

**QANDLI DIABET BILAN OG'RIGAN BEMORLARDA SURUNKALI
PARAPROKTITNI JARROHLIK DAVOLASHDA DIFERENSIAL YONDASHUV
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Annotatsiya:

Ushbu maqolada qandli diabet fonida surunkali paraproktitni davolashni optimallashtirish masalalari yoritilgan. Tadqiqot davomida 119 nafar bemor natijalari tahlil qilinib, retsidiv xavfini aniqlovchi "VRXP" (Surunkali paraproktit retsidivi ehtimoli) prognostik shkalasi va yangi davolash-diagnostika algoritmi ishlab chiqilgan. Natijalar shuni ko'rsatdiki, lazer va plazma texnologiyalarini individual qo'llash retsidivlar sonini 31% dan 6,6% gacha kamaytirish imkonini berdi.

Kalit so'zlar: surunkali paraproktit, qandli diabet, lazerli koagulyatsiya, plazmali sanatsiya, prognostik shkala, retsidiv.

Kirish. Surunkali paraproktit (SP) proktologik patologiyalar tarkibida 20-30% ni tashkil etadi. Qandli diabet (QD) bilan og'rigan bemorlarda mikrosirkulyatsiyaning buzilishi va to'qimalar regeneratsiyasining pastligi sababli ushbu kasallik og'ir kechadi va an'anaviy jarrohlik usullaridan keyin retsidivlar xavfi yuqori bo'lib qolmoqda. Bu esa yangi, kam shikast yetkazuvchi va individual yondashuvga asoslangan algoritmlarni ishlab chiqishni taqozo etadi.

Material va metodlar. Tadqiqot 2018-2025 yillar davomida Surxondaryo viloyati ko'p tarmoqli tibbiyot markazida davolangan 119 nafar bemorni qamrab oldi.

-Nazorat guruhi (n=58): An'anaviy usullar bilan davolangan.

-Asosiy guruh (n=61): Ishlab chiqilgan yangi algoritm asosida davolangan.

Bemorlarda diagnostika uchun MRT, endoanal UZI, sitologik tahlillar va lazer doppler floumetriyasi (LDF) usullaridan foydalanildi. Retsidiv xavfini aniqlashda 6 ta asosiy kriteriy (svish turi, uzunligi, diametri, absesslar, SYI va LDF ko'rsatkichlari) tanlab olindi.

Natijalar va tahlil. Muvaqqiyatli davolashning asosi sifatida "VRXP" shkalasi asosida bemorlar uchta xavf darajasiga ajratildi:

- Xavf darajasi past (≤ 6 ball): Bir bosqichli lazer koagulyatsiyasi va ichki teshikni yopish.
- O'rta xavf darajasi (7-19 ball): Plazmali sanatsiya va keyinchalik kechiktirilgan holda ichki teshikni yopish.
- Yuqori xavf darajasi (≥ 20 ball): Bosqichma-bosqich davolash: avval drenajlash va sanatsiya, mikrosirkulyatsiya yaxshilangandan so'ng radikal bosqich.

Klinik samaradorlik:

- Jarohatning to'liq bitishi asosiy guruhda 73% ni, nazorat guruhida esa 42% ni tashkil etdi.
- G'ovak-yallig'lanish asoratlari 2,5 baravarga kamaydi.
- Kasalxonada yotish muddati 9,8 kundan 6,2 kunga qisqardi.

Iqtisodiy va ijtimoiy natijalar. Yangi algoritmning qo'llanilishi har bir bemor uchun davolash xarajatlarini 5,0 mln so'mdan 3,7 mln so'mga tushirdi, bu esa 26% iqtisodiy tejamkorlik degani. Ijtimoiy jihatdan bemorlarning mehnat qobiliyati 3 oydan keyin nazorat guruhidagi 32% dan asosiy guruhda 54% gacha ko'tarildi.

Xulosa.

- QD fonidagi SP kompleks patologiya bo'lib, uning asosi mikrosirkulyatsiya va regeneratsiya buzilishidir.
- "VRXP" shkalasi retsdiv xavfini 82% aniqlik bilan prognoz qilish imkonini beradi.
- Individual jarrohlik taktikasi nafaqat tibbiy asoratlarni kamaytiradi, balki iqtisodiy samaradorlikni 1,3 barobar oshiradi.

Adabiyotlar ro'yxati:

1. Alisoltanov Sh.Kh., Aliev K.M. Modern approaches to diagnosis and rehabilitation of patients with chronic paraproctitis // Medicus. - 2025. - No. 2(68). - P. 12-16.
2. Zyuzko D.D., Shcherbakova O.V. Surgical treatment of children with CP and PS: analysis of modern techniques // Russian Bulletin of Pediatric Surgery, Anesthesiology and Reanimatology. - 2023. - Vol. 13, No. S. - P. 67.

3. Kargina E.S., Kudinova V.R., Didenko P.N. et al. Application of the VAAFT minimally invasive method in the treatment of the fistulous form of CP // 74th Final Scientific Conference of Students of Rostov State Medical University: collection of materials (Rostov-on-Don, April 15, 2020). - Rostov-on-Don: RostGMU, 2020. - P. 147-148.
4. Kusainova A.S., Isakhanov N., Mazhiev N.Zh. Tool for assessing medico-social characteristics of patients with CP // Current issues of experimental and clinical medicine–2024: collection of abstracts of the LXXXV scientific and practical conference with international participation (St. Petersburg, April 1-28, 2024). - St. Petersburg: Pavlov First St. Petersburg State Medical University, 2024. - P. 210-211.
5. Lichman L.A., Katorkin S.E., Andreev P.S. et al. Practical application of a wound-healing agent in the treatment of patients with paraproctitis // Outpatient Surgery. - 2024. - Vol. 21, No. 2. - P. 120-125.
6. Madaminov A.M., Likhomanov L.V. Results of surgical treatment of acute paraproctitis using a laser // Bulletin of KRSU. - 2024. - Vol. 24, No. 1. - P. 34-38.
7. Rudkova K.E., Fomenko A.S. Actual algorithms for surgical treatment and rehabilitation in the early postoperative period of patients with CP // St. Petersburg Scientific Readings–2022: collection of abstracts of the IX International Youth Medical Congress (St. Petersburg, December 7-9, 2022). - St. Petersburg: Pavlov University, 2022. - P. 390-391.
8. Sadretdinova A.Kh., Mukhametshina R.T. Surgical complication in a child with chronic constipation and intestinal dysbiosis (CP) // Forcipe. - 2022. - Vol. 5, No. S1. - P. 160.