

Keywords: spinal anesthesia, general anesthesia, cesarean section, fetus, neonate, Apgar score, cardiotocography, hemodynamics

Abstract:

In obstetric practice, both general and spinal anesthesia are used during cesarean section procedures. This study aimed to evaluate fetal and neonatal condition under these two anesthesia modalities. A total of 196 pregnant women (aged 20–37, at 37–39 weeks gestation) underwent planned and emergency cesarean sections at the obstetric unit of Samarkand State Medical University. The first group (n=152) received spinal anesthesia using 0.5% heavy longocaine (2.5–3.0 ml). The second group (n=44) underwent general anesthesia using ketamine or thiopental sodium, followed by muscle relaxation and tracheal intubation. Hemodynamic indicators and cardiotocography (CTG) were monitored intraoperatively, and neonatal Apgar scores were assessed at 1 and 5 minutes. The CTG scores improved significantly by the 10th minute in the spinal group. Neonatal Apgar scores were also significantly higher in the spinal anesthesia group. Overall, spinal anesthesia ensured more stable fetal and neonatal outcomes compared to general anesthesia, reducing pharmacological stress and improving fetoplacental circulation and neonatal adaptation.

BOLALARDA OBSTRUKTIV UROPATIYALARNI XIRURGIY KORREKSIYA QILISHDA NUTRITIV QUVVATLASH

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Kalit so‘zlar: obstruktiv uropatiya, bolalar, rekonstruktiv-plastik jarrohlik, nutritiv qo‘llab-quvvatlash, oqsil almashinuvi, somatometrik va biokimyoviy ko‘rsatkichlar

Dolzarbli Urodinamik buzilishlar surunkali obstruktiv piyelonefrit rivojlanishiga olib kelib, 23–27% hollarda bolalarda surunkali buyrak yetishmovchiligini keltirib chiqaradi. Nutritiv yetishmovchilik organizmning himoya imkoniyatlarini pasaytirib, piyelonefrit xurujlarining ko‘payishiga, operatsiyadan keyingi yara bitishining sekinlashishiga va buyrak faoliyatining sekin tiklanishiga olib keladi.

Maqsad Surunkali obstruktiv uropatiyalari bolalarda operatsiya oldi va keyingi erta davrlarda nutritiv statusni baholash hamda olingan o‘zgarishlarni korreksiya qiluvchi usullarni ishlab chiqish.

Material va usullar Tadqiqot ob‘ekti — 2010–2024 yillarda Samarqand viloyat ko‘p tarmoqli tibbiyot markazining urologiya bo‘limida surunkali obstruktiv uropatiyalar (qovuqsiydik nayi refluksi, gidronefroz, megaureter va boshqalar) bilan davolangan 116 nafar bola. Nutritiv holat baholanishida somatometrik (elka aylasi, triceps usti teri-yog‘ qatlami, mushak aylasi) va biokimyoviy (qon

plazmasidagi transtiretin, transferin, umumiy oqsil, albumin, kreatinin, mochevina) ko'rsatkichlardan foydalanildi.

Natijalar Operatsiyadan keyingi 1-kuni bolalar 3 guruhga ajratildi:

- I asosiy guruh (16 nafar, 3 oygacha – 3 yosh): “Alfare” va “Nutrien Immun” bilan balanslangan nutritiv aralashmalar qo'llandi;
- II nazorat guruhi (15 nafar): “NAN Kislomolochniy” fermentlangan sut aralashmasi berildi;
- III taqqoslash guruhi (15 nafar): standart parhez — ko'krak suti yoki sun'iy oziqlantirish + qo'shimcha ovqatlar.

Rekonstruktiv-plastik operatsiyalardan so'ng endoskopik aralashuvlarga nisbatan yaqqol katabolik o'zgarishlar qayd etildi. Operatsiyadan keyingi stressga javob beruvchi asosiy transport oqsillarning pasayishi kuzatildi: umumiy oqsil $60,3 \pm 1,9$ g/l, TTR $8,2 \pm 1,2$ mg/dl, TF $221,0 \pm 12,3$ mg/dl, albumin o'rtacha $34,6 \pm 0,9$ g/l.

Yallig'lanishning o'tkir bosqichida (1–3 kun) oqsil darajalari, ayniqsa, yosh bolalarda sezilarli darajada o'zgargan. Baholash operatsiyadan 5-kuni o'tkazilib, somatometrik va biokimyoviy ko'rsatkichlarning ijobiy dinamikasi qayd etildi.

Natijalarga ko'ra:

- I guruhda: 92% yaxshi, 8% qoniqarsiz;
- II guruhda: 88% yaxshi, 7% qoniqarli, 5% qoniqarsiz.

Xulosa Operatsiyadan keyingi erta davrda metabolik holatni baholashda eng muhim diagnostik ko'rsatkichlar — qon plazmasidagi transtiretin, transferin va albumin miqdori hisoblanadi. Dastlabki bosqichlarda samarali nutritiv quvvatlash yetarli ovqatlanmaslikning oldini olib, tiklanish davrini yengillashtiradi, asoratlar sonini kamaytiradi va buyrak funksiyasi buzilishi xavfini pasaytiradi.

Nutritional Support in Surgical Correction of Obstructive Uropathies in Children

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Keywords:

obstructive uropathy, pediatric surgery, reconstructive-plastic interventions, nutritional support, protein metabolism, somatometric and biochemical parameters
Abstract: Urodynamic disorders often lead to chronic obstructive pyelonephritis and may result in chronic renal failure in 23–27% of pediatric cases. Nutritional deficiency reduces immune function, increases pyelonephritis exacerbations, delays postoperative wound healing, and slows kidney function recovery.

This study included 116 children (2010–2024) with chronic obstructive uropathies treated at the Samarkand Regional Multidisciplinary Medical Center. Nutritional status was assessed pre- and postoperatively using somatometric (arm circumference,

triceps skinfold thickness, muscle area) and biochemical (plasma total protein, albumin, transthyretin, transferrin, creatinine, urea) markers.

Patients were divided postoperatively into 3 groups:

- Group I (16 patients): received balanced formulas “Alfare” and “Nutrien Immun”;
- Group II (15 patients): received “NAN Fermented Milk”;
- Group III (15 patients): standard diet with breast/artificial feeding.

More pronounced catabolic changes were observed in reconstructive-plastic surgery patients. Postoperative declines were noted in key plasma proteins: total protein 60.3 ± 1.9 g/L, TTR 8.2 ± 1.2 mg/dL, TF 221.0 ± 12.3 mg/dL, albumin 34.6 ± 0.9 g/L. These changes were most evident in younger patients.

Day 5 assessments showed positive trends in Groups I and II, with Group I showing 92% good outcomes, while Group II had 88% good, 7% fair, and 5% poor results.

Conclusion: Biochemical markers such as transferrin, transthyretin, and albumin are critical indicators of metabolic status. Early postoperative nutritional support prevents malnutrition, reduces complications, and improves recovery and renal function preservation in pediatric obstructive uropathy surgery.

STEROIDGA SEZGIR NEFROTİK SINDROMDA RITUKSIMABNING SAMARADORLIGI

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Kalit so‘zlar: steroidga sezgir nefrotik sindrom, rituksimab, immunosupressiv terapiya, remissiya, bolalar, monoklonal antitela

Dolzarbli Steroidga sezgir nefrotik sindrom (SSNS) va steroidga chidamli nefrotik sindrom (SRNS) bolalar hayot sifati uchun muhim klinik ahamiyatga ega. SSNSda kasallik tez-tez qaytalanadi, SRNSda esa surunkali kechish va buyrak yetishmovchiligi xavfi yuqori. Davolashda turli immunosupressiv vositalar qo‘llaniladi, biroq 10–20% hollarda ular yetarli samara bermaydi. Bunday hollarda rituksimab (RTX) kabi monoklonal antitela vositalariga ehtiyoj tug‘iladi.

Maqsad Steroidga sezgir nefrotik sindrom tashxisi bilan davolanayotgan bolalarda rituksimab infuziyasining samaradorligini o‘rganish.

Material va usullar Tadqiqotga 2022–2025 yillar oralig‘ida Bolalar Milliy Tibbiyot Markazida SSNS tashxisi bilan davolangan va rituksimab olgan 3–18 yoshdagi bolalar (n=32) jalb qilindi. Barcha bemorlar IPNA/KDIGO mezonlariga muvofiq kuzatilib, 6, 12, 18 va 24-oylarda to‘liq yoki qisman remissiyaga (CR/PR) erishish ko‘rsatkichlari baholandi.