

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, immunosuppressiv 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 immunosuppressiv 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.

Natijalar Bemorlarda rituksimab infuziyasi boshlangan paytgacha o‘rtacha SSNS davomiyligi 4 yilni tashkil etdi. Ilgari bemorlar turli immunosuppressiv kombinatsiyalar (prednizolon, takrolimus, mikofenolat mofetil, siklosporin A) asosida davolangan. Rituksimab (375 mg/m^2) haftasiga 1 martadan 3 marta yuborildi. 23 nafar bemorda (71%) remissiya kuzatildi va kasallik qaytarilmadi. 9 nafar bemorda turli davrlarda (6–18 oy) kasallik qaytaladi.

Infuziya vaqtida 3 nafar bemorda (9.3%) allergik reaksiyalar qayd etildi, lekin ular to‘xtatish va antigistamin vositalar orqali nazorat qilindi. Bemorlarning barchasi profilaktik antibiotik (sulfametoksazol/trimetoprim) qabul qilgan, og‘ir infeksiyon asoratlari qayd etilmagan.

Xulosa Steroidga sezgir nefrotik sindromda rituksimab samarali immunobiologik davolash vositasi sifatida namoyon bo‘ldi. 71% bemorda 3 marta inyekeksiyan keyin uzoq muddatli remissiya qayd etildi. Shu bilan birga, allergik va infeksiyon asoratlari ehtimoli tufayli uni ehtiyotkorlik bilan qo‘llash tavsiya etiladi. Kelgusida uzoq muddatli xavfsizlik va iqtisodiy samaradorlikni baholashga qaratilgan tadqiqotlar talab etiladi.

Efficacy of Rituximab in Children with Steroid-Sensitive Nephrotic Syndrome

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Keywords: steroid-sensitive nephrotic syndrome, rituximab, immunosuppressive therapy, remission, pediatric nephrology, monoclonal antibodies

Abstract: Steroid-sensitive nephrotic syndrome (SSNS) and steroid-resistant nephrotic syndrome (SRNS) significantly affect the quality of life in children. While SSNS is characterized by frequent relapses, SRNS tends to progress to chronic kidney disease. Immunosuppressive treatments are commonly used; however, 10–20% of children may still develop frequently relapsing or steroid-dependent forms despite therapy.

This study involved 32 children (aged 3–18 years) with SSNS who were treated with rituximab (RTX) between 2022 and 2025 at the National Children’s Medical Center. Patients received three infusions of RTX (375 mg/m^2) at weekly intervals. Remission was assessed at 6, 12, 18, and 24 months according to IPNA/KDIGO criteria.

Of the 32 patients, 23 (71%) achieved sustained remission with no relapses following RTX. Nine patients experienced relapses at varying intervals (6 to 18 months post-treatment). Three patients (9.3%) developed acute allergic reactions during infusion, which were managed by adjusting the infusion rate and administering antihistamines. All patients received sulfamethoxazole/trimethoprim prophylaxis, and no severe infectious complications were reported.

Conclusion: Rituximab demonstrated clinical efficacy in managing SSNS, achieving long-term remission in most cases. Despite the positive outcomes, potential risks such as allergic reactions and infections require cautious use. Further studies are needed to assess the long-term safety and cost-effectiveness of RTX in pediatric nephrotic syndrome.

BOLALARDA O‘TKIR BITISHMALI ICHAK TUTILISHI: TASHXIS, DAVOLASH VA PROFILAKTIKA USULLARI

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Farg‘ona viloyat ko‘p tarmoqli bolalar shifoxonasi, Farg‘ona, O‘zbekiston

Kalit so‘zlar: bitishmali ichak tutilishi, bolalar, kech tashxis, konservativ davo, laparoskopik jarrohlik, ichak bitishmalari

Dolzarbli O‘tkir bitishmali ichak tutilishi (BIT) bolalar orasida qorindagi operatsiyalardan keyingi jiddiy asorat sifatida uchray turadi. Uning rivojlanish sabablari orasida o‘tkir appenditsit, ichak teshilishi, rivojlanish anomaliyalari asosiy o‘rin tutadi. Kasallik qorin parda va ichaklar o‘rtasida bitishmalar hosil bo‘lishi bilan bog‘liq bo‘lib, bu ichak o‘tkazuvchanligining buzilishiga olib keladi. Tashxis qo‘yishda qiyinchiliklar mavjud bo‘lib, Davolashning samarali usullarini ishlab chiqish dolzarb hisoblanadi.

Maqsad BIT bo‘lgan Bolalarda jarrohlik yondashuvlarini optimallashtirish va profilaktika usullarini takomillashtirish orqali davolash samaradorligini oshirish.

Material va usullar 2019–2024 yillarda RShTYoIMF va Farg‘ona viloyat ko‘p tarmoqli bolalar shifoxonasida BIT tashxisi bilan davolangan 162 nafar bemor bola tahlil qilindi. Tekshiruvda umumklinik, nur tashxisi, endoskopik va instrumental usullardan foydalanildi. Bemorlar asosiy va nazorat guruhlariga ajratildi, ularda davolash taktikasi taqqoslab o‘rganildi.

Natijalar

Kech tashxis holatlari nazorat guruhida 37,9%, asosiy guruhda 34,5% bemorlarda qayd etildi. Konservativ davolash nazorat guruhida 43,2%, asosiy guruhda 62,7% hollarda muvaffaqiyatli qo‘llanildi. Operativ davolash nazorat guruhida 56,8%, asosiy guruhda 37,2% holatda amalga oshirildi.

Nazorat guruhida 21,6% bemorda ochiq jarrohlik, 15,7% holatda laparoskopik aralashuv qo‘llanilgan. Asosiy guruhda esa konservativ yondashuvning ulushi oshgan (36,1% dan 52,6% gacha, $P < 0,001$), operatsiyalarning 11,3% i laparoskopik usulda amalga oshirilgan.

Xulosa

Ichak tutilishining bolalar shoshilinch xirurgiyasi tuzilmasidagi ulushi 2,4% ni, abdominal patologiyalar orasida esa 3,1% ni tashkil etadi. Bitishmali ichak