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INDIVIDUALIZATION OF ART PROTOCOLS IN PATIENTS WITH DIFFERENT OVARIAN RESERVE

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ABSTRACT

Infertility remains one of the most important challenges in modern reproductive medicine and requires an individualized approach to improve the effectiveness of assisted reproductive technologies (ART). The aim of this study was to evaluate ART outcomes in patients with different ovarian reserve levels and to determine the role of personalized treatment protocols. This prospective study included 60 infertile women treated at the “Beshik” Reproductive Medicine Clinic (Samarkand, Uzbekistan) during 2025–2026. The participants were divided into two groups according to ovarian reserve: normal ovarian reserve (n=30) and diminished ovarian reserve (n=30). Ovarian reserve was assessed using anti-Müllerian hormone levels and antral follicle count, and all patients were additionally stratified according to the POSEIDON concept. Although patients with diminished ovarian reserve demonstrated lower numbers of retrieved oocytes and less favorable embryological outcomes, individualized ovarian stimulation protocols allowed satisfactory rates of oocyte maturation, fertilization, and blastocyst formation to be achieved. The findings indicate that personalization of ART protocols based on ovarian reserve assessment and POSEIDON stratification contributes to improved reproductive outcomes.

Keywords: infertility, assisted reproductive technologies, IVF, ICSI, ovarian reserve, AMH, POSEIDON, personalization

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ИНДИВИДУАЛИЗАЦИЯ ПРОТОКОЛОВ ВРТ У ПАЦИЕНТОК С РАЗЛИЧНЫМ ОВАРИАЛЬНЫМ РЕЗЕРВОМ

АННОТАЦИЯ

Бесплодие является одной из наиболее актуальных проблем современной репродуктивной медицины и требует индивидуализированного подхода для повышения эффективности вспомогательных репродуктивных технологий (ВРТ). Целью исследования явилась оценка результатов ВРТ у пациенток с различным овариальным резервом и определение значения

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CLINICAL EFFICACY OF POSTERIOR PERICARDIOTOMY IN THE PREVENTION OF POSTOPERATIVE ATRIAL FIBRILLATION FOLLOWING CORONARY ARTERY BYPASS GRAFTING

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ABSTRACT

Objective. To evaluate the efficacy of posterior pericardiotomy in preventing postoperative atrial fibrillation (POAF) in patients undergoing off-pump coronary artery bypass grafting (OPCAB).

Materials and Methods. The study was conducted in the Department of Cardiac Surgery and Intensive Care of the Republican Specialized Scientific and Practical Medical Center of Cardiology. The study included 300 patients diagnosed with coronary artery disease who had indications for off-pump coronary artery bypass grafting. The mean age of the patients was 64.6 ± 7.1 years; 67 were women and 233 were men. Using randomization, the patients were equally divided into two groups. In the main group, consisting of 150 patients, posterior pericardiotomy was performed during CABG, whereas this technique was not used in the control group of 150 patients. All patients underwent 24-hour Holter electrocardiographic monitoring (Holter ECG) before surgery and during the first five postoperative days.

Results. According to postoperative cardiac rhythm monitoring, including Holter ECG and intensive care unit monitoring, postoperative atrial fibrillation was detected in 65 patients (21.6%). Analysis of clinical and anamnestic characteristics demonstrated comparable baseline parameters between the groups. No statistically significant differences were found between the study groups in terms of age or sex. However, significant differences were observed during the postoperative period. The duration of postoperative rehabilitation was 9.35 ± 1.45 days in the posterior pericardiotomy group compared with 13.6 ± 1.7 days in the non-PPT group ($p = 0.045$). The total duration of hospital stay was 8.13 ± 1.55 days in the PPT group and 12.7 ± 1.65 days in the non-PPT group ($p = 0.044$). The incidence of postoperative atrial fibrillation was also significantly lower in the PPT group: POAF developed in 13% ($n = 19$) of patients compared with 31% ($n = 46$) in the non-PPT group ($p < 0.05$).

Conclusion. Based on the obtained results, posterior pericardiotomy significantly reduces the risk of postoperative atrial fibrillation in patients undergoing off-pump coronary artery bypass grafting. The incidence of POAF was significantly lower in patients who underwent posterior pericardiotomy

compared with the control group. Furthermore, the use of posterior pericardiotomy contributed to a reduction in both the duration of hospitalization and the rehabilitation period. This technique demonstrated a tendency to reduce the risk of cardiac tamponade and thromboembolic complications and contributed to improved treatment outcomes. Thus, posterior pericardiotomy can be considered an effective, safe, and economically reasonable method for the prevention of postoperative atrial fibrillation following off-pump coronary artery bypass grafting.

Keywords: off-pump coronary artery bypass grafting (OPCAB), posterior pericardiotomy, postoperative atrial fibrillation (POAF), Holter electrocardiographic monitoring, acute cerebrovascular accident (ACVA).

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AORTOKORONAR SHUNTLASH OPERATSIYASIDAN KEYINGI BO‘LMACHALAR FIBRILLYATSIYASI PROFILAKTIKASIDA POSTERIOR PERIKARDIOTOMIYANING KLINIK SAMARADORLIGINI BAHOLASH

ANNOTATSIYA

Maqsad. Koronar arteriyalarni ishlab turgan yurakda aortokoronar shuntlash (AKSH-off pump) amaliyoti o‘tkazilgan bemorlarda postoperatsion bo`lmachalar fibrillyatsiyasini, rivojlanishini oldini olishda posterior perikardiotomiyaning samaradorligini baholash.
Materiallar va usullar. Tadqiqot Respublika ixtisoslashtirilgan kardiologiya ilmiy-amaliy tibbiyot markazining Kardiojarrohlik va reanimnatsiya bo‘limida amalga oshirildi. Tadqiqotga yurak ishemik kasalligi tashxisi qo‘yilgan hamda ishlab turgan yurakda AKSH amaliyotiga ko‘rsatma mavjud bo‘lgan 300 nafar bemor kiritildi. **Bemorlarning o‘rtacha yoshi 64,6±7,1 yilni tashkil etdi, shundan 67 nafari ayol va 233 nafari erkak edi.** Randomizatsiya usuli yordamida bemorlar teng ikkita guruhga ajratildi. Asosiy guruhdagi 150 nafar bemorga AKSH amaliyoti davomida posterior perikardiotomiya bajarildi, nazorat guruhidagi 150 nafar bemorda esa ushbu usul qo‘llanilmadi. Barcha bemorlarda operatsiyadan oldin va operatsiyadan keyingi dastlabki 5 sutka davomida 24 soatlik Xolter elektrokardiografiyasi monitoringi (XM EKG) o‘tkazildi.
Natijalar. Jarrohlik amaliyotidan keyingi yurak ritmi monitoring natijalariga ko`ra (XM EKG, reanimatsiyadagi monitoring) 65 nafar (21,6%) bemorda operatsiyadan keyingi bo‘lmachalar fibrillyatsiyasi qayd etildi. Klinik va anamnestik ko‘rsatkichlar tahlili jarrohlik amaliyotigachan bo`lgan davrda o`zaro mos ekanligini ko`rishimiz mumkun. Tadqiqot guruhlari yosh va jins ko‘rsatkichlari bo‘yicha statistik jihatdan sezilarli farq qilmadi. Biroq jarrohlik amaliyotidan keyingi davrda solishtirilayotgan guruhlar o`rtasida quyidagi ko`rsatkichlar bo`yicha tafovut aniqlandi: bemorlarning jarrohlik amaliyotidan keyingi reabilitatsiya (PPTli guruh 9,35±1,45kun, PPTsiz guruh 13,6±1,7kun, p=0.045) va shifoxonada umumiy davolanish davri (PPTli guruh 8,13±1,55kun, PPTsiz guruh 12,7±1,65 kun, p=0,044), postoperatsion bo`lmachalar fibrillyatsiyasining rivojlanish chastotasi(PPT guruhida 13%(n=19), PPTsiz guruhda 31%(n=46)bemorda rivojlangan p<0,05.
Xulosa.
Olingan natijalarga asoslanib, posterior perikardiotomiya ishlab turgan yurakda aortokoronar shuntlash amaliyoti o‘tkazilgan bemorlarda postoperatsion bo‘lmachalar fibrillyatsiyasi rivojlanish xavfini sezilarli darajada kamaytirishi aniqlandi. Tadqiqot natijalariga ko‘ra, posterior perikardiotomiya qo‘llanilgan bemorlarda postoperatsion bo‘lmachalar fibrillyatsiyasi rivojlanish chastotasi nazorat guruhiga nisbatan ishonchli darajada past bo‘ldi. Bundan tashqari, posterior

perikardiotomiyaning qo‘llanilishi bemorlarning shifoxonada davolanish va reabilitatsiya davrlarini qisqartirishga yordam berdi. Ushbu usul yurak tamponadasi va tromboembolik asoratlar rivojlanish xavfini kamaytirish tendensiyasini namoyon etdi hamda bemorlarning davolanish samaradorligini oshirishga xizmat qildi. Shunday qilib, posterior perikardiotomiya ishlab turgan yurakda bajarilgan aortokoronar shuntlash amaliyotidan keyingi postoperatsion bo‘lmachalar fibrillyatsiyasining profilaktikasida samarali, xavfsiz va iqtisodiy jihatdan maqsadga muvofiq usul hisoblanadi.

Kalit so‘zlar: aortokoronar shuntlash (AKSH-off pump), posterior perikardiotomiya, postoperatsion bo‘lmachalar fibrillyatsiyasi (POBF), Xolter elektrokardiografiyasi monitoringi (XM EKG), o`tkir bosh miya qon aylanishining buzilishi(O`BMQAB).

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ОЦЕНКА КЛИНИЧЕСКОЙ ЭФФЕКТИВНОСТИ ЗАДНЕЙ ПЕРИКАРДИОТОМИИ В ПРОФИЛАКТИКЕ ПОСЛЕОПЕРАЦИОННОЙ ФИБРИЛЛЯЦИИ ПРЕДСЕРДИЙ ПОСЛЕ АОРТОКОРОНАРНОГО ШУНТИРОВАНИЯ

АННОТАЦИЯ

Цель. Оценить эффективность задней перикардиотомии в профилактике послеоперационной фибрилляции предсердий (ПОФП) у пациентов, перенесших аортокоронарное шунтирование на работающем сердце (АКШ off-pump).

Материалы и методы. Исследование проведено в отделении кардиохирургии и реанимации Республиканского специализированного научно-практического медицинского центра кардиологии. В исследование были включены 300 пациентов с диагнозом ишемической болезни сердца, имевших показания к проведению аортокоронарного шунтирования на работающем сердце. Средний возраст пациентов составил 64,6 ± 7,1 года, из них 67 женщин и 233 мужчины. Методом рандомизации пациенты были разделены на две равные группы. В основную группу вошли 150 пациентов, которым во время операции АКШ выполнялась задняя перикардиотомия, в контрольной группе из 150 пациентов данный метод не применялся. Всем пациентам до операции и в течение первых 5 послеоперационных суток проводилось 24-часовое холтеровское мониторирование электрокардиограммы (ХМ ЭКГ).

Результаты. По данным мониторинга сердечного ритма в послеоперационном периоде, включая ХМ ЭКГ и мониторинг в отделении реанимации, послеоперационная фибрилляция предсердий была зарегистрирована у 65 пациентов (21,6%). Анализ клинико-анамнестических показателей показал сопоставимость групп в предоперационном периоде. Статистически значимых различий между исследуемыми группами по возрасту и полу выявлено не было. Однако в послеоперационном периоде были выявлены статистически значимые различия по следующим показателям: продолжительность послеоперационной реабилитации составила 9,35 ± 1,45 суток в группе с ППТ и 13,6 ± 1,7 суток в группе без ППТ ($p = 0,045$); общая продолжительность пребывания в стационаре — 8,13 ± 1,55 суток и 12,7 ± 1,65 суток соответственно ($p = 0,044$). Частота развития послеоперационной фибрилляции предсердий также была достоверно ниже в группе с ППТ: ПОФП развилась у 13% ($n = 19$) пациентов против 31% ($n = 46$) в группе без ППТ ($p < 0,05$).

Заключение. На основании полученных результатов установлено, что задняя перикардиотомия значительно снижает риск развития послеоперационной фибрилляции предсердий у пациентов, перенесших аортокоронарное шунтирование на работающем сердце. Частота развития ПОФП у пациентов, которым выполнялась задняя перикардиотомия, была

достоверно ниже по сравнению с контрольной группой. Кроме того, применение задней перикардиотомии способствовало сокращению продолжительности госпитализации и периода реабилитации пациентов. Данный метод продемонстрировал тенденцию к снижению риска развития тампонады сердца и тромбоэмболических осложнений, а также способствовал повышению эффективности лечения. Таким образом, задняя перикардиотомия является эффективным, безопасным и экономически целесообразным методом профилактики послеоперационной фибрилляции предсердий после аортокоронарного шунтирования на работающем сердце.

Ключевые слова: аортокоронарное шунтирование на работающем сердце (АКШ off-pump), задняя перикардиотомия, послеоперационная фибрилляция предсердий (ПОФП), холтеровское мониторирование электрокардиограммы (ХМ ЭКГ), острое нарушение мозгового кровообращения (ОНМК).

Kirish

Kardiojarrohlik amaliyotlaridan keyin yuzaga keluvchi yurak ritmi buzilishlari bemorlarning operatsiyadan keyingi davriga jiddiy ta’sir ko‘rsatadi. Ayniqsa, aortokoronar shuntlash (AKSh) amaliyotini boshdan kechirgan bemorlarda postoperatsion bo‘lmachalar fibrillyatsiyasining (POBF) rivojlanishi kasallanish va o‘lim ko‘rsatkichlarining oshishiga sabab bo‘ladi. Olimlarning ta’kidlashicha, POBF jarrohlik amaliyotining turiga qarab, aortokoronar shuntlashdan so‘ng 20–50% hollarda, yurak klapanlari va koronar arteriyalarda bajarilgan kombinatsiyalangan operatsiyalardan so‘ng esa 65% gacha, yurak transplantatsiyasidan keyin esa 10% gacha hollarda uchrashi turli adabiyotlarda keltirilgan [1]. POBF odatda operatsiyadan keyingi 2–5 kunlarda rivojlanadi, uning eng ko‘p uchraydigan davri esa operatsiyadan keyingi 2–3-kunlarga to‘g‘ri keladi. POBF rivojlanishi dastlab unchalik xavfli holat bo‘lib ko‘rinmasligi va ko‘pincha davolash imkoniyati mavjud bo‘lishiga qaramay, u sezilarli darajadagi kasallanish va o‘lim bilan bog‘liq bo‘lgan, hayot uchun xavfli asorat hisoblanadi. Ushbu holat aniqlanganda yurak ritmini nazorat qiluvchi dori vositalari, antikoagulyantlar hamda elektr kardioversiyaning turli kombinatsiyalarini qo‘llash talab etiladi. Yuqorida sanab o‘tilgan usullarning barchasi ma’lum darajadagi nojo‘ya ta’sirlarga ega. Natijada POBF bemorlarning kasalxonada qolish muddatini uzaytiradi va davolash xarajatlarini oshiradi [2]. Mazkur epizodlar gemodinamik beqarorlik, insult xavfining ortishi hamda intensiv terapiya bo‘limida qolish muddatining uzayishi kabi salbiy oqibatlarga olib keladi. Kasalxonada uzoq muddat davolanish zarurati tufayli POBF sog‘liqni saqlash tizimi resurslariga ham sezilarli ta’sir ko‘rsatadi [3]. Adabiyotlarda POBF insult rivojlanishining mustaqil prediktori sifatida qayd etilgan. Bohatch va hammualliflar ma’lumotlariga ko‘ra, AKShdan keyingi bo‘lmachalar fibrillyatsiyasi sinus ritmi saqlangan bemorlarga nisbatan insult rivojlanish xavfini taxminan 4 baravarga oshiradi. Mualliflarning ta’kidlashicha, bo‘lmachalarda qon dimlanishi va tromblar hosil bo‘lishi natijasida tromboembolik asoratlar rivojlanish ehtimoli ortadi [4]. Ghurram va hammualliflar tomonidan off-pump AKSh o‘tkazilgan 748 nafar bemor ishtirokida olib borilgan tadqiqotda postoperatsion bo‘lmachalar fibrillyatsiyasi 16,7% bemorlarda aniqlangan. Tadqiqot natijalariga ko‘ra, insult chastotasi POBF rivojlangan bemorlarda 3,1%, sinus ritmi saqlangan bemorlarda esa 0,8% ni tashkil etgan. Shunday qilib, insult rivojlanish xavfi qariyb 4 marta yuqori bo‘lgan (OR=4,01; 95% CI 1,06–15,13; p=0,027) [5]. So‘nggi yigirma yil davomida olimlar tomonidan ushbu xavfli asoratlarni kamaytirishga qaratilgan ko‘plab ilmiy tadqiqotlar olib borilmoqda. Ko‘pgina tadqiqotchilar orqa perikardiotomiyani POBFning oldini olishda samarali, xavfsiz va qo‘llash oson bo‘lgan usul sifatida baholamoqdalar. POBF rivojlanishining asosiy mexanizmlaridan biri operatsiyadan keyin perikardning qiyshiq sinusida to‘plangan suyuqlikning chap bo‘lmacha orqa devorini ta’sirlantirishi natijasida turli yurak ritmi buzilishlarining yuzaga kelishi bilan izohlanadi. O‘rnatilgan drenaj tizimi esa ushbu sohada to‘plangan suyuqlikni to‘liq evakuatsiya qila olmaydi. Ayrim olimlar ushbu usulni keng qo‘llashga ehtiyotkorlik bilan yondashadilar, chunki perikardiotomiya bajarilishi vaqtida koronar arteriyalar yoki miokardning shikastlanishi, diafragmal nerv jarohatlanishi natijasida diafragma funksiyasining buzilishi hamda kesma sohasidan qon ketishi kabi asoratlar yuzaga kelishi mumkin. Shuningdek, ular perikardiotomik teshikning yopilish muddatlari to‘g‘risida yetarli

ma’lumotlar mavjud emasligini ham ta’kidlaydilar. Shu bilan birga, ko‘pchilik olimlar ushbu usulning koronar arteriyalarni shuntlash amaliyotini boshdan kechirgan bemorlardagi erta va o‘rta muddatli natijalarga ta’sirini o‘rganish dolzarb ilmiy yo‘nalishlardan biri ekanligini qayd etmoqdalar [6].

Materiallar va usullar

Ushbu istiqbolli, bir markazli tadqiqot Respublika ixtisoslashtirilgan kardiologiya ilmiy-amaliy tibbiyot markazida (Toshkent, O‘zbekiston) o‘tkazildi. Tadqiqot 2023–2026-yillar davomida to‘liq randomizatsiyalangan va ko‘r-ko‘rona usulda bemorlarni tanlash orqali amalga oshirildi. Tadqiqotga yurak ishemik kasalligi bilan og‘rigan va aortokoronar shuntlash (AKSh) amaliyotiga ko‘rsatmasi mavjud bo‘lgan 300 nafar bemor kiritildi. Bemorlarning o‘rtacha yoshi 64,6±7,1 yilni tashkil etdi, shundan 67 nafari ayol va 233 nafari erkak edi.

Tadqiqotga kiritish mezonlari quyidagilardan iborat bo‘ldi: ishlab turgan yurakda koronar shuntlash amaliyotiga ko‘rsatmasi mavjud bo‘lishi, anamnezida bo‘lmachalar fibrillyatsiyasi kuzatilmagan bo‘lishi, yoshi 18 yoshdan katta bo‘lishi, yurak klapanlarining og‘ir patologiyalari mavjud bo‘lmasligi hamda tadqiqotda ishtirok etish uchun yozma ravishda rozilik bergan bo‘lishi.

Istisno qilish mezonlari quyidagilarni o‘z ichiga oldi: anamnezida bo‘lmachalar fibrillyatsiyasi (doimiy yoki paroksizmal shakli) mavjud bo‘lgan yoki Xolter EKG monitoringida bo‘lmachalar fibrillyatsiyasi qayd etilgan bemorlar; 80 yoshdan katta bemorlar; yopishqoq perikardit yoki plevrit bilan kechuvchi adgeziv jarayon mavjud bo‘lgan bemorlar; chap qorincha anevrizmasi va trombozi aniqlangan bemorlar; MIDCAB yoki MICS CABG operatsiyasi rejalashtirilgan bemorlar; Q tishchali yoki Q tishchasiz o‘tkir miokard infarkti bo‘lgan bemorlar hamda tadqiqotda ishtirok etishdan bosh tortgan bemorlar. Randomizatsiya natijalariga ko‘ra barcha bemorlar operatsiya vaqtida posterior perikardiotomiya (PPT) bajarilishiga qarab ikki guruhga taqsimlandi: I guruhga PPT bajarilgan 150 nafar bemor, II (nazorat) guruhga esa PPT bajarilmagan 150 nafar bemor kiritildi. Barcha bemorlarda operatsiyadan oldingi davrda Xolter EKG monitoringi o‘tkazildi. Shuningdek, quyidagi instrumental va laborator tekshiruvlar operatsiyadan oldin va keyin bajarildi: qonning umumiy tahlili, koagulogramma, yallig‘lanish markerlari (C-reaktiv oqsil, antistreptolizin-O, interleykin-6, revmatoid omil), biokimyoviy ko‘rsatkichlar, NT-proBNP, elektrolitlar, exokardiografiya hamda ko‘krak qafasi rentgenografiyasi. Barcha bemorlarda ishlab turgan yurakda aortokoronar shuntlash amaliyoti bajarildi. Operatsiyadan so‘ng barcha bemorlar reanimatsiya va intensiv terapiya bo‘limida kuzatildi. Bu davrda yurak ritmi yotoq yonidagi monitorlar yordamida nazorat qilindi. Keyinchalik bemorlar reabilitatsiya bo‘limiga o‘tkazilib, ularda qayta Xolter EKG monitoringi amalga oshirildi. Agar bo‘lmachalar fibrillyatsiyasi yoki bo‘lmachalar taxikardiyasi aniqlangan bo‘lsa, bemorlarga elektr yoki medikamentoz kardioversiya o‘tkazildi. Qisqa muddatli natijalar sifatida shifoxonadagi o‘lim, shunt yoki koronar tomirlarning o‘tkir trombozi, o‘tkir miya qon aylanishi buzilishlari, shifoxonada davolanish muddati hamda reabilitatsiya davrining davomiyligi baholandi.

Statistik malumotlarni qayta ishlash

Statistik ma’lumotlarga ishlov berish “Microsoft Excel” elektron jadvallari hamda “Statistica for Windows 10” dasturi yordamida amalga oshirildi. Olingan natijalar o‘rtacha qiymat (M) va standart og‘ish (SD) ko‘rinishida ifodalandi. Guruhlar o‘rtasidagi o‘rtacha qiymatlarni taqqoslash uchun Styudentning t-mezoni qo‘llanildi. Kategorik ko‘rsatkichlarni tahlil qilishda imkoniyatlar nisbati (Odds Ratio, OR) va uning 95% ishonch oralig‘i hisoblandi. Statistik jihatdan ahamiyatli farq mezoni sifatida $p<0,05$ qabul qilindi.

Natijalar

Tadqiqot maqsadidan kelib chiqib, dastlab bemorlarning klinik va anamnestik xususiyatlari tahlil qilindi. O‘rganilayotgan guruhlar o‘rtasida klinik va anamnestik ko‘rsatkichlar bo‘yicha statistik jihatdan ishonchli farq aniqlanmadi ($p>0,05$). Bu esa tadqiqot guruhlarining asosiy demografik va klinik ko‘rsatkichlar bo‘yicha o‘zaro taqqoslanadigan ekanligini ko‘rsatadi.

Jadval 1.

O‘rganilayotgan guruh bemorlarining klinik va anamnestik tavsifi

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Yosh	64,4±7,2	65±4,8	p>0.05
Jinsi(e/a)	78.6%(n=118)/21.3%(n=32)	76.6%(n=115)/23.3%(n=35)	p>0.05
TVI, kg/m2	28,05±3,96	29,03±4,02	p=0.86
Gipertoniya kasalligi	51.3%(n=77)	55.2% (n=83)	OR=0.851[0.541-1.341]
Infarktdan keyingi kardioskleroz	30,5% (n=45)	33,8% (n=50)	OR=0.857[0.527-1.395]
Semizlik	31,5%(n=47)	34% (n=51)	OR=0.886[0.547-1.436]
Qandli diabet	38,5% (n=58)	41% (n=61)	OR=0.920[0.579-1.461]
O’pkaning surunkali obstruktiv kasalligi	28,6% (n=43)	33,1% (n=49)	OR=0.828[0.507-1.354]
Surunkali buyrak kasalligining turli darajalari	43,3%(n=65)	45.3%(n=68)	OR=0.922[0.585-1.454]
Anamnezda angioplastika yoki stentlash	12%(n=18)	9%(n=13)	OR=1.437[0.677-3.050]
ChQOF,%	52,6±3,8	53,5±2,8	p=0.84
Bir tomirli zararlanish Ikki tomirli zararlanish Ko`p tomirli zararlanish	6.66%(n=10) 23.34%(n=35) 70%(n=105)	5.33%(n=8) 27.64%(n=41) 67%(n=100)	p>0.05
EuroSCORE shkalasi bo‘yicha xavfni baholash	4,31±0,3	4,45±0,45	p>0.05
Chap bo‘lmachaning old-orqa o‘lchami, o‘rtacha, mm	44,5±9,1	46,9±8,6	p=0.848

Jadval 1 da keltirilgan ma’lumotlarga ko‘ra, tadqiqotda ishtirok etgan bemorlarning yarmidan ko‘pida arterial gipertenziya aniqlangan bo‘lib, ushbu ko‘rsatkich asosiy guruhda 51,3% (n=77), nazorat guruhida esa 55,3% (n=83) ni tashkil etdi. Shuningdek, bemorlarning qariyb uchdan bir qismida semizlik kuzatildi (asosiy guruhda 31,3% (n=47), nazorat guruhida 34,0% (n=51)). Surunkali buyrak kasalligi esa mos ravishda 43,3% (n=65) va 45,3% (n=68) bemorlarda qayd etildi. Bundan tashqari, bemorlarda boshqa hamroh kasalliklar ham uchradi. Tahlil natijalari o‘rganilayotgan guruhlarning asosiy klinik va anamnestik ko‘rsatkichlar bo‘yicha o‘zaro taqqoslanadigan ekanligini ko‘rsatdi. Guruhlar o‘rtasida statistik jihatdan ahamiyatli farq aniqlanmadi (p>0,05). Bu esa o‘tkazilgan randomizatsiyaning to‘g‘ri va samarali amalga oshirilganligidan dalolat beradi. Jarrohlik amaliyotigacha bo‘lgan davrda o‘tkazilgan laborator hamda instrumental tekshiruvlar natijalari ham guruhlar o‘rtasida o‘zaro mos bo‘lgan. Jarrohlik amaliyoti davrining kechishini tahlil qilish natijasida ham asosiy va nazorat guruhlari o‘rtasida statistik jihatdan ahamiyatli tafovut aniqlanmadi.

Jadval 2.

O‘rganilayotgan guruhlarda jarrohlik amaliyoti davrining kechishi

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Jarrohlik amaliyotining davomiyligi, daqiqa	219,9±25,2	225,4±27,5	p>0.05
Sun’iy nafas berish davomiyligi, daqiqa	211±30,6	215,2±28,1	p>0.05
Qon ketishi, ml	371,9±19,6	392,8±20,4	p>0.05
O‘rnatilgan shuntlarning o‘rtacha soni	3,2 [1-5]	3,5 [1-5]	p>0.05
Sun’iy qon aylanish apparatiga o‘tish holatlari	3.6% (n=4)	2% (n=3)	p>0.05
Yurakning mexanik qo‘llovchi uskunalarni ulash (EKMO yoki IABP)	1.33%(n=2)	0.66%(n=1)	p>0.05

Jadval 2 da keltirilgan ma’lumotlarga ko‘ra, o‘rganilayotgan guruhlarda jarrohlik amaliyoti davrining asosiy ko‘rsatkichlari o‘zaro taqqoslanganda statistik jihatdan ahamiyatli farq aniqlanmadi (p>0,05). Xususan, jarrohlik amaliyotining davomiyligi, sun’iy nafas oldirish davomiyligi, operatsiya vaqtida yo‘qotilgan qon hajmi hamda hosil qilingan shuntlarning o‘rtacha soni bo‘yicha guruhlar o‘zaro taqqoslanadigan ekanligi aniqlandi.

Shuningdek, operatsiya davomida gemodinamik beqarorlik sababli ayrim hollarda sun’iy qon aylanish apparatiga o‘tishga to‘g‘ri keldi. Ushbu holat 5,6% bemorlarda kuzatildi. Biroq mazkur ko‘rsatkich bo‘yicha ham guruhlar o‘rtasida statistik jihatdan ahamiyatli tafovut aniqlanmadi (p>0,05).

Jadval 3.

Tekshirilayotgan guruhlarning operatsiyadan keyingi erta davrda reanimatsiya bo‘limidagi ko‘rsatkichlari

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Sun`iy nafas tizimi davomiyligi, daqiqa	320±35,3	260±68,6	p=0,437
Drenaj trubkalaridan chiqgan qon miqdori, ml.	716±357	680±314	p=0,96
Kardiotoniklar davomiyligi, soat.	32,3±4,5	24,2±3,6	p=0,16
Bemorlarning reanimatsiyada davolanish davomiyligi, soat	62,4±14,4	50,7±11,2	p=0,52

Qayta jarroxlik amaliyotiga olish (Qon ketishi, shuntlarning o‘tkir trombozi sababli)	2% (n=3)	1.3% (n=2)	OR=1.512[0.248-9.214]
Jarroxlik amaliyotidan keyingi erta davrdagi O‘BMQAB	2% (n=3)	0.6%(n=1)	OR=3.050[0.313-29.735]
Shifoxonadagi o‘lim holati	0	0	p>0.05
Umumiy shifoxonadagi davolanish davomiyligi	8,13±1,55	12,7±1,65	p=0,044
Jarrohlik amaliyotidan keyingi davolanish davri davomiyligi	9,35±1,45	13,6±1,7	p=0.045

Jarrohlik amaliyotidan keyingi erta reanimatsiya davri ko‘rsatkichlari tahlil qilinganda (jadval 3), solishtirilayotgan guruhlar o‘rtasida quyidagi ko‘rsatkichlar bo‘yicha statistik jihatdan ahamiyatli farq aniqlanmadi: sun’iy nafas oldirish davomiyligi, drenajlar orqali ajralgan qon miqdori, kardiotonik terapiya davomiyligi, reanimatsiya bo‘limida davolanish muddati, qayta jarrohlik amaliyoti o‘tkazilish holatlari hamda operatsiyadan keyingi erta davrdagi o‘tkir bosh miya qon aylanishi buzilishlari. Biroq, ayrim ko‘rsatkichlar bo‘yicha guruhlar o‘rtasida statistik jihatdan ahamiyatli farq qayd etildi. Xususan, umumiy shifoxonada davolanish muddati asosiy guruhda 8,13±1,55 kunni, nazorat guruhida esa 12,7±1,65 kunni tashkil etdi (p=0,044). Shuningdek, operatsiyadan keyingi reabilitatsiya davrining davomiyligi asosiy guruhda 9,35±1,45 kun, nazorat guruhida esa 13,6±1,7 kun bo‘ldi (p=0,045). Jadval 3 ma’lumotlaridan ko‘rinib turibdiki, nazorat guruhida shifoxonada davolanish va reabilitatsiya davrining davomiyligi asosiy guruhga nisbatan sezilarli darajada uzoq bo‘lgan. Jarrohlik amaliyotidan keyingi davrda yurak ritmini monitoring qilish hamda Xolter EKG natijalarini tahlil qilish shuni ko‘rsatdiki, solishtirilayotgan guruhlar o‘rtasida qorincha va qorinchalar usti ekstrasistoliyalari soni, qorinchalar usti taxikardiyasi hamda qorincha taxikardiyasi rivojlanish chastotasi bo‘yicha statistik jihatdan ahamiyatli farq aniqlanmadi.

Jadval 4.

Jarrohlik amaliyotidan keyingi davrda Xolter EKG monitoringi natijalari bo‘yicha yurak ritmi buzilishlari tavsifi.

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Yozuv davomiyligi, soat	32,4±5,6	35,3±7,6	p>0.05
O‘rtacha yurak urish tezligi, daqiqasiga	82±11,8	89,4±13,9	p>0.05
Maksimal/minimal yurak urish tezligi	118±30,4 / 68,67	121,3±35,8 / 71,3	p>0.05
Asosiy ritm:			
Sinus ritmi	87% (n=107)	69% (n=85)	p<0,05
Bo‘lmachalar fibrillyatsiyasi	13.3% (n=19)	31% (n=46)	p<0,05

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Ventrikulyar ekstrasistolalar (VES) umumiy soni	570±146	613±153	p=0,839
Yakka VES	497,4±144,76	515,6±128,9	p=0,880
Juft VES	35,08±14,64	42,5±18,32	p=0,751
Bigeminiya va trigeminiya	13,36±5,16	15,32±7,25	p=0,825
Guruhli VES	35,3±4,8	36,3±7,8	p=0,913
Supraventrikulyar ekstrasistolalar (SVES) umumiy soni	299,9±192,6	321±185,4	p=0,937
Qorincha taxikardiyasi / supraventrikulyar taxikardiya epizodlari	2/1	3/1	OR=0,947 (95% CI 0,496–1,808) / OR=0,909 (95% CI 0,497–1,664)
Yakka SVES	266±182,5	315±145,2	p=0,833
Juft SVES	8,52±2,06	9,04±3,15	p=0,890
Guruhli SVES	5,4±2,4	12,5±6,8	p=0,325

Statistik jihatdan ishonchli farq postoperative bo`lmachalar fibrillyatsiyasi rivojlanishi bo`yicha aniqlandi (jadval 4), bunga ko`ra asosiy guruhda 13%(n=19) bemorda, nazoratdagi guruhda esa 31%(n=46)(p<0,05). Ko`rinib turibdiki bo`lmachalar fibrillyatsiyasi nazoratdagi guruhda 2.4 barovar ko`proq kuzatilgan. Shuningdek umumiy gospital davrdagi xolatlar bo`yicha guruhlar solishtirilganda quyidagicha xulosaga kelsak bo`ladi.

Jadval 5.

Gospital davrining bevosita natijalari

Ko`rsatkichlar	PPT qilingan bemorlar (asosiy guruh n=150)	PPT qilinmagan bemorlar (nazoratdagi guruh n=150)	Ishonchlilik: p; OR(95%CI)
Xolter EKG monitoringi ma’lumotlariga ko‘ra aniqlangan bo‘lmachalar fibrillyatsiyasi	13% (n=16)	31% (n=38)	p<0,05
O‘tkir bosh miya qon aylanishining buzilishi (O`BMQAB)	0,81% (n=1)	2,43% (n=3)	p>0,05
Qon ketishi yoki yurak tamponadasi sababli qayta operatsiya	0,81% (n=1)	3,25% (n=4)	p>0,05
Operatsiyadan keyingi reabilitatsiya davri, sutka	8,13±1,55	12,7±1,65	p=0,042
Gospitalizatsiya davomiyligi, sutka	9,35±1,45	13,6±1,7	p=0,045

Solishtirilayotgan guruhlar o‘rtasida statistik jihatdan ahamiyatli farq (jadval 5) postoperatsion bo‘lmachalar fibrillyatsiyasi (POBF) rivojlanish chastotasi, shifoxonada davolanish muddati hamda reabilitatsiya davrining davomiyligi bo‘yicha kuzatildi. Qon ketishi yoki yurak tamponadasi sababli qayta operatsiya o‘tkazilishi, shuningdek o‘tkir miya qon aylanishi buzilishlari chastotasi bo‘yicha guruhlar o‘rtasida statistik jihatdan ahamiyatli farq aniqlanmadi.

Munozara

Bizning tadqiqotimiz natijalari Respublika ixtisoslashtirilgan kardiologiya ilmiy-amaliy tibbiyot markazida o‘tkazilgan kuzatuvlar asosida posterior perikardiotomiyaning (PPT) klinik samaradorligini tasdiqladi. Olingan ma’lumotlarga ko‘ra, PPT bajarilgan bemorlarda operatsiyadan keyingi bo‘lmachalar fibrillyatsiyasi 13% hollarda kuzatilgan bo‘lsa, nazorat guruhida ushbu ko‘rsatkich 31% ni tashkil etdi (OR=0,334; 95% CI 0,175–0,641; p=0,005).

Olingan natijalar xorijiy mualliflar tomonidan e’lon qilingan ma’lumotlar bilan mos keladi. Xususan, posterior perikardiotomiyaning samaradorligini baholagan yaqindagi meta-tahlilda POBF rivojlanish chastotasi PPT bajarilgan bemorlarda 10,8%, nazorat guruhida esa 28,1% ni tashkil etgani ko‘rsatilgan (OR=0,33; 95% CI 0,16–0,69; p=0,043). Shuningdek, tadqiqotimiz natijalari posterior perikardiotomiyaning qo‘llanilishi bemorlarning shifoxonada davolanish va reabilitatsiya davrlarini qisqartirishini ko‘rsatdi. Bu esa tibbiyot muassasasining moddiy-texnik va kadrlar resurslaridan samaraliroq foydalanish imkonini beradi. Ma’lumki, postoperatsion bo‘lmachalar fibrillyatsiyasi bemorlarning intensiv terapiya bo‘limida qolish muddatini, shifoxonada davolanish davomiyligini hamda reabilitatsiya davrini uzaytiradi. Bir qator yirik klinik tadqiqotlar va meta-tahlillar POBF rivojlanishining sog‘liqni saqlash tizimi resurslariga sezilarli salbiy ta’sir ko‘rsatishini tasdiqlagan [7].

Xulosa

Olingan natijalarga asoslanib, posterior perikardiotomiya ishlab turgan yurakda aortokoronar shuntlash amaliyoti o‘tkazilgan bemorlarda postoperatsion bo‘lmachalar fibrillyatsiyasi rivojlanish xavfini sezilarli darajada kamaytirishi aniqlandi. Tadqiqot natijalariga ko‘ra, posterior perikardiotomiya qo‘llanilgan bemorlarda postoperatsion bo‘lmachalar fibrillyatsiyasi rivojlanish chastotasi nazorat guruhiga nisbatan ishonchli darajada past bo‘ldi. Bundan tashqari, posterior perikardiotomiyaning qo‘llanilishi bemorlarning shifoxonada davolanish va reabilitatsiya davrlarini qisqartirishga yordam berdi. Ushbu usul yurak tamponadasi va tromboembolik asoratlar rivojlanish xavfini kamaytirish tendensiyasini namoyon etdi hamda bemorlarning davolanish samaradorligini oshirishga xizmat qildi. Shunday qilib, posterior perikardiotomiya ishlab turgan yurakda bajarilgan aortokoronar shuntlash amaliyotidan keyingi postoperatsion bo‘lmachalar fibrillyatsiyasining profilaktikasida samarali, xavfsiz va iqtisodiy jihatdan maqsadga muvofiq usul hisoblanadi.

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