

## THE SIGNIFICANCE OF PSORIASIS AT PRESENT

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**Abstract:** Psoriasis is one of the most common chronic dermatoses, which affects 1 to 5% of the world's population. Lately, psoriasis is increasingly spoken of as a systemic disease due to the involvement in the process of not only the skin, but also joints and a number of internal organs, calling it "psoriatic disease." The literature review discusses modern views on pathogenesis and presents infectious-immunological, genetic, metabolic, neuroendocrine concepts of its development. Changes in the gastrointestinal, cardiovascular, nervous, hepatobiliary, urinary systems and musculoskeletal systems are examined in detail. Modern methods of treating psoriasis are presented. The tactics of immunosuppressive therapy are discussed.

**Keywords:** Psoriasis, pathogenesis, arthritis, visceral pathology, treatment.

**INTRODUCTION:** Psoriasis is a common chronic dermatosis, the population frequency of which, according to various authors, ranges from 1 to 5%. In recent years, there has been an increase in the incidence of this dermatosis, an increase in the number of severe, atypical, disabling, treatment-resistant forms of the disease. The disease significantly worsens the quality of life, reduces the performance and social activity of patients, which determines not only the medical, but also the social significance of the problem.

Psoriasis is a chronic, relapsing, genetically determined, multifactorial disease with pronounced skin symptoms, which is based on a genetically determined disorder of keratinization caused by hyperproliferation and impaired differentiation of keratinocytes, arising under the influence of endogenous and exogenous factors. The main pathological change in the skin in this dermatosis is accelerated mitosis of epidermocytes, which is transient in nature and accompanied by a violation of their differentiation. The morphogenesis of psoriasis is characterized by a violation of the architecture of the dermis, cellular activation and local infiltration of the skin with inflammatory cells (T-lymphocytes, neutrophils).

**MATERIALS AND METHODS:** Information about the role of disorders of different types of metabolism in psoriasis is contradictory [18,37]. The basal metabolism in patients with psoriasis is slowed down. Significant disturbances in nitrogen metabolism are often detected. One of the manifestations of changes in nitrogen metabolism in psoriasis may be hyperuricemia, caused by hyperproduction of immune complexes due to the accelerated metabolism of purines in actively proliferating skin cells. Impaired protein metabolism is accompanied by dysproteinemia, a decrease in albumin content, an increase in alpha, gamma globulins and, accordingly, a decrease in the albumin-globulin ratio.

In patients with psoriasis, lipid metabolism disorders have been found, manifested by hypercholesterolemia and hyperlipidemia [1]. So, E.S. Fortinskaya et al. (1995) revealed an increased level of free cholesterol in psoriatic plaques, which correlated with the severity of the skin process [3]. Similar changes were observed in externally unchanged areas of the skin. An important role in the development of psoriasis is played by an increase in the activity of lipid peroxidation [1].

**RESULTS AND DISCUSSION:** Already at the early stages of development of the psoriatic process, certain deviations in the activity of the cardiovascular system are revealed - tachybradycardia, muffled tones, systolic murmur at the apex, displacement of the boundaries of the heart due to

hyperthermia ophthalmic and gastric dilatation [4]. It has been shown that cardiovascular disorders in psoriasis are manifested by myocardial dystrophy, myocardial fibrosis, non-rheumatic myocarditis, mitral valve defects without disturbing the systemic blood messages. Electrocardiographic examination reveals deviations in the electrical axis of the heart, signs of atrial fibrillation, ventricular hypertrophy, and myocardial hypoxia in some patients. Patients with psoriasis often experience a deterioration in coronary circulation and a decrease in the contractile properties of the myocardium, which may be associated with lipid metabolism disorders and the early development of atherosclerotic disease. o process [3]. A relationship has been established between changes in the cardiovascular system and the severity of dermatosis, which is likely due to an increase in blood flow through the dilated blood vessels of the skin [3].

A number of studies have established the involvement of the stomach, intestines, pancreas, and liver in the pathological process in psoriasis [2]. With psoriasis, inflammatory-destructive lesions of the mucous membranes of the oral cavity, various parts of the gastrointestinal tract, up to ulcerative-necrotic changes are possible [4].

Damage to the stomach is manifested by a violation of its morphological and functional state [2]. Endoscopic and morphological studies have shown that stomach pathology is detected in 93% of patients with psoriasis. The degree of morphological changes depends on the duration of the disease: atrophic changes are more often observed when the psoriatic process is more than 6 years old [6].

There was a decrease in the secretion of hydrochloric acid and pepsin, disruption of the absorption function of the stomach, and an increase in the secretion of mucoproteins. This leads to a predominance of the alkaline component in the gastric juice, a decrease in its protective function and proteolytic activity [3].

Recently, attention has been paid to the functional state of the hepatobiliary system. There is evidence of increased mortality from liver cirrhosis among patients with psoriasis [4]. Using puncture biopsy, 503 hepatobiopsy specimens for psoriasis were obtained and studied, in which fatty degeneration was found in 24.0% of cases, nonspecific portal inflammation in 1.4% , in 1% - portal fibrosis.

Studies of the enzymatic activity of alanine aminotransferase, aspartate aminotransferase, gamma-glutamine transpeptidase, lactate dehydrogenase, and monooxygenase system did not reveal any specific changes. Only significant changes in liver function were noted in severe, torpid and complicated forms of psoriasis [4]. In patients with psoriasis, disturbances in the protein-forming, pigment, and antitoxic functions of the liver, the balance of bile acids, increased activity of phospholipase A2 and nonspecific lipase in the blood serum were found. which indicates the involvement of not only the liver, but also the pancreas in the pathological process [5].

**CONCLUSION:** The psoriatic process has a chronic relapsing nature. Remission can be long-term - from several months to tens of years, however, in a number of patients remission does not occur at all. The prognosis for life with psoriasis is most often favorable. Exceptions are cases of severe arthropathic and pustular psoriasis.

Thus, psoriasis is often accompanied by systemic manifestations. Disturbances in the functional state of the cardiovascular, urinary, and digestive systems have a negative impact on the course of the disease, worsening the prognosis and quality of life of patients.

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