

echinococcus in the patient's left lung, but no parasite cysts were seen in the brain. In the whole blood test, seven patients with hepatic echinococcosis had an elevated ESR, and the blood leucocyte formula had more eosinophils. In nine instances, biochemical testing revealed that an increase in all immunoglobulin types led to an increase in total blood plasma protein. To find antibodies to echinococcus antigens, ELISA was used to analyze blood samples from 24 patients. In the whole blood test, seven patients with hepatic echinococcosis had an elevated ESR, and the blood leucocyte formula had more eosinophils. Biochemical testing revealed that in nine of the cases, a rise in all types of immunoglobulins was responsible for an increase in total blood plasma protein. ELISA was used to analyze blood samples from 24 patients in order to identify antibodies.

Results and discussion. There were 17 women and 10 men among the 27 patients that took part in this study. The patients ranged in age from 18 to 83 years old. Three people were referred to the "Minsk Scientific and Practical Centre for Surgery, Transplantation and Hematology" because they had significant liver cysts. The cysts of the two individuals were 160x105 mm and 104x86 mm. The third patient was transferred after undergoing two liver surgeries. Liver resection procedures were performed using a water jet dissector, LigaSure technology, and an ultrasonic scalpel. In cases when serious bleeding is possible, patients were prepared for total vascular isolation of the liver before surgery, which helps minimize blood loss. This method generally involves separating and removing the hepatoduodenal ligament and the lower hollow vein in its supra and subhepatic sections on the turnstiles. According to these tomograms, the liver's postoperative hypertrophy left lobe is sufficiently massive to guarantee the organ's regular operation. On days 12-18 all patients were released for outpatient therapy; there were no postoperative complications or deaths in our instances.

Conclusion. Regardless of the size and location of the cysts, patients with echinococcosis should have surgical treatment. Minimally invasive surgical techniques cause the least amount of trauma. The two most reliable diagnostic tests for echinococcosis are ultrasound and MRI. Total vascular isolation is preferred to regulate blood loss during operation

COMPARATIVE STUDY OF THE FREQUENCY OF ATRIAL FIBRILLATION IN PATIENTS WITH HYPERTENSION OF VARYING SEVERITY

Akalaeva Diana Alfredovna

Tashkent Medical Academy, Tashkent, Uzbekistan

Introduction. Atrial fibrillation (AF) is the most common arrhythmia among patients with hypertension, which significantly increases the risk of stroke, heart failure, and other cardiovascular complications. Studies show that up to 40% of patients with hypertension may develop AF. This disease is

associated with left atrial hypertrophy, fibrosis, and changes in the electrophysiological properties of the myocardium, which is a consequence of prolonged high blood pressure. Understanding the relationship between the degree of hypertension and the frequency of AF is critical for more effective diagnosis and the development of prevention and treatment methods.

Aim of the study. The aim of this study is to assess the incidence of AF among patients with hypertension of varying severity, as well as to investigate the mechanisms that contribute to its development and the effect of the degree of hypertension on the occurrence of arrhythmias.

Materials and methods. The study included 300 patients with hypertension aged from 45 to 70 years, who were divided into three groups depending on the severity of hypertension: mild (systolic BP <140 mmHg, diastolic <90 mmHg), moderate (systolic BP 141-160 mmHg, diastolic 91-100 mmHg) and severe hypertension (systolic BP > 160 mmHg, diastolic > 100 mmHg). AF was diagnosed using a 12-lead ECG and Holter monitoring for 24-48 hours. The incidence of AF was recorded for each group. A statistical analysis was performed to identify the relationship between the severity of hypertension and the likelihood of developing arrhythmias.

Results and discussion. The frequency of AF increased depending on the severity of hypertension. In the group with mild hypertension (systolic BP <140 mm Hg and diastolic <90 mm Hg), AF was detected in 12% of patients (36 out of 300). In the group with moderate hypertension (systolic BP 141-160 mm Hg, diastolic 91-100 mm Hg), AF occurred in 25% of patients (75 out of 300). In the group with severe hypertension (systolic BP > 160 mmHg, diastolic BP >100 mmHg), AF was diagnosed in 40% of patients (120 out of 300). These data show that severe hypertension significantly increases the likelihood of developing AF.

The mechanisms that contribute to the development of AF include structural changes in the myocardium, such as left atrial hypertrophy and fibrosis. Increased pressure in the heart leads to stretching of the atrium, thickening of its walls and disruption of the normal conduction of electrical impulses, which creates conditions for the circulation of electrical waves. In addition, hypertension activates the renin-angiotensin-aldosterone system, which contributes to further myocardial fibrosis and deterioration of conduction, which ultimately contributes to the development of fibrillation.

Conclusion. The data obtained confirm that hypertension, especially in severe forms, significantly increases the risk of developing AF. This emphasizes the importance of early diagnosis and control of blood pressure, especially in patients with severe hypertension. Regular monitoring of blood pressure and effective treatment of hypertension can significantly reduce the likelihood of arrhythmias and other cardiovascular diseases, improving the prognosis and quality of life of patients. For patients with severe hypertension, it is necessary to ensure more careful medical supervision, including the use of modern diagnostic methods to detect early signs of AF and other cardiac disorders.