

In children under 5 years of age, the LII norm was taken to be values from 0.03 to 0.34.

Results and its discussion. During the analysis of the 3 groups of children with different associated conditions of pneumonia, varying LII values were found before and after the treatment.

In patients with pneumonia associated with pleuritis, the average LII before was 3.099 ± 0.683 and after treatment it was 0.226 ± 0.049 . In patients with pneumonia associated with otitis media, the average LII before treatment was 1.742 ± 0.300 and after treatment it was 0.384 ± 0.097 . In patients with pneumonia associated with adenoiditis, the average LII before treatment was 1.196 ± 0.312 and after treatment was 0.396 ± 0.168 .

The LII value of all 3 groups showed a remarkable change in LII after the treatment. LII of group 1 was reduced back to normal (0.03–0.34) after treatment. In groups 2 and 3, LII were significantly reduced, but still remained slightly above normal (0.03–0.34).

Conclusion. 1. The findings of this study show the significant improvement in leukocyte intoxication indices (LII) under five years of age with pneumonia following treatment. 2. Group 1 (pneumonia associated with pleurisy) showed the highest change in LII from 3.099 ± 0.683 to 0.226 ± 0.049 , before and after the treatment respectively. 3. The observed improvements reinforce the potential of LII as a valuable biomarker for assessing treatment efficacy and guiding clinical decisions.

REFERENCES

1. A Leukocyte Score to Improve Clinical Outcome Predictions in Bacteremic Pneumococcal Pneumonia in Adults / M. Blot [et al.] // Open Forum Infectious Diseases. – 2014. – Vol. 1 (2). – P. 5-7. doi: 10.1093/ofid/ofu075.

IMPROVEMENT OF METHODS FOR TREATING PERIODONTAL DISEASES IN THE CONTEXT OF PREECLAMPSIA IN PREGNANT WOMEN

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Relevance. Studies show that 20% to 50% of pregnant women, especially those from lower socioeconomic backgrounds, have periodontal diseases. Chronic inflammation in periodontal tissues accelerates preeclampsia development [1]. In preeclampsia, periodontal diseases worsen, with inflammation and plaque biofilm dominated by Gram-negative anaerobes disrupting gum tissue integrity [3]. Therefore, treating and preventing periodontal diseases during pregnancy is a key issue in dentistry [2].

Research objectives. To develop methods for the treatment and prevention of periodontal diseases in pregnant women with preeclampsia.

Research methods. A clinical, functional, and laboratory examination was conducted on 120 pregnant women aged 18–49 years. Additionally, 20 non–pregnant women were examined as a control group. The participants were divided into three groups: The first main group included 60 pregnant women with preeclampsia; The second comparison group included 40 pregnant women without preeclampsia; The third control group consisted of 20 non–pregnant women of reproductive age.

Results and its discussion. A comparative study assessed the severity and prevalence of periodontal diseases in pregnant women with preeclampsia, comparing them to those with physiological pregnancies and women of reproductive age. The impact of vascular reactions in preeclampsia on periodontal tissues was evaluated through functional studies. The study also examined combined pathological symptoms in periodontal tissues, considering clinical and biochemical profiles. The role of blood parameter changes, including calcium–magnesium ratio and hormone levels, in the development of periodontal diseases in preeclampsia patients was analyzed. Diagnostic, prognostic, preventive, and therapeutic approaches for treating these diseases were proposed.

Conclusion. The results led to the development, testing, and implementation of key principles for the systemic prevention of periodontal diseases linked to gestational preeclampsia, along with additional recommendations for predicting and treating these diseases amid multifaceted systemic disorders.

REFERENCES

1. Periodontal disease as a risk factor for adverse pregnancy outcomes: a systematic review and meta–analysis of case–control studies/ S. Corbella [et al.] // Odontology. – 2012. – Vol. 100. – P.232–240.
2. Is maternal periodontal disease a risk factor for preterm delivery? / V. Lohsoonthorn [et al.] //American journal of epidemiology. – 2009. – Vol. 169 (6). – P. 731–739.
3. Relationship between periodontitis and pre–eclampsia: a meta–analysis / F. Sgolastra [et al.]//PloS one. – 2013. – Vol. 8(8). – P. 71–78

HISTOLOGICAL VARIATIONS SEEN IN ACUTE PHLEGMONOUS CHOLECYSTITIS TREATED WITH ANTIBIOTIC

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Relevance. The incidence of cholecystitis is rising [1], peaking at 60 years of age. The overall mortality rate for acute cholecystitis is around 4%, increasing in the elderly, particularly those with comorbidities [2]. There has been a growing trend toward non–operative treatments for high–risk patients in emergency situations.