

# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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**БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ**  
ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ | JOURNAL OF BIOMEDICINE AND PRACTICE**KADIROVA Aziza Muratovna**Candidate of Medical Sciences, Associate Professor  
Samarkand State Medical University**COMPLEX THERAPY OF RETROBULBAR NEURITIS OF VIRAL ORIGIN****For citation:** Kadirova Aziza Muratovna. Complex Therapy of Retrobulbar Neuritis of Viral Origin <http://dx.doi.org/10.5281/zenodo.19815258>**ANNOTATION**

In recent years, the number of viral eye diseases has been increasing due to the widespread use of hormonal drugs. To study the peculiarities of clinic, diagnostics and treatment of retrobulbar neuritis of viral origin. Out of 38 examined patients (70 eyes) 24 patients with 45 (63,2%) eyes had the process of uveoneuritis. In 14 patients in 25 (36,7%) eyes the process was in the form of retrobulbar neuritis. All patients received complex local and general drug therapy in combination with hormonal preparation, it had a positive effect on the course and outcome of the disease: visual acuity in 80% of eyes increased to 0.6-0.7, peripheral visual field boundaries and color perception were restored to normal.

**Keywords:** uveoneuritis, retrobulbar neuritis, post-influenza neuritis, drug treatment.**KADIROVA Aziza Muratovna**

t.f.n., dotsent

Samarqand davlat tibbiyot universiteti, O'zbekiston

**VIRUSDAN KELIB CHIQQAN RETROBULBAR NEVRITNI KOMPLEKS TERAPIYASI****ANNOTATSIYA**

Keyingi yillarda gormonal preparatlarni keng qo'llash tufayli ko'zning virusli kasalliklari ko'paymoqda. Virusli retrobulbar nevrinning klinik, diagnostika va davolash xususiyatlarini o'rganish. Tekshirilgan 38 bemorning (70 ko'z) 24 tasida 45 (63,2%) ko'zda uveonevrit turi bo'yicha jarayon bo'lib o'tdi. 14 bemorning 25 (36,7%) ko'zida - retrobulbar nevrit ko'rinishida. Barcha bemorlar gormonal preparat bilan birgalikda kompleks mahalliy va umumiy dori-darmon terapiyasini olishdi, kasallikning kechishi va o'tishiga ijobiy ta'sir ko'rsatdi: ko'zlarning 80% dagi ko'rish o'tkirligi 0,6-0,7 gacha oshdi, periferik ko'rish maydoni chegaralari va rangni sezish normal holatga qaytdi.

**Kalit so'zlar:** uveonevrit, retrobulbar nevrit, grippdan keyingi nevrit, dori-darmon bilan davolash.**КАДИРОВА Азиза Муратовна**

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## КОМПЛЕКСНАЯ ТЕРАПИЯ РЕТРОБУЛЬБАРНОГО НЕВРИТА ВИРУСНОГО ПРОИСХОЖДЕНИЯ

### АННОТАЦИЯ

За последние годы увеличивается количество вирусных заболеваний глаз из-за широкого применения гормональных препаратов. Изучение особенности клиники, диагностики и лечения ретробульбарного неврита вирусного происхождения. Из 38-х обследованных больных (70 глаз) у 24-х на 45-и (63,2%) глазах процесс протекал по типу увеоневрита. У 14-и пациентов на 25-и (36,7%) глазах - в виде ретробульбарного неврита. Все пациенты получили комплексную местную и общую медикаментозную терапию в сочетании с гормональным препаратом, оказала положительное влияние на течение и исход заболевания: острота зрения в 80% глазах повысилась до 0,6-0,7, границы периферического поля зрения и цветоощущение восстановились до норм.

**Ключевые слова:** увеоневриты, ретробульбарный неврит, послегриппозный неврит, медикаментозное лечение.

**Kirish.** Oftalmopatologiyaning umumiy tuzilmasida uveitlarning ulushi 5% dan 30% gacha [3, 10]. Uveonevritlar har qanday yoshdagi odamlarda rivojlanadi, lekin ko'pincha yosh va mehnatga layoqatli odamlarda uchraydi, bu ushbu patologiyaning ijtimoiy va iqtisodiy ahamiyatini belgilaydi [1]. Yallig'lanish jarayonining surunkali takrorlanuvchi xususiyati jiddiy asoratlar - shishasimon tana fibrozi, makulyar shish, ko'rish nervining atrofiyasi paydo bo'lishiga olib keladi, bu esa ko'rlik va nogironlikning rivojlanishiga olib keladi. JSST ma'lumotlariga ko'ra, so'nggi yillarda gormonal preparatlardan keng foydalanish tufayli ko'zning virusli kasalliklari soni ortib bormoqda [2, 8, 15]. Bizga ma'lumki, herpes virusining eng sevimli zarari asab to'qimasidir, bu holda - retrobulbar nevit bilan murakkablashadigan ko'rish nervi [4, 5, 9, 11, 16]. Herpes guruhining oftalmotrop viruslariga 1-2 serotipli oddiy herpes virusi kiradi [7, 14]. Adabiyotlarda virusli retrobulbar nevitning klinik kechishi va davolanishi hali yetarlicha o'rganilmagan va terapevtik oftalmologlarning e'tiboriga loyiq [6, 12, 13].

**Tadqiqotning maqsadi.** Virusli retrobulbar nevitning klinik, diagnostika va davolash xususiyatlarini o'rganishdan iborat.

**Materiallar va usullar.** Samarqand davlat tibbiyot universitetining ko'p tarmoqli klinikasi ko'z kasalliklari bo'limida statsionar davolanayotgan 38 nafar bemor 2024-2025 yillarda 18 nafar erkak, 20 nafar ayol kuzatuvimizda bo'ldi. Yoshi 12 yoshdan 60 yoshgacha bo'lgan. Retrobulbar nevit bilan kasallanganlar - 14, uveonevrit bilan kasallanganlar - 24.

Barcha bemorlar ko'z kasalligining 2-3 kunida yoki sovuqning boshlanishidan 1-2 hafta o'tgach kasalxonaga yotqizilgan.

Barcha bemorlarga terapevt, pediater, LOR-vrach va stomatolog tomonidan maslahat berildi. Rentgenografik tadqiqot usullari quyidagilardan iborat: burun va o'pkaning qo'shimcha sinuslari rentgenogrammasi. Umumiy qabul qilingan oftalmologik tekshiruv dinamikasida o'tkazildi, u patologik jarayonning xususiyatlariga qarab quyidagilardan iborat: Golovin-Sivtsev jadvali bo'yicha markaziy ko'rish o'tkirligini aniqlash, E.B.Rabkin jadvali bo'yicha rangni sezishni majburiy tekshirgan holda yorug'lik sezuvchanligini aniqlash, midriazdan keyin skiaskopiya usuli bilan va «Suprae» avtorefraktometriya ko'z refraksiyasi (China), «Carl Zeiss» lampasi yordamida biomikroskopiya, siliar og'riqni darajasini palpator orqali aniqlash, ko'z qorachig'i bilan to'g'ridan-to'g'ri va teskari oftalmoskopiya, oftalmotonusni oftalmotometriya usuli bilan tekshirish (10 g yukda) yoki pnevmotometr bilan, sferoperimetrda perimetriya, kampimetrda ko'r dog'ni tekshirish, to'r pardaning optikokerentli tomografiyasi (OST) va «Strong» (China) apparatida ko'zni ultratovush tekshiruvi.

Ushbu ko'zlarning oldingi qismlarini biomikroskopiya engil perikorneal inyeksiya, kamalak pardalarining relyefi va chizmasi o'ziga xos xususiyatlarsiz qayd etildi. Ko'z ostidagi oftalmoskopiya shishasimon tananing loyqalanishi tufayli engil tuman orqali qoplangan. Ko'ruv nervlarining disklari giperemik bo'lib, chegaralari dimlangan, tomirlari biroz kengaygan, arteriyalari nisbatan toraygan. 8 ta ko'zda ko'ruv nervi diski sohasida mayda nuqtali qon ketishi qayd etilgan.

Ko'zlarni ultratovush tekshiruvda shishasimon tanada engil suzuvchi bulanishlar, shuningdek, ko'rish nervi diski va to'r pardasi to'qimalarining shishishi, retrobulbar bo'shliqda orbitalarning exostrukturasining kuchayishi qayd etildi.

Rentgenografiyada 15 bemorning burun qo'ltig'ining yallig'lanish jarayoni kuzatilgan.

To'r pardaning OKT rasmini o'rganishda ko'ruv nervi diski sohasida, shuningdek, uveal traktga va sariq dog'ga tarqaladigan to'r pardaning shishi qayd etilgan.

Ko'rish o'tkirligining pasayishi, izolyatsiya qilingan alomat sifatida, 58% hollarda namoyon bo'ldi. Ko'rish o'tkirligi 14 bemorda (24 ko'z) 0,2 gacha, 5 bemorda (11 ko'z) 0,08 gacha, 5 bemorda (5 ko'z) 0,06 gacha pasaygan.

Barcha ranglarning periferik ko'rish chegaralari 15-25° toraygan.

Kampimetriya suratini o'rganishda barcha bemorlarda ko'r dog'ning gorizont va vertikal ko'payishi qayd etilgan.

Rang sezuvchanligi orttirilgan turiga ko'ra buzilgan, qizil va ko'k ranglarga nisbatan kontrast keskin pasaygan, bemorlar faqat oq va qora rangni ajratib ko'rishgan.

14 bemorning 25 (36,7%) ko'zida kasallik retrobulbar nevrin shaklida kechgan. Bu guruhdagi bemorlar ko'rish qobiliyatining asta-sekin pasayishi, ba'zan ko'z qorachig'ining harakatlanishida og'riq paydo bo'lishidan shikoyat qilishgan. Xolisona, dastlabki kunlarda, shishasimon tananing engil xiralashuvi va ko'rish nervining kesilmagan giperemiyasi bundan mustasno, unchalik o'zgarishlar kuzatilmagan.

Biroq, 7 bemorning (13 ko'z) ko'rish o'tkirligi tekshirilganda 0,1-0,2 gacha, 3 bemorning (5 ko'z) ko'rish o'tkirligi 0,03-0,09 gacha pasaytirildi. 4 bemorda (7 ko'z) ko'rish qobiliyati 0,02 va undan pastroq bo'lishidan tashqari bir vaqtning o'zida markaziy chorva mollari qayd etilgan.

Ko'zlar va retrobulbar bo'shlig'ining ultratovush tekshiruvda ko'rish nervining retrobulbar bo'limining kuchayishi va ko'payishi, shuningdek, orbit yog'hujayrasining infiltratsiyasi qayd etildi.

Davolanish shoshilinch kasalxonaga yotqizishdan boshlandi. Terapiya infektsiyani degidratatsiya qilish, desensibilizatsiya qilish, shuningdek, MNS to'qimalarining metabolizmini yaxshilash, immunokorreksiya, shuningdek, shikastlangan ko'zning ko'rish funksiyasini saqlab qolishga qaratilgan edi.

Barcha bemorlarga kompleks mahalliy va umumiy terapiya o'tkazildi. Gormonal preparatlar, midriatiklar eritmalarining mahalliy instillyatsiyalari tayinlangan, ko'z olmasi konyunktivasi ostida va parabolbarno inyeksiya qilingan gentamitsin va sikloferon eritmaları gormonal preparatlar bilan birgalikda (0,4% deksametazon eritmasi) davolash kursiga 10 dan 15 tagacha inyeksiya qilish uchun 0,4-0,6 ml, shuningdek, sikloferonni mushak ichiga № 20 dan 2,0 ml gacha yuborishgan. Shuningdek, mushak ichiga 5-6 kun davomida keng spektrli antibiotikning massiv dozalari (kuniga 2 marta 500 ming dona seftriakson), 10% 10,0 ml natriy xlorid va 40% glyukoza eritmasi 10,0 ml № in'eksiya qilindi. Shuningdek, B vitamini kompleksining mushak ichiga 2,0 ml № 20, Aloe ekstrakti 2,0 ml № 20 inyeksiya qilingan. Ichkariga: 3 kun davomida 3 marta 1 tabletkadan diakarb, tabletkalarda kalsiy glyukonat, askorutin, aspirin. Davolashning 8-10 kunida taufonning 4% li eritmasini 0,3 ml N 8-10 ga, emoksipinning 1% li parabolbar in'ektsiyasini 0,5 ml N 10 ga qo'llash tavsiya etildi.

Davolash davrida ko'zning asosiy funksiyalari: ko'rish o'tkirligi, periferik ko'rish va rangli ko'rish dinamikasi o'rganildi.

**Natijalar va muhokama.** Davolanishning 7-10 kundan boshlab bemorlarning umumiy farovonligi yaxshilanib, ko'rish faoliyatida sezilarli o'zgarishlar kuzatildi. Ko'rish natijasida 38 bemorning 56 (80%) ko'zida ko'rish o'tkirligi 0,4-0,7 gacha, 8 bemorning 14 (20%) ko'zida 0,08 dan 0,1 gacha ko'tarildi.

Ultratovush tekshiruvda shishasimon tanada suzuvchi bulanishlar to'liq so'rilgani, ko'rish nervlari diskining chegaralari asta-sekin yosh normasi chegarasidan o'tib borayotgani qayd etildi.

Ko'z og'rig'i va ko'z og'rig'i yo'qoldi.

Ko'z tubidagi rasm asta-sekin normal ko'rinishga ega bo'ldi, ko'rish nervining qisman atrofiyasi qayd etilgan 8 bemor (14 ko'z) bundan mustasno.

Ko'zning OKT rasmini dinamikada o'rganishda davolash kursini tugatgandan so'ng to'r pardaning shishishi yo'qoldi, markaziy va periferik bo'limlardagi qalinlik normal ko'rinishga ega bo'ldi, ko'rish nervi diski o'lchamlari norma chegaralarigacha kamaydi.

Periferik ko'rish chegaralari 30 va 56 ko'zda (80%), toraygan periferik ko'rish - 21% va 8 va 14 ko'zda (20%) normal holatga qaytdi, markaziy skotomalar yo'qoldi.

Deyarli barcha bemorlarda rangni sezish tiklandi.

**Xulosalar.** Klinik kuzatuvlar shuni ta'kidlash mumkinki, kompleks mahalliy va umumiy dori-darmon terapiyasi gormonal preparat bilan birgalikda qon-tomir qobig'i va ko'rish nervining juda murakkab yallig'lanish jarayoniga va ko'rish nervlarining grippdan keyingi retrobulbar nevrity kasalligi natijasiga ijobiy ta'sir ko'rsatdi, shuningdek, ushbu patologiya asoratlari sonini kamaytirdi.

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