



STUDY OF THE PREVALENCE OF GLUCOCORTICOSTEROID OSTEOPOROSIS IN PATIENTS WITH ACANTHOLYTIC PEMPHIGUS

Klebleyeva Guzal Davlyatovna

PhD at the Department of Skin and Venereal Diseases,
Samarkand State Medical University

Utayev Akbar Jurakulovich

Chief physician of the Samarkand regional branch of the
Republican Specialized Dermatovenereological and
Cosmetology Scientific and Practical Medical Center

Abdullaev Davlat Mukumovich

Department of Skin and Venereal Diseases, Samarkand State
Medical University

Abstract: The aim of the study was to study the prevalence of glucocorticosteroid osteoporosis in patients with acantholytic pemphigus and the risk development of osteoporotic fractures. 26 patients with bullous dermatitis were examined . toses , including 12 patients with acantholytic pemphigus (AP). Diagnosis The AP was installed in accordance with the standard of providing specialized care. Noah medical help sick pemphigus, Group comparisons compiled 14 sick others vesicular dermatoses (herpetiformis dermatitis Dühring, bullous pemphigoid Levera , family benign pu - phiuchus Gougereau-Haley-Haley, toxicoderma). Glucocorticosteroid osteoporosis diagnosed at 33.3% sick AP, receiving glucocorticosteroid therapy, osteopenia more in 33.3% of such patients, with an increased risk of developing osteoporosis and - fractures were observed in all patients with AP over 40 years of age, which requires early diagnostics pathological changes bone fabrics And prevention complications such as osteoporotic fractures. The high proportion complications (83.3%) from taking systemic GCS necessitate inclusion in the examination plan of patients with AP mineral analysis bone density and osteoporotic fracture risk analysis by mo - FRAX, as well as improving the continuity of dermatologists with related specialists.

Key words: pemphigus, treatment

Introduction: This section discusses a group of severe blistering dermatoses (the true pemphigus group) that share common clinical, morphological, and pathohistological features: 1) long-term chronic undulating course of dermatoses with development of blisters (on unchanged skin or mucous membranes) that tend to generalize and merge; dermatoses are accompanied by a deterioration in the general condition of patients and, before the use of corticosteroid therapy, often end in death; 2) the general mechanism of blister formation by acantholysis ; 3) intraepidermal location of blisters; suprabasal in vulgaris and vegetative pemphigus and subcorneal or supraintragranular in foliaceous and erythematous pemphigus; 4) deposition of immunoglobulins (Ig) class G in the intercellular space of the epidermis. In dermatological hospitals, true pemphigus is encountered once or twice a year. Among the total number of patients with true pemphigus, the first place in frequency is occupied by patients with vulgaris, the second by seborrheic, the third by foliaceous and the fourth by vegetative.

The aim of the study was to investigate the prevalence of glucocorticosteroid osteoporosis in patients with acantholytic pemphigus and risk development of osteoporotic fractures.

Materials and methods. The study included 26 patients with bullous dermatitis . toses , including 12 patients with acantholytic pemphigus (AP). Diagnosis The AP was installed in accordance with the standard of providing specialized care. Noah medical help sick pemphigus, Group comparisons compiled 14 sick others vesicular dermatoses (herpetiformis dermatitis Dühring, bullous pemphigoid Levera , family benign pu - phiuchus Gougereau-Haley-Haley , toxicoderma). Patients consulted therapist And rheumatologist. For the sick AP And patients from groups compare -nia was carried out dual energy X-ray absorptiometry (Dual -energy X- ray Absorption (DXA) with a Discovery W densitometer (HOLOGIC, USA) with determination of BMD, T- or Z-criterion.

Normal indicators are - The T-criterion values from +2.5 to -1 standard deviations were considered as the MPCT values . deviations from peak bone mass, osteopenia was recorded when values from -1 to -2.5 standard deviations, osteoporosis - with an indicator T-criterion -2.5 standard deviations And below, heavy osteoporosis – at -2.5 standard deviations And below, With indication on one And more flow o -history . To assess the risk of developing osteoporotic fractures According to WHO recommendations, the FRAX model was used. This model represents computerized algorithm, allowing forecast o - vat absolute risk fractures at men 50 years And older And at women in postmenopause over the next 10 years, while in patients with AP is - correction factors were used for hip fractures of 1.2 and 1.15 for main fractures.

Results And discussion. Acantholytic pemphigus diagnosed o -Vanya was found in 8 women and 4 men aged from 23 to 71 years, the median was go age at women compiled 59.5 years (interquartile range interval (MKI) 54.0 - 66.5), at men - 51.5 years (MCI: 35.0 - 57.0). From them 9 (75%) suffered vulgaris pemphigus, 2 (16.7%) – vegetative, 1 (8.3%) – seborrheic. 1 sick registered debut AP. IN group comparisons was 8 women And 6 men from 35 to 72 years old, the median mean age of women was 61.5 years (MCI: 56.0 - 65.0), at men - 55.5 years (MCI: 38.0 - 61.0). U 6 (50%) patients with AP showed damage to the skin and large folds, combined with skin and mucous membrane lesions – in 5 (41.7%) patients, lesions only mucous shells noted at 1 patient With debut vulgar pemphigus, at this erosion localized on mucous shell cavities mouth.

Duration steroid therapy at examined sick variirov a -la from 2 to 6 years, the maximum daily dose of GCS ranged from 80 to 160 mg/ day , supporting - from 10 to 35 mg/ day . Complications from treatments GKS obs -were given in 10 (83.3%) patients with AP. Symptoms of Itsenko- Cushing syndrome developed in 8 (66.7%) patients, in 5 (41.7%) an increase in arterial - pressure against the background of GCS therapy, 2 (16.7%) were diagnosed with steroid diabetes

mellitus. In addition, in 4 (33.3%) patients, against the background of treatment with the system- steroid neurosis was observed with GCS. Among the examined patients with In 4 (33.3%) patients, glucocorticoid osteoporosis was established , and in another 4 (33.3%) Osteopenia was registered .

Estimation of the risk of developing osteoporotic fractures in the FRAX model conducted in men aged 50 years and older and in postmenopausal women, starting from 40 years: at 9 sick AP And at 11 from groups comparisons. It appeals attention, Whatin the group of patients with AP, in all patients (in 3 men and 6 women), the following was observed : gave in high risk development osteoporotic fractures (more 10%),What Also connected With development glucocorticoid osteoporosis. It follows It should be noted that in 2 patients with AP, with complaints of back pain, it was suspected, and in subsequently, a compression fracture of the lumbar vertebrae was confirmed - spine . In the comparison group , only 2 patients had gave in high risk development osteoporotic fractures (more 10%)($p \leq 0.05$).

Conclusions. Glucocorticosteroid osteoporosis diagnosed at 33.3% sick AP, receiving glucocorticosteroid therapy, osteopenia more in 33.3% of such patients, with an increased risk of developing osteoporosis and - fractures were observed in all patients with AP over 40 years of age, which requires early diagnostics pathological changes bone fabrics And prevention complications such as osteoporotic fractures. The high proportion complications (83.3%) from taking systemic GCS necessitate inclusion in the examination plan of patients with AP mineral analysis bone density and osteoporotic fracture risk analysis by mo - FRAX, as well as improving the continuity of dermatologists with related specialists.

Literature:

амраева Г., Абдуллаев Х., Нуруллаева Д. Оптимизация седации при малоинвазивных хирургических манипуляциях у детей с

tayev A. J. et al. FRESH PERSPECTIVE ON THE PROGRESSION OF SEXUALLY TRANSMITTED INFECTIONS //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 140-145.

uziyev K. T. et al. ENZYME IMMUNOASSAY FOR SERORESISTANT SYPHILIS VARIANTS //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 158-164.

tayev A. J. et al. TO EVALUATE THE PATHOGENESIS OF ATOPIC DERMATITIS: THE ROLE OF GENETIC FACTORS //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 101-106.

tayev A. J. et al. EXPERIENTIAL PERSPECTIVE ON THE APPLICATION OF TACROLIMUS IN ATOPIC DERMATITIS TREATMENT //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 151-157.

uziyev K. T. et al. COMBINATIVE TREATING METHODS FOR PAPILOMAVIRUS INFECTION //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С.

tayev A. J. et al. UTILIZATION OF SEVORAN IN MANAGING LICHEN PLANUS: AN EXPERIENTIAL PERSPECTIVE //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 146-150.

uziyev K. T. et al. PROMOTING A WELL-ROUNDED LIFESTYLE FOR SCHOOL KIDS AND COLLEGE STUDENTS //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 134-139.

uziyev K. T. et al. WHEN PATIENTS RECEIVE A FORMAL DIAGNOSIS OF HERPES, THE PRESENCE OF ANTIBODIES TO HIV INFECTION IS OBSERVED //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 128-133.

uziyev K. T. et al. INVESTIGATION OF THE MICROELEMENT CONTENT OF PATIENTS' HAIR WITH DIFFUSE ALOPECIA //GOLDEN BRAIN. – 2024. – Т. 2. – №. 5. – С. 116-121.

uziyev K. T. et al. EXAMINING GENETIC POLYMORPHISM IN INDIVIDUALS
WITH VIRAL IMMUNITY //GOLDEN BRAIN. – 2024. – T. 2. – №. 5. – C. 107-