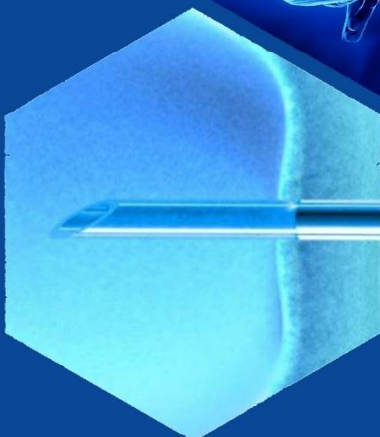
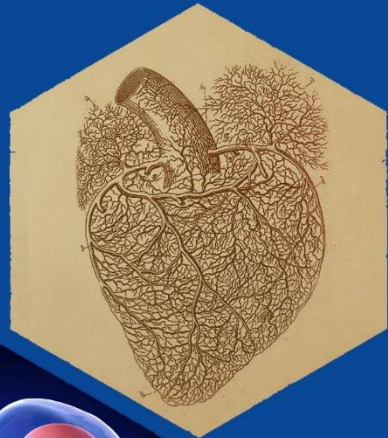


Impact Factor: 5.19

ISSN: 2181-0664  
DOI: 10.26739/2181-0664  
[www.tadqiqot.uz](http://www.tadqiqot.uz)

# UZBEK MEDICAL JOURNAL

Volume 5, Issue 2



2024



ISSN 2181-0664

Doi Journal 10.26739/2181-0664

# ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

5 ЖИЛД, 2 СОН

УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ

ТОМ 5, НОМЕР 2

UZBEK MEDICAL JOURNAL

VOLUME 5, ISSUE 2



ТОШКЕНТ-2024

# ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

ЎЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ | UZBEK MEDICAL JOURNAL

№2 (2024) DOI <http://dx.doi.org/10.26739/2181-0664-2024-2>

**Бош мухаррир:**  
**Главный редактор:**  
**Chief Editor:**

**Мадазимов Мадамин Муминович**  
Ректор Андижанского Государственного  
медицинского института, д.м.н., профессор  
кафедры факультетской и госпитальной  
хирургии

**Тахририят раиси:**  
**Председатель редакционной коллегии:**  
**Chairman of the editorial Board:**

**Алексеев Андрей Анатольевич**  
Директор ожогового центра НМИЦ хирургии  
им. В.Вишневского, главный комбустиолог  
Министерства здравоохранения России, д.м.н.,  
профессор.

**Бош мухаррир ўринбосари:**  
**Заместитель главного редактора:**  
**Deputy Chief Editor:**

**Салахиддинов Камалиддин Зухриддинович**  
доцент, д.м.н. кафедры факультетской и  
госпитальной хирургии Андижанского  
Государственного медицинского института

**Бош мухаррир ўринбосари:**  
**Заместитель главного редактора:**  
**Deputy Chief Editor:**

**Хегай Любовь Николаевна**  
доцент, к.м.н., начальник отдела по координации  
деятельности грантов Межвузовской научно-  
исследовательской лаборатории Ташкентской  
медицинской академии

**Маъсул котиб:**  
**Ответственный секретарь:**  
**Executive Secretary:**

**Досина Маргарита Олеговна**  
в.н.с. ГНУ "Институт физиологии Национальной академии наук Беларуси", к.б.н., председатель Совета  
молодых ученых Отделения медицинских наук НАН Беларуси

## ТАХРИРИЙ МАСЛАХАТ КЕНГАШИ | РЕДАКЦИОННЫЙ СОВЕТ | EDITORIAL BOARD

**Хужамбердиев Мамазоир Ахмедович**  
д.м.н., профессор кафедры госпитальной терапии  
Андижанского Государственного медицинского института

**Привалова Ирина Леонидовна**  
д.б.н., профессор кафедры нормальной физиологии  
Курского государственного медицинского университета,  
заведующая лабораторией физиологии висцеральных систем  
НИИ физиологии (Курск)

**Гаврилова Елена Анатольевна**  
д.м.н., профессор, заведующая кафедрой лечебной  
физикультуры и спортивной медицины Северо-западного  
государственного медицинского университета им. И.И.  
Мечникова (Санкт-Петербург)

**Чурганов Олег Анатольевич**  
д.п.н., профессор кафедры ЛФК и спортивной медицины  
Северо-Западного государственного  
медицинского университета им. И.И. Мечникова (Санкт-  
Петербург)

**Салахиддинов Зухриддин Салахиддинович**  
д.м.н., профессор, заведующий кафедры ВОП №1,  
Андижанского государственного медицинского института

**Рябчиков Денис Анатольевич**  
д.м.н., в.н.с. онкологического отделения хирургических  
методов лечения ФГБУ "НМИЦ  
онкологии им. Н.Н. Блохина" Минздрава России

**Гулямов Суръат Саидвалиевич**  
д.м.н., профессор кафедры оториноларингологии, детской  
оториноларингологии, стоматологии  
Ташкентского педиатрического медицинского института

**Тереза Магалхайз**  
профессор, заведующая кафедрой Судебной медицины  
государственного университета Порту (Португалия)

**Юлдашев Илхом Рузиевич**  
д.м.н., профессор, заведующий кафедрой Аллергологии,  
иммунологии, микробиологии  
Ташкентского педиатрического медицинского института

**Хамраев Абдурашид Журакулович**  
д.м.н., профессор кафедры госпитальной детской хирургии,  
Ташкентского педиатрического медицинского института

## РЕДАКЦИОННАЯ КОЛЛЕГИЯ:

### **Эрматов Низом Жумакулович**

д.м.н., доцент, заведующий кафедрой гигиены детей и подростков и гигиены питания Ташкентской медицинской академии

### **Рузиев Шерзод Ибодуллаевич**

д.м.н., доцент кафедры судебной медицины и медицинского права Ташкентского педиатрического медицинского института

### **Якубова Олгиной Абдуганиевна**

доктор медицинских наук, доцент, заведующая кафедрой акушерства и гинекологии, неонатологии факультета повышения квалификации и переподготовки врачей Андижанского государственного медицинского института

### **Бабич Светлана Михайловна**

доцент, заведующая кафедрой социальной гигиены Андижанского государственного медицинского института

### **Сабирова Рихси Абдукадировна**

д.м.н., профессор кафедры медицинской и биологической химии Ташкентской медицинской академии

### **Цеомашко Наталья Евгеньевна**

д.б.н, с.н.с., заведующая отделом медико-генетических исследований МНИЛ Ташкентской медицинской академии

### **Хамраева Лола Салимовна**

доцент, к.м.н. кафедры офтальмологии, детской офтальмологии Ташкентского педиатрического медицинского института

### **Усманходжаева Адиба Амирсаидовна**

доцент, к.м.н., заведующая кафедрой Народной медицины, реабилитологии и физической культуры Ташкентской медицинской академии

### **Тухтаева Нигора Хасановна**

DSc, доцент кафедры пропедевтики внутренних болезней № 2, Ташкентской медицинской академии.

### **Шарипова Фарида Камильевна**

к.м.н., доцент кафедры психиатрии, наркологии и детской психиатрии, медицинской психологии, психотерапии Ташкентского педиатрического медицинского института

### **Бузруков Батир Тулкунович**

д.м.н., профессор, заведующий кафедрой офтальмологии, детской офтальмологии Ташкентского педиатрического медицинского института

### **Туйчиев Галибжан Урмонжонович**

к.м.н., доцент, заведующий кафедрой детской хирургии, детской анестезиологии-реаниматологии с курсом офтальмологии и стоматологии факультета усовершенствования и переподготовки врачей АГМИ

### **Маматхужаева Гулнора Нажмитдиновна**

доцент, к.м.н. кафедры Офтальмологии Андижанского Государственного медицинского института

### **Каримова Зиёда Кушбаевна**

доцент, к.м.н. кафедры Аллергологии, клинической иммунологии, микробиологии Ташкентского педиатрического медицинского института

### **Саидходжаева Саида Набиевна**

доцент, Phd кафедры неврологии, детской неврологии и медицинской генетики Ташкентского педиатрического медицинского института

### **Зуфарова Зухра Хабибуллаевна**

доцент, к.ф.н. кафедры промышленной технологии лекарственных средств Ташкентского фармацевтического института

### **Алимова Дурдона Дильмуратовна**

PhD кафедры оториноларингологии, детской оториноларингологии, детской стоматологии Ташкентского педиатрического медицинского института

### **Усманова Шоира Равшанбековна**

Тошкент давлат стоматология институти госпитал терапевтик стоматология кафедраси доценти

### **Расулова Нодира Алишеровна**

доцент кафедры педиатрии и общей практики ФПДО Самаркандский государственный медицинский университет

Page Maker | Верстка | Саҳифаловчи: Хуршид Мирзахмедов

Контакт редакций журналов. [www.tadqiqot.uz](http://www.tadqiqot.uz)

ООО Tadqiqot город Ташкент,  
улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)

Тел: (+998-94) 404-0000

Editorial staff of the journals of [www.tadqiqot.uz](http://www.tadqiqot.uz)

Tadqiqot LLC the city of Tashkent,  
Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)

Phone: (+998-94) 404-0000

<b>1. Mamarizaev Ibrokhim Komilzhonovich</b> FEATURES OF THE COURSE, MORPHO-FUNCTIONAL AND CLINICAL-INSTRUMENTAL INDICATORS OF COMMUNITY-ACQUIRED PNEUMONIA WITH MYOCARDITIS IN CHILDREN.....	6
<b>2. Djuraev Djafar Davronovich, Abdukadirova Shakhnoza Bahronovna, Mamarizaev Ibrokhim Komilzhonovich</b> HISTORICAL, CLINICAL, LABORATORY AND INSTRUMENTAL CHARACTERISTICS OF HEMORRHAGIC DISEASE OF NEWBORNS.....	11
<b>3. Murotov Nurshod Farhodovich</b> PRO- INFLAMMATORY AND ANTI-INFLAMMATORY CYTOKINES IN THE BLOOD SERUM OF PREGNANT AND LACTATING WOMEN.....	16
<b>4. Yakubova Oltinoy Abduganievna, Isakova Dilnoza Bakhtiyarovna, Suleymanova Nasiba Adashevna</b> CUTTING-EDGE ADVANCEMENTS IN EARLY DETECTION, PREVENTION, AND PROGNOSTICATION OF PRECANCEROUS AND CANCEROUS CONDITIONS OF THE CERVIX.....	21
<b>5. Mambetniyazov Keunimjay Sarsenbaevich, Jaloliddinov Odiljon Kozimjon ugli</b> ANALYSIS OF TREATMENT ADHERENCE IN PATIENTS WITH BRONCHIAL ASTHMA.....	26
<b>6. Murotov Nurshod Farhodovich</b> PRO- INFLAMMATORY AND ANTI-INFLAMMATORY CYTOKINES IN THE BLOOD SERUM OF PREGNANT AND LACTATING WOMEN.....	32
<b>7. Salakhiddinov Kamoliddin Zukhriddinovich, Akhmadbekova Iroda Anvarbek qizi</b> GENERAL CLASSIFICATION OF DISEASES OF THE GALLBLADDER AND CHILDREN'S TRACT.....	37
<b>8. Yunusova Zarnigor Maksadovna, Xudoyarova Dildora Rakhimovna, Shodikulova Gulandon Zikriyaevna</b> PREGNANCY COURSE AND OUTCOMES IN WOMEN WITH UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA.....	45
<b>9. Mambetniyazov Keunimjay Sarsenbaevich, Jaloliddinov Odiljon Kozimjon ugli</b> ANALYSIS OF TREATMENT ADHERENCE IN PATIENTS WITH BRONCHIAL ASTHMA.....	51
<b>10. G.B. Mustaeva, O.S. Tirkashev, F.E. Matyakubova, N.T.Rabbimova</b> CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF INFECTIOUS MONONUCLEOSIS IN CHILDREN.....	57






**Mamarizaev Ibrokhim Komilzhonovich**

Assistant, Department of 1-Pediatrics and Neonatology,  
Samarkand State Medical University  
Samarkand, Uzbekistan  
shaxzodjon2013@gmail.com

## FEATURES OF THE COURSE, MORPHO-FUNCTIONAL AND CLINICAL- INSTRUMENTAL INDICATORS OF COMMUNITY-ACQUIRED PNEUMONIA WITH MYOCARDITIS IN CHILDREN

 <http://dx.doi.org/10.5281/zenodo.11396962>

### ABSTRACT

Myocarditis is an inflammatory lesion of the myocardium of infectious, toxic-infectious, infectious-allergic, autoimmune, or toxic etiology (3,4). Despite the research, the problem of myocarditis in children remains unresolved, which is associated with a variety of etiological factors and clinical, laboratory and instrumental manifestations of the disease. The search for differential diagnostic criteria and additional methods of pathogenetic therapy for the disease continues. In the study, in the majority of children with pneumonia, the plasma component of hemostasis was activated, a shortening of clotting time, hyperfibrinogenemia, a decrease in platelets, prothrombin index, and fibrinogen occurred; in a minority (19.64%) of children with pneumonia, the fibrinolytic activity of the blood increased. The authors recommend correcting the detection of changes with hemostabilizing drugs. The paper presents the results of anamnestic, clinical, generally accepted laboratory and unique examination methods in 80 children with community-acquired pneumonia aged 1 to 6 years, of which 40 patients with concomitant myocarditis who were hospitalized in the departments of the II Emergency Pediatrics and Pediatric Intensive Care Unit of Samarkand branch of the Republican Scientific Center for Emergency Medical Care in the period from 2020 to 2022.

**Keywords:** pneumonia, myocarditis, children, EcxKG, analysis, laboratory, fibrinolysis, prothrombin, hemostasis, blood.

---

**Мамаризаев Иброхим Комилжонович**

Ассистент кафедры 1-педиатрии и неонатологии  
Самаркандского государственного медицинского университета  
Самарканд, Узбекистан  
shaxzodjon2013@gmail.com

## ОСОБЕННОСТИ ТЕЧЕНИЯ, МОРФО-ФУНКЦИОНАЛЬНЫХ И КЛИНИКО- ИНСТРУМЕНТАЛЬНЫХ ПОКАЗАТЕЛЕЙ ВНЕБОЛЬНИЧНОЙ ПНЕВМОНИИ С МИОКАРДИТОМ У ДЕТЕЙ

## АННОТАЦИЯ

Миокардит — воспалительное поражение миокарда инфекционной, токсико-инфекционной, инфекционно-аллергической, аутоиммунной или токсической этиологии (3,4). Несмотря на исследования, проблема миокардита у детей до сих пор остается нерешенной, что связано с разнообразием этиологических факторов, клинических, лабораторных и инструментальных проявлений заболевания. Продолжается поиск дифференциально-диагностических критериев и дополнительных методов патогенетической терапии заболевания. В ходе исследования у большинства детей с пневмонией активировался плазменный компонент гемостаза, наблюдалось укорочение времени свертывания крови, гиперфибриногенемия, снижение тромбоцитов, протромбинового индекса и фибриногена; у меньшинства (19,64%) детей с пневмонией повышалась фибринолитическая активность крови. Авторы рекомендуют корректировать обнаружение изменений гемостабилизирующими препаратами. В работе представлены результаты анамнестических, клинических, общепринятых лабораторных и специальных методов обследования 80 детей с внебольничной пневмонией в возрасте от 1 до 6 лет, из них 40 больных с сопутствующим миокардитом, госпитализированных в отделения II скорой педиатрической помощи и детского отделения интенсивной терапии Самаркандского филиала Республиканского научного центра скорой медицинской помощи в период с 2020 по 2022 год.

**Ключевые слова:** пневмония, миокардит, дети, ЭхоКГ, анализ, лаборатория, фибринолиз, протромбин, гемостаз, кровь.

**Mamarizaev Ibroxim Komiljonovich**

Samarqand davlat tibbiyot universiteti  
1-pediatriya va neonatologiya kafedrasida assistenti  
Samarqand, O'zbekiston  
shaxzodjon2013@gmail.com

**BOLALARDA MIOKARDIT BILAN SHIFOXONADAN TASHQARI PNEVMONIYANING  
KECHISH, MORFO-FUNKSIONAL VA KLINIK-INSTRUMENTAL  
KO'RSATKICHLARINING O'ZIGA XOSLIGI**

## ANNOTATSIYA

Miokardit - miokardning yuqumli, toksik-infektsion, yuqumli-allergik, autoimmun yoki toksik etiologiyali yallig'lanishli zararlanish (3,4). Tadqiqotlarga qaramay, bolalarda miokardit muammosi haligacha hal etilmagan bo'lib, bu turli xil etiologik omillar, kasallikning klinik, laboratoriya va instrumental ko'rinishlari bilan bog'liq. Kasallik uchun differentsial diagnostika mezonlari va patogenetik terapiyaning qo'shimcha usullarini izlash davom etmoqda. Tadqiqot davomida pnevmoniya bilan og'rigan bolalarning ko'pchiligida gemostazning plazma komponenti faollashdi, qon ivish vaqtining qisqarishi, giperfibrinogenemiya, trombositlar, protrombin indeksi va fibrinogenning pasayishi kuzatildi; pnevmoniya bilan og'rigan bolalarning ozchiligida (19,64%) qonning fibrinolitik faolligi oshdi. Bir qator mualliflar gemostabilizatsiya qiluvchi dorilar bilan o'zgarishlarni aniqlashni tuzatishni tavsiya qiladilar. Maqolada Respublika shoshilinch tibbiy yordam ilmiy markazi Samarqand filiali bolalar reanimatsiyasi bo'limi, I-II bolalar bo'limlarida 2020-2022-yillarda 1 yoshdan 6 yoshgacha bo'lgan 80 nafar shifoxonadan tashqari pnevmoniya bilan og'rigan, ulardan 40 nafari miokardit bilan kasallangan bolalarning anamnestik, klinik, laborator va maxsus tekshirish usullari natijalari keltirilgan.

**Kalit so'zlar:** pnevmoniya, miokardit, bolalar, ExoKG, tahlil, laboratoriya, fibrinoliz, protrombin, gemostaz, qon.

**Relevance.** Currently, optimization of methods for diagnosing and treating pneumonia in children is a priority worldwide (1,3).

The pulse oximetry method, which measures arterial blood oxygen saturation, must be used in all patients with CAP for an objective assessment of the severity of the disease and the scope of therapeutic measures (5).

Myocarditis is an inflammatory lesion of the myocardium of infectious, toxic-infectious, infectious-allergic, autoimmune or toxic etiology (3,4). Despite the research, the problem of myocarditis in children remains unresolved, which is associated with a variety of etiological factors, clinical, laboratory and instrumental manifestations of the disease. The search for differential diagnostic criteria and additional methods of pathogenetic therapy for the disease continues. In the study, in the majority of children with pneumonia, the plasma component of hemostasis was activated, a shortening of clotting time, hyperfibrinogenemia, a decrease in platelets, prothrombin index, and fibrinogen occurred; in a minority (19.64%) of children with pneumonia, the fibrinolytic activity of the blood increased. The authors recommend correcting the detection of changes with hemostabilizing drugs (1.6).

In young children with severe, complicated pneumonia and bronchitis, compensatory hypercoagulation, subcompensatory and decompensatory hypercoagulation are determined hypercoagulation, a transition from hypercoagulation to hypocoagulation, intravascular coagulation, increased amount of fibrinogen, thrombinemia, decreased fibrinolysis (3,5,7).

**The purpose of the study** - is to study the characteristics of clinical and instrumental indicators of community-acquired pneumonia with myocarditis in children.

**Materials and methods of research.** The paper presents the results of anamnestic, clinical, generally accepted laboratory and special examination methods in 80 children with community-acquired pneumonia aged 1 to 6 years, of which 40 patients with concomitant myocarditis who were hospitalized in the departments of the II Emergency Pediatrics and Pediatric Intensive Care Unit of Samarkand branch of the Republican Scientific Center for Emergency Medical Care in the period from 2020 to 2021.

Patients in the 1st stage of the study were divided into 3 groups:

Group I included 40 children with community-acquired pneumonia without myocarditis.

II included 40 patients with mild and moderate course of community-acquired pneumonia due to myocarditis.

All patients underwent generally accepted clinical, laboratory and instrumental examinations and special research methods.

### **Results of the study and their discussions.**

The examination of patients with CAP and ILM showed that the clinical symptoms mainly correspond to the main manifestations of the disease but also to the frequent involvement of other vital organs and systems in the pathological process.

The contingency analysis carried out to determine the significance of clinical symptoms in patients revealed several indicators that had varying degrees of reliability, characterizing the features of the course of CAP compared with ILM.

Thus, a moderately severe condition was more often observed with VP ( $\chi^2 - 0.46$ ,  $P = 0.499$ ), a severe condition with ILM ( $\chi^2 - 52.38$ ,  $P = 0.000$ ), which reflects the combination of pathologies. Fatigue ( $\chi^2 - 31.65$ ,  $P=0.0001$ ), decreased appetite ( $\chi^2 - 42.08$ ,  $P=0.000$ ) and acrocyanosis are significantly more common in ILM ( $\chi^2 - 12.47$ ,  $P=0.0000$ ) are manifestation of myocarditis.

Respiratory failure of the 1st degree, which occurred more often in patients of the VP group ( $\chi^2 - 0.00$ ,  $P = 1.0$ ), while in the combined course of pneumonia and myocarditis, when the load on the gas exchange processes of the lungs increases, and respiratory failure of the 3rd degree was significantly more common with ILM ( $\chi^2 - 6.49$ ,  $P=0.011$ ).

Thus, the results of the study show that the frequency of detection of clinical manifestations in children with ILM in comparison with CAP is determined by fatigue in 65.0% and 5.0% of cases, loss of appetite in 87.5% and 15.0%, acrocyanosis in 32.5% and 2.5%, tachycardia in 85.0% and 7.5%, arrhythmias in 27.5% and 2.5%, an increase in the boundaries of the heart in 60.0% and 2.5%, systolic murmur in 42.5% and 5.0% of cases, respectively.



Analysis of the manifestations of cardiac symptoms, as the most informative signs of the course of ILM, showed that the leading significant diagnostic criteria of the disease are tachycardia ( $\chi^2 - 48.32$ ,  $P = 0.000$ ), arrhythmias ( $\chi^2 - 9.8$ ,  $P = 0.002$ ), enlarged heart boundaries ( $\chi^2 - 15.76$ ,  $P=0.0001$ ) and systolic murmur ( $\chi^2 - 15.53$ ,  $P=0.000$ ).

The diagnostic significance of other signs was relatively low and unreliable.

Analysis of the dynamics of elimination of the main clinical manifestations in patients with CAP showed that almost all the most important clinical symptoms of the disease normalized significantly faster ( $P < 0.001$ ). Thus, an improvement in the general condition was observed on  $4.3 \pm 0.2$  days, normalization of the temperature reaction on  $3.9 \pm 0.2$ , elimination of pathological auscultation data in the lungs by  $6.7 \pm 0.3$ , disappearance of DN by  $4.9 \pm 0.2$ , tachycardia by  $3.7 \pm 0.3$  days, in comparison with patients with an uncomplicated course ILM ( $5.9 \pm 0.2$ ;  $6.1 \pm 0.3$ ,  $8.2 \pm 0.3$ ,  $7.5 \pm 0.3$ ,  $8.5 \pm 0.3$ , respectively, group B, including length of hospital stay -  $9.4 \pm 0.5$  and  $10.9 \pm 0.4$  bed days, respectively ( $P < 0.05$ ).

The lengthening of the period of normalization of the symptoms of the disease in the uncomplicated course of ILM is quite understandable and natural, so with the combined course of pneumonia and myocarditis in children, taking into account the similar pathogenetic mechanism of disturbances in metabolic, hemostatic processes that occur when the respiratory and cardiovascular systems are damaged, the pathological processes of diseases intensify.

Thus, in patients with ILM, there is a significant slowdown in the time of normalization of the clinical symptoms of the disease in comparison with CAP, which is associated with the synergistic effect of pneumonia and myocarditis on pathological processes, including metabolic and hemostatic, during the development of the disease.

Features of clinical symptoms in children with community-acquired pneumonia with myocarditis can be diagnostic criteria for the course of the disease; our planned development of treatment methods will be covered in more detail in subsequent chapters of the work.

Analysis of echocardiography studies in patients with CAP showed (Table 3.2) that with the development of the disease, ESR indicators significantly expanded by 17.8%, ESR increased by 44.7% and EDV increased by 15.2% compared to normative values ( $P < 0.05$ ,  $P < 0.02$ ,  $P < 0.001$ ). At that time, an increase in the size of the CDR by 8.3% ( $4.03 \pm 0.17$  cm), manifested by an increase in SV by 9.5% and EF by 8.7%, compared with the data of children in the control group, there was no significant difference ( $P > 0.1$ ,  $P > 0.2$ ).

Thus, one of the significant criteria for hemodynamic violations in children with VP is an increase in TFR, expansion CSR and EDV, which must be used to assess CVS in patients.

Thus, as myocarditis develops in pneumonia in children, significant changes occur in echocardiographic parameters, which are the most essential instrumental criteria for assessing the state of the cardiovascular system. Echocardiography studies show that in cases of pneumonia in children and the development of myocarditis, influence on condition intracardiac hemodynamics complicates the clinical course And predetermines the development of cardiovascular complications of the disease. The identified features of echocardiography indices for ILM are an increase in ESR ( $3.83 \pm 0.11$  cm), ESR ( $62.68 \pm 1.70$  ml), ESD ( $4.97 \pm 0.13$  cm), EDV ( $114.82 \pm 2.39$  ml), SV ( $52.16 \pm 1.09$  ml) and decreased EF ( $45.2 \pm 1.5$  %).

**Conclusion.** Thus, echocardiography shows changes in hemodynamic parameters, indicating an increase in the load on the left side of the heart, to a greater extent in cases of complicated ILM. This is probably due to the direct and indirect toxic effects of microbial -viral endo- and exotoxins formed during the development of pneumonia and myocarditis on organs and tissues, including the myocardium. Changes in intracardiac hemodynamics in patients are caused by changes in the cardiovascular system (myocarditis) and the bronchopulmonary system (community-acquired pneumonia).

## References

1. Zakirova B. I., Mamarizaev I. K. The course of recurrent respiratory infections in children

- against the background of atopic dermatitis. J //Questions of science and education. – 2021. – Т. 9. – P. 134.
2. Leung S. Y. et al. Short-term association among meteorological variation, outdoor air pollution and acute bronchiolitis in children in a subtropical setting //Thorax. – 2021. – Т. 76. – №. 4. – pp. 360-369.
  3. Zakirova B.I. et al. Broncho-obstructive syndrome: prognostic significance of intestinal dysbiosis in its development // Achievements of science and education. – 2020. – No. 10 (64). – pp. 83-85.
  4. Jat K. R., Dsouza J. M., Mathew J. L. Continuous positive airway pressure (CPAP) for acute bronchiolitis in children //Cochrane database of systematic reviews. – 2022. – №. 4.
  5. Rustamov M. . ., Ibragimova M. ., & Xusainova III. . (2023). FEATURES OF CLINICAL AND DIAGNOSTIC CRITERIA OF MYCOPLASMA PNEUMONIA IN CHILDREN. *International Journal of Scientific Pediatrics*, 2(2), 05–08. <https://doi.org/10.56121/2181-2926-2023-2-05-08>
  6. Fedorovna, I. M., & Mamedovich, S. N. (2022). Improving Treatment in Children with Community-Acquired Pneumonia with Atypical Etiology. *Telematique*, 4644-4648
  7. Dafydd C. et al. Efficacy and safety of high flow nasal oxygen for children with bronchiolitis: systematic review and meta-analysis //BMJ Open Respiratory Research. – 2021. – Т. 8. – №. 1. – p. e000844.
  8. Fedorovna, I. M., & Shodiyorovna, G. D. (2023). Improved diagnosis and treatment of atypical pneumonia in children. *Thematics Journal of Applied Sciences*, 7(1).
  9. Cai Z., Lin Y., Liang J. Efficacy of salbutamol in the treatment of infants with bronchiolitis: A meta-analysis of 13 studies //Medicine. – 2020. – Т. 99. – №. 4.
  10. Kenmoe S. et al. Systematic review and meta-analysis of the prevalence of common respiratory viruses in children < 2 years with bronchiolitis in the pre-COVID-19 pandemic era //PLoS One. – 2020. – Т. 15. – №. 11. – p. e0242302.
  11. Jerkic S. P. et al. Postinfectious bronchiolitis obliterans in children: diagnostic workup and therapeutic options: a workshop report //Canadian Respiratory Journal. – 2020. – Т. 2020.

# ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

5 ЖИЛД, 2 СОН

ЎЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ

ТОМ 5, НОМЕР 2

UZBEK MEDICAL JOURNAL

VOLUME 5, ISSUE 2

**Editorial staff of the journals of [www.tadqiqot.uz](http://www.tadqiqot.uz)**

Tadqiqot LLC the city of Tashkent,

Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)

Phone: (+998-94) 404-0000

**Контакт редакций журналов. [www.tadqiqot.uz](http://www.tadqiqot.uz)**

ООО Тадқиқот город Ташкент,

улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)

Тел: (+998-94) 404-0000