

The World Health Organization experts estimate that the proportion of severe childhood disability in the global child population is about 2%. The growing prevalence and high rates of childhood disability call for the improvement of prevention based on understanding and addressing the key risk factors involved.

Conclusion: The development of early intervention technologies in pediatric care should focus on providing timely rehabilitation for children with developmental disorders based on coordinated actions by a multidisciplinary team of pediatricians, neurologists, psychologists, special education professionals, and rehabilitation specialists.

BOLALARDA IgA NEFROPATIYADA IMMUUNOSUPRESSIV DAVOLASHNING SAMARADORLIGI

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Kalit so‘zlar: IgA nefropatiya, bolalar, immunosupressiv davo, prednizolon, buyrak faoliyati

Maqsad Bolalarda IgA-nefropatiyada prednizolon bilan monoterapiya va boshqa immunosupressiv dorilar bilan davolashning natijalarini o‘rganish.

Dolzarbli IgA nefropatiya Osiyo mamlakatlarida nisbatan keng tarqalgan bo‘lib, buyrak biopsiyasi o‘tkazilgan bemorlarning 30–60% da IgA aniqlanadi. Yevropa mamlakatlarida bu ko‘rsatkich 20–30%, Afrikada esa 5% dan kam. Bolalarda IgA nefropatiyani immunosupressiv davolash bo‘yicha har bir holat uchun aniq klinik tavsiyalarning yo‘qligi patogenetik davo jarayonida muammolar keltirib chiqarmoqda.

Material va usullar 2021–2024 yillarda Milliy Bolalar Tibbiyot Markazi nefrologiya bo‘limida IgA nefropatiya tashxisi bilan davolangan 77 nafar bolaning kasallik tarixi tahlil qilindi. Bemorlarning yoshi 5–17 yosh oralig‘ida, o‘rtacha 11,6 yosh. Barcha bemorlarga klinik protokollarga asosan klinik-fizikal, laborator, instrumental va morfologik (nefrobiopsiya) tekshiruvlar o‘tkazilgan.

Natijalar Barcha bemorlarga nefroprotektiv maqsadda APF ingibitorlari tavsiya qilingan. Proteinuriya darajasi va buyrak funksiyasiga qarab immunosupressiv davo — faqat prednizolon (2 mg/kg) yoki mofetil mikofenalat, takrolimus, siklosporin A bilan birgalikda qo‘llanilgan. 7 holatda tonzilektomiya amalga oshirilgan. Buyrak faoliyati Shvarts formulasi asosida baholanib, kaptokchalar filtratsiyasi tezligi (KFT) aniqlangan. 26 nafar bemorda KFT 50 ml/daq/1,73 m² dan past bo‘lgan. Ularda asosiy davo prednizolon bilan monoterapiya sifatida o‘tkazilgan.

Xulosa Prednizolon bilan monoterapiya va boshqa immunosuppressiv vositalar bilan birgalikdagi davolash usullarining buyrak faoliyatiga ta'siri o'rtasida sezilarli farq kuzatilmadi. Bu holat bolalarda IgA nefropatiyani davolashda ilg'or usullarni ishlab chiqish va kengroq tadqiqotlar o'tkazish zarurligini ko'rsatadi.

Effectiveness of Immunosuppressive Therapy in Children with IgA Nephropathy

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Keywords: IgA nephropathy, children, immunosuppressive therapy, prednisolone, renal function

Abstract:

IgA nephropathy is more prevalent in Asian countries, with 30–60% of renal biopsy samples showing IgA deposits. However, treatment guidelines for immunosuppressive therapy in children remain ambiguous. This study analyzed the treatment outcomes of 77 pediatric patients (ages 5–17, average 11.6 years) treated for IgA nephropathy at the National Children's Medical Center between 2021–2024. All patients underwent clinical, laboratory, and nephrobiopsy evaluations. Immunosuppressive therapy was administered as prednisolone monotherapy (2 mg/kg) or in combination with drugs like mycophenolate mofetil, tacrolimus, and cyclosporine A. In 26 patients with GFR below 50 ml/min/1.73 m² (by Schwartz formula), only prednisolone was used. The study found no significant difference in renal function outcomes between monotherapy and combination therapy groups, emphasizing the need for further research into optimized therapeutic strategies for pediatric IgA nephropathy.

BOLALAR RENTGEN DIAGNOSTIKASIDA RAQAMLASHTIRISH TIZIMINING AHAMIYATI VA AFZALLIKLARI

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Kalit so'zlar: bolalar diagnostikasi, raqamli rentgen, nurlanish yuklamasi, sun'iy intellekt, xavfsizlik