

**THE CLINICAL PROGRESSION OF RHEUMATOID ARTHRITIS****Norbo'toyev Olimjon Mustafaqli**

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**Objective:** Rheumatoid arthritis is a chronic autoimmune systemic inflammatory disease of connective tissue that mainly damages joints in an erosive-destructive progressive type of polyarthritis. On the basis of the pathogenesis of rheumatoid arthritis, genetically determined autoimmune processes lie, the origin of which is predisposed to the deficit of the T-suppressor function of lymphocytes. Changes in the structure of the joint occurring at the base of this disease – ankylosis, deformity and contracture formation—are associated to a large extent with early-onset treatment. Clinical-pathogenetic properties of rheumatoid arthritis in the article lit.

**Keywords:** Rheumatoid arthritis (RA), rheumatoid factor (RF), undifferentiated arthritis

Rheumatoid arthritis is an autoimmune rheumatic disease characterized by chronic erosive arthritis and systemic damage to internal organs. It affects approximately 1% of the population. Women are predominantly affected, with the peak age of onset considered to be between 40 and 55 years. The cause of the disease has not been determined. It is only known that some people are genetically predisposed to RA, but the disease is not passed directly from parents to children. Although the etiological cause of rheumatoid arthritis is unknown, scientists have uncovered many of its profound mechanisms. The essence of this disease is a malfunction of the body's immune system. As a result, certain immune cells produce an excess of substances that cause inflammation and begin to damage the body's own tissues.

Rheumatoid arthritis causes chronic inflammation of the joints and affects the surrounding tissues, as well as other organs and systems; therefore, it is classified as a systemic disease (affecting the entire body, not just a single organ). The clinical course of rheumatoid arthritis is polymorphic, ranging from a mild form, where prolonged remission may be observed, to a severe articular-visceral form. A distinctive feature of the chronic inflammation in rheumatoid arthritis is that it manifests as a persistent pain syndrome, with polyarthritis or spondylitis that does not correlate with other clinical and laboratory indicators. It has been established that the initial years of the disease are crucial for the development and progression of the pathological process. In the earliest stages of Rheumatoid Arthritis (RA), specifically during the primary, exudative phase before autoimmune mechanisms have fully emerged and in the absence of pannus—the morphological basis for joint destruction—the likelihood of disease reversal is high. Furthermore, 50% of the most severe radiological changes (erosions) occur within the first 2 to 6 years of the disease. During this period, 37.5% of patients lose their ability to work within the first 3 years of the disease, and after 5 years, more than 50% of RA patients are unable to continue their professional activities. This data indicates the aggressive course of RA in its initial years. Diagnosing rheumatoid arthritis in its early stages is a complex and challenging task for physicians. With the help of modern treatment methods conducted during this period, it is possible to influence pathogenetic mechanisms that cause irreversible changes not only in the musculoskeletal system but also in internal organs. RA is a heterogeneous disease; only 10% of patients have a benign monocyclic course with rare episodes of exacerbation. In two-thirds of

patients, the disease proceeds slowly but progressively, with incomplete remission and frequent exacerbations. In the remaining patients, multiple and severe joint lesions develop rapidly, and a "malignant" variant of the disease develops, leading to death due to the disruption of internal organ functions. During the progression of the disease without deviations, it is necessary to diagnose the disease as early as possible, begin treatment early, and subsequently monitor the effectiveness of treatment and drug tolerance, conducting treatment continuously and without interruption. Therefore, the harmfulness of early RA diagnosis is indisputable. In cases of classic clinical manifestations of the disease, especially with typical finger lesions, the diagnosis of RA is not difficult for an experienced rheumatologist.

Problems in RA diagnosis include: - the classic clinical picture is usually observed in patients with long-term RA; in the early stages of the disease, a number of clinical (e.g., ulnar deviation of the fingers, rheumatoid nodules), immunological (rheumatoid factor - RA), and radiological (bone erosion) symptoms characteristic of RA may be absent; - pronounced heterogeneity of symptoms is characteristic of initial RA; There are no true pathological symptoms in RA. Diagnostic problems arise specifically in the early stages of the disease. Over time, various complications are added to the joint damage. There are a number of models of RA development that help to understand the patterns of development of this disease, understand the difficulties in diagnosis and the possibilities of overcoming them.

In these models, it is assumed that the immunopathological mechanisms of RA are gradually activated, and in this individual, under the influence of genetic, external (smoking, etc.), and immunological factors (the formation of citrullinated peptides and proteins), the disease develops into a stage of reversible "non-specific" symptoms known as undifferentiated arthritis (NDA), during which chronic destructive (rheumatoid) polyarthritis is not formed. This explains both the typical and atypical course of the initial period of the disease (in the form of NDA) and the formation of clinical heterogeneity. According to the researchers, the majority of patients undergo the NDA stage in the early stages of the disease. Therefore, early diagnosis of RA is difficult for objective reasons. A few decades ago, the issue of developing a diagnosis of RA based on criteria was raised. Overall, existing concepts regarding the development of RA are grouped into several main characteristics. In all patients, the initial stage of the disease is an early stage where the clinical picture is not fully formed and the nosology is questionable; i.e., the majority of patients experience the NDA stage. The nosological relationship and the severity of the disease are determined by genetic, immunological, and environmental factors in the early stages of the disease; therefore, this period is reversible, and the possibility of pathogenetic treatment effectiveness is high. Upon completion of the early period, a rapidly or slowly progressive chronic inflammatory disease (usually RA) develops, which subsequently develops according to specific patterns characteristic of this pathology. RA is a highly heterogeneous disease in terms of clinical presentation and disease progression rate, and it is advisable to distinguish its essential signs: persistent arthritis; - Association of RF and SSPA; - development of a tendency toward joint destruction (narrowing of the joint fissure, erosion). The practical significance of early RA diagnosis is substantiated by the early initiation of basic treatment and the prevention of disease complications.

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