HEPATOBILIARY CHANGES AND THEIR CORRECTION WHEN THE DRUG" CORAL ZINC " IS DILUTED IN PATIENTS WITH ACUTE ALOPECIA DEPOSITION

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Relevance. Currently, the study of the importance of genetic factors in the course of AA disease is of particular importance. Assessing the state of hereditary predisposition of the disease and how it occurs, as well as its repeated course, answering these questions makes it possible to study and analyze the nature of the disease. The high incidence of OEA disease in families and among the patient's relatives gives reason to come to the opinion that on the basis of this disease lies a state of hereditary predisposition to the disease[10, 14, 21, 54, 59]. It is known that the incidence of recurrent OEA disease in families has been confirmed to be high, as well as the incidence in probands to be 4-24%. The increased frequency of occurrence of AA disease is causing the study of conditions that are a factor in the occurrence of this disease. Of particular importance in this regard is the study of factors of the internal environment, including the state of hereditary predisposition to the disease, in addition to external muxit factors. But in the emergence of the disease, it will not always be possible to clearly show the place of hereditary factors in its development. In this regard, in the realization of genetic information in the patient phenotype, it is important to take into account the influence of external mukhit factors. Such a characteristic characteristic of the disease is a sign that AA disease is a disease in the form of a polygen. The role of hereditary factors in the occurrence of OEA disease in children can be said to have been studied to an almost lesser extent. The issue of solving such a problem is of particular importance in the area in which we live, where children have a high rate of termination [2, 13].

Research objective. To study and practice hepatobiliary changes and their correction when the drug "coral zinc" is diluted in patients with acute alopecia deposition.

Inspection tools and materials. The diagnosis of AA in children was based primarily on clinical observations. Once the alopecia foci have been identified, patients are given urgu for location, number, constipation, atrophy, and teleangectasia. The structure of the furnaces, the possibility of joining, and the condition of the absence of hair in the furnaces were determined. The condition of observing the "area of frizzy hair" sign was determined by plucking the hair with the fingers of the hands around the foci of alopecia where the hair fell.

Research results. Before arriving at the hospital, it was found that patients with OEA were treated in various treatment facilities, mainly in an outpatient state. During this time, vitamins (92; 76.7%), antibiotics (15; 12.5%), enzyme drugs (20; 16.7%), sedatives (44; 36.7%), immunomodulators (45; 37.5%), topical physiotherapy (45; 37.5%), and tour li ointments were administered and treated. As a result of the treatments obtained, 60 (50%) cases showed that the process remained unchanged, while 47 (39.2%) cases showed temporary good, and 13 (10.8%) cases showed worsening of the process. In 22 (22%) cases, it was noted that patients were not treated at all.

On arrival at the hospital, patients were found to have started AA with itching in the foci in 7 (5.8%) cases, ogriq in 1 (0.8%) cases, and 102 (85%) cases without any signs. The average

number of days the patient spent children in the hospital was 14.7 days. 39 (32.5%) patients had enlarged perepheric lymph nodes in children, while 2 (1.7%) patients had their lameness.

The course of the disease was adenoid in 4 (3.3%) patients, rhinitis in 3 (2.5%) patients, caries in 85 (70.8%) patients, gastritis in 16 (13.3%) patients, enterocolitis in 36 (30.0%) patients, hepatitis in 83 (69.2%) patients, hepatitis, hepatocholesistitis, constipation in 55 (45.8%) patients, and dysbacteriosis in 34 (28.3%) patients, 39 (32.5%) patients were found to be accompanied by comorbidities such as vomiting, ascaridosis, lyambliosis, deafness chain.

UA was delayed by irritability in 23 (19.2%) patients, and by contrast melancholy in 2 (1.7%) patients. 22 (18.3%) patients experienced increased brain pressure, while 24 (20.0%) patients experienced head augmentation. 21 (17.5%) patients were found to experience process Hyperteriosis in children, and 3 (2.5%) patients were found to experience hypotheriosis.

Conclusions.

The atopic 14.2% (16) and hypetensive 12.5% (15) types of AA disease in children were poorly visible in terms of prognosis of early onset, rapid development, prolonged course of the disease, and in these types the local clinical form of the disease was distinguished by a tendency to uta to switch to clinical forms of the head.

Hereditary predisposition to OEA in children was attributed to patient parents in 11.7% (25), relatives in 4.5% (39), and inbred environment conditions in 11.6% (14) cases, and the disease was reported to occur mainly in families in 68.4% (82) of children born from pregnancy 1 and pregnancy 2. This state of predisposition to AA's disease was manifested unconnected to Mendelian law, that is, in the form of a polygen.