-205.

66. Ачилов, Ш. Ш. (2024). Этиологические моменты лечения и прогнозирования исходов лечения. Асептический некроз крупных суставов нижней конечности. *Miasto Przyszłości*, *46*, 942-948.

67. Shokhrukh, A. (2024). THE DOMINANCE OF ENGLISH IN THE GLOBAL TECHNOLOGY INDUSTRY: IMPLICATIONS FOR NON-ENGLISH SPEAKING COUNTRIES. *UNIVERSAL JOURNAL OF SOCIAL SCIENCES, PHILOSOPHY AND CULTURE*, *2*(11), 41-55.

68. Shokhrukh, A. (2024). GASTROINTESTINAL COMPLICATIONS DURING TREATMENT: NON-STEROIDAL ANTI-INFLAMMATORY

ISSN 3060-4567

DRUGS ARE USED IN TREATMENT. *Western European Journal of Medicine and Medical Science*, *2*(11), 13-19.

69. Irgashev, I. E., & Farmonov, X. A. (2021). Specificity of resuscitation and rehabilitation procedures in patients with covid-19. *Central Asian Journal of Medical and Natural Science*, *2*(1), 11-14.

70. Irgashev, I. E. (2022). New Principles of Anticoagulant Therapy in Patients with Covid-19. *Research Journal of Trauma and Disability Studies*, *1*(12), 15-19.

71. Irgashev, I. E. (2023). Pathological Physiology of Heart Failure. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, *1*(8), 378-383.

72. Irgashev, I. (2024). COVID-19 INFEKSIYSINI YUQTIRGAN KASALXONADAN TASHQARI PNEVMONIYA BILAN KASALLANGAN BEMORLARDA DROPERIDOL NEYROLEPTIK VOSITASINI QO'LLANILISHI VA UNING DAVO SAMARADORLIGIGA TA'SIRI. *Центральноазиатский журнал образования и инноваций*, *3*(1), 12-18.

73. Irgashev, I. E. (2022). COVID-19 BILAN KASALLANGAN BEMORLARDA ANTIKAOGULYANT TERAPIYANING YANGICHA TAMOILLARI. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, *2*(12), 462-466.

74. Ergashevich, I. I. (2024). GIPERTONIK KRIZ BILAN KECHAYOTGAN GIPERTONIYA KASALLIGIDA, ASORATLAR YUZ BERISHINI OLDINI OLISHGA QARATILGAN SHOSHILINCH TERAPIYA. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *40*(1), 55-61.

75. Ergashevich, I. I. (2024). SPECIFIC PROPERTIES OF LEVAMICOL OINTMENT. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *40*(1), 48-53.

76. Irgashev, I. E. (2023). RESPIRATORY DISTRESS SYNDROME. Horizon: Journal of Humanity and Artificial Intelligence, 2 (5), 587–589.

77. Ergashevich, I. I. (2024). OTKIR KORONAR SINDROM KUZATILAYOTGAN BEMORLARDA ILK YORDAM KO'RSATISHNING

USTUVOR TAMOILLARI HAMDA UNING AHAMIYATI. *TADQIQOTLAR. UZ*, *34*(2), 152-159.

78. Ergashevich, I. I. (2024). GIPERTONIYA KASALLIGIDA SHOSHILINCH YORDAM KO'RSATISH. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, *3*(3), 148-153.

79. Иргашев, И. Э. (2024). ПРИНЦИПЫ ПРИОРИТЕТА И ЕГО ЗНАЧЕНИЕ ОКАЗАНИЯ ПЕРВОЙ ПОМОЩИ У БОЛЬНЫХ ОСТРЫМ КОРОНАРНЫМ СИНДРОМОМ. *TADQIQOTLAR. UZ*, *34*(2), 177-184.

80. Иргашев, И. Э. (2024). ДЕЙСТВИЕ ДРОПЕРИДОЛА У БОЛЬНЫХ ВНЕГОСПИТАЛЬНОЙ ПНЕВМОНИЕЙ, ИНФИЦИРОВАННЫХ КОРОНОВИРУСОМ. *TADQIQOTLAR. UZ*, *34*(2), 160-168.

81. Иргашев, И. Э. (2024). ПРИНЦИПЫ ОКАЗАНИЯ ПЕРВОЙ ПОМОЩИ БОЛЬНЫМ ГИПЕРТЕНИЧЕСКИМ КРИЗОМ. *TADQIQOTLAR. UZ*, *34*(2), 185-192.

82. Иргашев, И. Э. (2024). СКОРАЯ ПОМОЩЬ ПРИ ГИПЕРТОНИЧЕСКОЙ БОЛЕЗНИ. *TADQIQOTLAR. UZ*, *34*(2), 169-176

83. Усмонов, У. Р., & Иргашев, И. Э. (2020). Changes in the morphofunctional properties of thymus and spleen under the influence of mites of different origins. *Новый день в медицине*, (2), 242-244..

84. Ergashevich, I. I., Bahronovich, B. F., & Qilichevna, A. M. (2024). ASTMATIK STATUSDAN BEMORLARNI CHIQARISHNING ZAMONAVIY TAMOYILLARI. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *43*(8), 36-44.

85. Ergashevich, I. I. (2024). BRONXIAL ASTMA KASALLIGINI DAVOLASHGA ZAMONAVIY YONDASHUV. *SCIENTIFIC JOURNAL OF APPLIED AND MEDICAL SCIENCES*, *3*(4), 266-272.

86. Иргашев, И. Э., & Ахмедова, М. К. (2024). СОВРЕМЕННЫЕ ПРИНЦИПЫ ВЫВОДА ПАЦИЕНТОВ В АСТМАТИЧЕСКОМ СТАТУСЕ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *43*(8), 28-35.

ISSN 3060-4567

87. Иргашев, И. Э., & Ахмедова, М. К. (2024). НОВЫЕ ПРИНЦИПЫ ЛЕЧЕНИЯ БРОНХИАЛЬНОЙ АСТМЫ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *43*(8), 19-27.

88. Иргашев, И. Э., & Ахмедова, М. К. (2024). СОВРЕМЕННЫЕ ПРИНЦИПЫ ВЫВОДА ПАЦИЕНТОВ В АСТМАТИЧЕСКОМ СТАТУСЕ. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *43*(8), 28-35.

89. Ergashevich, I. I. (2024). GIPERTONIK KRIZ BILAN KECHAYOTGAN GIPERTONIYA KASALLIGIDA, ASORATLAR YUZ BERISHINI OLDINI OLISHGA QARATILGAN SHOSHILINCH TERAPIYA. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *40*(1), 55-61.

90. Ergashevich, I. I. (2024). Gipertoniya Kasalligida Shoshilinch Yordam Ko'rsatish. *Amaliy Va Tibbiyot Fanlari Ilmiy Jurnali*, *3*(3), 148-153.

91. Ergashevich, I. I. (2024). OTKIR KORONAR SINDROM KUZATILAYOTGAN BEMORLARDA ILK YORDAM KO'RSATISHNING USTUVOR TAMOILLARI HAMDA UNING AHAMIYATI. *TADQIQOTLAR. UZ*, *34*(2), 152-159.

92. Irgashev, I. (2024). ОСОБЕННОСТИ СЕРДЕЧНОЙ АСТМЫ, ОБУСЛОВЛЕННОЙ ОТЕКОМ ЛЕГКИХ. *Modern Science and Research*, *3*(12), 945-953.