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MODERN ASPECTS OF CRITERIA, CLASSIFICATION AND ETIOPATHOGENESIS OF ISCHEMIC HEART DISEASE

Abstract: For more than half a century, a networked system of providing care to patients with cardiovascular diseases has been operating in our Republic. Cardiology offices and departments, cardiology centers are equipped with equipment that fully meets world standards, and world standards of diagnostics and treatment are being introduced. Scientists of our Republic in this field make a significant contribution to the development of cardiology. In HF, an increase in the content of TG, free fatty acids and cholesterol in the blood is observed. For the development of atherosclerosis, not only the absolute amount of lipids, but also their cycle in the blood is important. In the blood, lipids are in a complex with proteins in the form of lipoproteins, which include cholesterol, TG, phospholipids and proteins. Their physicochemical properties depend on the concentration and type of proteins and lipids.

Keywords: endovascular X-ray, endovascular, ICU, coronary angiography, stenosis, myocardial infarction.

Резюме: На протяжении почти полувека в нашей республике функционирует отраслевая система оказания помощи пациентам с сердечно-сосудистыми заболеваниями. Кардиологические кабинеты и кабинеты, кардиологические центры оснащены оборудованием, полностью отвечающим мировым стандартам диагностики и лечения. Ученые этой области внесли свой весомый вклад в развитие кардиологии. При юике наблюдается повышение уровня тг в крови до уровня свободных жирных кислот и ХС. Для развития атеросклероза важен не только абсолютный уровень липидов, но и его цикл в крови. В крови липиды находятся в комплексе с белками в виде липопротеинов, в состав которых входят ХС, тг, фосфолипиды и белки. Физические химические свойства зависят от концентрации и типа белков и липидов.

Ключевые слова: рентген эндоваскулярный, эндоваскулярный, ЙИК, коронарография, стеноз, инфаркт миокарда.

Wieder aufnehmen: Unsere Republik verfügt seit mehr als einem halben Jahrhundert über ein Netzwerksystem zur Versorgung von Patienten mit Herz-Kreislauf-Erkrankungen. Kardiologische Räume und Büros sowie kardiologische Zentren sind mit Geräten ausgestattet, die den internationalen Standards vollständig entsprechen. Es gelten weltweite Standards für Diagnose und Behandlung. In unserer Republik ist das der gesamte Bereich der Wissenschaftler, der Kardiologie, der bedeutende Beiträge zu Kushmokda leistet. Es kommt zu einem Anstieg der Menge an TG, freien Fettsäuren und Cholesterin im Blut. Für die Entstehung einer Arteriosklerose ist nicht nur die absolute Menge an Lipiden wichtig, sondern auch deren Zirkulation im Blut. Im Blut sind Lipide mit Proteinen in Form von Lipoproteinen komplexiert, zu denen Cholesterin, TG, Phospholipide und Proteine gehören. Die physikalischen und chemischen Eigenschaften von Proteinen und Lipiden hängen von der Konzentration und Art ab.

Schlüsselwörter: Röntgen endovaskulär, endovaskulär, IIC, Koronarangiographie, Stenose, Myokard infarkt.

Relevance. The development of modern medicine leads to the creation of new unique methods for the treatment of coronary artery disease, such as angioplasty and coronary stenting. Currently, the endovascular method of restoring blood flow in the coronary arteries saves the lives and health of thousands of people around the world [2,33,47,64]. However, within the first six months (rarely up to a year) of effective endovascular surgical interventions, patients develop symptoms of angina pectoris. The first coronary balloon angioplasty procedure in the USSR was performed in 1982 at the All-Union Scientific Center for Surgery by I.Kh. Rabkin and A.M. Abugov. I.Kh. Rabkin and co-authors later wrote a monograph on the technique of performing the procedure in X-ray endovascular surgery. The idea of using a percutaneous artificial device to hold the damaged vessel in place was proposed in 1964 by Ch. Dotter and co-authors. Coronary artery stenting in humans was first performed in March 1986 by J. Puel and co-authors in Toulouse (France), while at the same time in Lausanne (Switzerland) U. Sigwart and his colleagues reported that they had performed 24 coronary artery stenting procedures in 19 patients. Building on their experience with percutaneous implantation of metal stents in animal vessels and later in human peripheral arteries, the authors performed the first percutaneous implantation of a metal stent in a human coronary artery.

Prevalence. Coronary artery balloon angioplasty. Over the past 10-15 years, myocardial revascularization by transluminal balloon dilatation of stented venous arteries has been used in the treatment of CAD. This method was introduced into cardiological practice in 1977 by A. Gruntzig. Angioplasty of venous arteries in CAD patients is performed in the absence of calcification and hemodynamic damage to the coronary artery in its proximal sections in the absence of damage in the distal course of this artery. Two catheter systems are used in coronary artery angioplasty: a catheter-guider and a dilatation catheter. After coronarography, as usual, the angiographic catheter is replaced by a catheter-guider by passing a dilatation catheter into the stented venous artery. The maximum diameter of the balloon when inflated is 3-3.7 mm, and its diameter when damaged is 1.2-1.3 mm. The catheter is passed into the stented artery. In the distal area of stenosis, the antegrade pressure in the artery decreases and the perfusion pressure of the distal stenosis (due to the callosal blood flow) is recorded.

Pathomorphology and pathogenesis. Pathological anatomy: Depending on the size of the necrosis in the myocardium, myocardial infarction is classified as large-lobed or small-lobed myocardial infarction. Large-lobed myocardial infarction: transmural - necrosis that crosses the myocardium; intramural - necrosis with large-lobed necrosis in the interventricular space. Small-lobed myocardial infarction includes the following: subepicardial (necrosis occurs where the heart touches the epicardium), myocardial infarction. Depending on the location of necrosis in the myocardium, infarction is called as follows.

Anterior wall of the heart, lower arch diaphragmatic, apex, arch wall and arch inferior wall infarction. Myocardial infarction most often occurs in the left atrial wall of the heart. Infarction in the right atrial wall of the heart is very rare. Myocardial infarction is observed primarily in the anterior wall of the left atrial, secondarily in the aortic wall. In many cases, CAD can develop due to the combined influence of risk factors, including increased levels of low-density lipoprotein (LDL) in the blood serum. Hereditary factors account for about 50% of the variability in LDL (Dobordjginidze L.M., 2000; Gratsiansky N.A., 2000).

Treatment. Currently, endovascular (intravenous) methods of restoring blood flow in the coronary arteries save the lives and health of thousands of people around the world. The first principle of treating CAD is to eliminate or reduce the effects of the factors that cause this disease. The second principle of treating this disease is to prevent the breakdown of the stable state of the formed atherosclerotic plaque. This prevents myocardial infarction, stroke, and sudden death. In modern

medicine, clopidogrel, which affects the blood coagulation system, and statins, which have a positive effect on the cholesterol and lipid spectrum, are considered one of the most effective drugs [27,63]. Statins are considered the main drugs in the treatment of dyslipidemia. In the literature, there is information about the use of statins in combination with antioxidants to enhance the safe effect.

Course and prognosis of the disease. Our studies have shown that the combination therapy has significant antioxidant properties, reducing the amount of malondialdehyde, a secondary product of LPO processes. Thus, the amount of MDA decreased by 45.7% and averaged 4.11 ± 0.2 nmol/ml ($P < 0.05$).

The general condition of clinical patients improved significantly, the body weight index after treatment decreased by 10.9% (27.4 ± 0.55) from the pre-treatment values. The patients' tolerance to physical exertion increased, and the amount of medication they took decreased. The use of clopidogrel 75 mg per day in combination with aspirin also had a positive effect on the blood coagulation status, and after treatment the indicators approached the control group. The drugs were well tolerated by the patients. No side effects of the drug were observed. Transaminase activity did not increase to high levels. Our studies show that significant changes in the LPO system were quite noticeable, which is clearly confirmed by the improvement of the lipid spectrum and coagulation status. The obtained indicators were significantly closer to the indicators in the control group. Thus, the use of Clopidogrel 75 mg per day in combination with aspirin is an effective general improvement in the treatment of ACS after coronary stenting and is considered a first-line drug in the treatment of these patients.

Conclusion. Despite the fact that the pathophysiology and pathogenesis of ACS after coronary stenting have been sufficiently studied, and modern methods of rapid diagnosis and treatment have been developed, mortality from this disease remains high. Mortality and disability as a result of ACS are increasing. In endovascular treatment of UIC, this site (hole) is mainly used for severe atherosclerotic lesions of the vessels, which allows to achieve a high percentage of success with the use of drug-coated stents. Stent polymers are coated with drugs, gradually the stent surface resists the development of restenosis. Changes in the coagulation status of the blood change due to many processes. In patients with UIC who underwent ACS, an increase in the LPO process was found, which is consistent with our studies. In the process of studying the LPO processes, it was found that the level of the secondary lipoperoxidation product MDA was statistically significantly increased in the blood serum compared to the control group. When comparing the level of MDA in the blood between healthy and patients, it was found that it was increased in patients. The level of MDA in this group was 2.3 times higher than in the control group. As a result of the conducted correlation analysis, a relationship was found between them ($r = 0.32-0.51$). We believe that our study will shed some light on the causes of early development of UTI and will allow for early diagnosis of UTI and prevention of its complications.

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