

DIABETIC NEPHROPATHY

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Purpose of the research

Among the clinical complications of SD patients, the frequency of kidney damage has been determined to increase by 2-4 times compared to other pathologies. 18-20% of people over 65 years of age have diabetic glomerulopathy. The share of CKD in the structure of kidney pathologies varies regionally, as it accounts for 20-50% of dialysis patients in European countries, 45.6% in the United States, 36.0% in Canada, and 34.2% in Germany, 41.0% in Japan, 21.3% in Turkey, and 54.7% in Malaysia.

Materials and methods

Diabetic patients are 12 times more likely to receive dialysis in the United States than those without diabetes. In Spain, 21% of CKD patients receive dialysis each year. In people with diabetes, the death rate from nephropathy is 12-15 times higher than that of other pathologies. It is known that damage to microvessels, arteries, and renal tubules during CKD can lead to renal functional disorders and glomerulopathies (GP).

In general, CP is a group of diseases that develop as a result of immune complex damage of renal glomeruli, metabolic and functional disorders, diabetes, and renal amyloidosis. According to its etiology, CP is divided into 2 main groups: primary and secondary.

Results of the research

Primary CP is mainly caused by systemic damage to the kidneys as a result of glomerular dysfunction, divided into non-inflammatory (glomerulonephritis) and inflammatory groups. Non-inflammatory glomerulopathies include lipid nephrosis (glomerular membrane damage), local segmental glomerular sclerosis, and benign familial hematurias (thin basement membrane disease), etc. is attributed. Acute postinfectious (diffuse proliferative) glomerulonephritis, mesangiocapillary (membrane proliferative) and crescentic aneuritis (extracapillary proliferative glomerulonephritis – with antibodies against the glomerular basement membrane) belong to the form of inflammation (glomerulonephritis). Mesangiocapillary glomerulonephritis itself has 3 main types: subendothelial CP, thick deposit disease, DQ with subendothelial deposit.