

BED, tumor block level and choosing the best way to decompress the bilexcreting system, but MSCTA allows defining resectability of tumorous process.

Results of PAT treatment, complicated with MJ depend not only on the nature of tumor formation, size of tumor and stage of the disease, but also on the treatment method.

## **MODERN APPROACHES IN COMPREHENSIVE TREATMENT OF AGEAL MACULODYSTROPHY**

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**Relevance.** Age-related macular degeneration (AMD) is a chronic progressive disease characterized by damage to the Central photoactive zone of the retina. AMD is one of the most common eye diseases that threaten significant vision loss and disability in people over 60 years of age. Currently, several fundamental theories of the pathogenesis of senile macular degeneration have been identified: primary aging of the retinal pigment epithelium and Bruch's membrane, oxidative stress, which consists in damage to the eye tissues due to an imbalance in the system of free radical formation and antioxidant protection, damage to the eye products, primary genetic defects, and pathological changes in the blood supply to the eyeball. AMD is a multifactorial disease, and the approach to its treatment should be comprehensive. In modern ophthalmology, bioregulatory therapy is a promising direction of pathogenetic influence. In this regard, the drug of the peptide structure "Retinalamin" is of particular interest. However, drug therapy can not always provide compensation for impaired metabolism, and its results are unstable, so physiotherapy becomes particularly relevant. Hyperbaric oxygenation (HBO) is one of the most effective and promising non-drug treatments for AMD.

The goal is to analyze the clinical and functional results of complex treatment, including the peptide bioregulator "retinalamine" and Mildrotane in comparison with traditional drug therapy, including the antioxidant "emoxypine".

**Material and methods.** We conducted a study involving 33 patients (63 eyes) aged 61 to 82 years with dry atherosclerotic AMD. Among these patients, 9 people (17 eyes) received complex treatment (a course of retinalamine p/b for 0.5 # 10 ml and Mildronate I/V for 5.0 # 10), 24 people (46 eyes) received courses of emoxypine parabolbarno for 0.5 ml # 10. Patients were examined 1, 3, 6 months after the treatment. Clinical and functional studies included a standard ophthalmological examination with registration of the fundus on a digital fundus camera.

**Results.** Among patients receiving complex treatment in combination with barotherapy, visual acuity improved in 70% of cases by an average of 0.1 - 0.2. A decrease in the number of Central relative cattle was observed in 60% of cases. Kchsm increased in 76% of the eyes by an average of 2.0 Hz from the original. In the group receiving traditional treatment, visual acuity improved by 50% of cases, on average by 0.05-0.15. A decrease in the number of Central relative cattle was observed in 35% of cases. Kchsm increased by 55% on average by 1.0-2.0 Hz from the original. In both groups, there was an improvement in the fundus picture.

**Conclusions.** Thus, complex treatment of AMD, including the peptide bioregulator

"retinalamine" in combination with intravenous administration of mildranate, allows to achieve the most effective results compared to traditional therapy. The conducted studies indicate the effectiveness of this treatment and the feasibility of further research.

## **VALUE OF THE CLINICAL STATE EVALUATION SCALE IN PATIENTS WITH CHRONIC HEART FAILURE**

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Chronic heart failure (CHF) is a syndrome that develops as a result of various diseases, especially diseases of the cardiovascular system, leading to decreased pumping function of the heart, chronic hyperactivation and an imbalance of vasoconstrictor and vasodilating neurohumoral systems with a complex of characteristic symptoms (shortness of breath, fatigue and decreased physical activity, swelling, etc.), which are associated with inadequate perfusion of organs and tissues at rest or during exercise, and often with fluid retention in the body. Clinical examination of the patient allows you to dynamics to evaluate the effectiveness of the treatment of heart failure.

**Objective:** To determine the points on the clinical condition assessment scale (CSES) in patients with chronic heart failure (CHF) functional classes (FC) -I-IV

**Material and methods:** 45 patients with CHF were studied. Of these, 27 men, 18 women. The average age of patients is  $63.4 \pm 3.2$ . Patients with hypertension (GB) were 13, coronary heart disease (CHD) -11, combined ischemic heart disease and hypertension -15, combined ischemic heart disease, hypertension and diabetes mellitus-5. Chronic heart failure I functional class (FC) was diagnosed in 11 patients, II FC-in 22, III FC-8, I-IV FC-4 patients. All patients were evaluated complaints, medical history, an objective study.

**Results of the study:** All patients underwent scoring (CSES) with modifications Mareeva V. Yu., 2000: symptoms like shortness of breath, weight gain over the last week, wheezing in the lungs, interruptions in the heart, swelling of the cervical veins, enlarged liver, the presence of pastiness, edema, the level of systolic blood pressure and their severity.

Revealed by CSES in patients with FC I was -points equal to 3 points; II FC - 5 points; FC III - 8 points and FC IV - 10 points. All patients were also recorded electrocardiographic examination (ECG) and echocardiography examination (echocardiography) and treated according to the standard. Evaluation of the effectiveness of therapy was carried out according to the dynamics of the studied indicators and patient complaints at the end of the study. Marked: improvement in 86.5% of cases, shortness of breath significantly decreased in 38 (84.4%) patients, wheezing in the lungs disappeared in 39 (86.6%) patients, edema decreased in 36