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MORPHOLOGICAL CHARACTERISTICS OF THE THYROID GLAND IN POLYPHARMASIA WITH ANTI-INFLAMMATORY DRUGS

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Summary. Pathology of the thyroid gland is considered a marker of environmental distress. The most significant morphophysiological structure of the thyroid gland is a tissue microregion that combines a group of follicles and interfollicular space with an autonomous system of blood and lymph circulation. It is the structures of the tissue microregion that suffer the most under the action of pathogenic factors on the thyroid gland, reducing its role in providing morphological and metabolic changes in tissues and organs [Borodin Yu.I., et al., 2018]. But morphological and morphometric changes in the thyroid gland during polypharmacy with anti-inflammatory drugs are poorly understood. The article presents a review of the literature on structural changes in the thyroid gland during polypharmacy with anti-inflammatory drugs.

Key words: polypharmacy, thyroid gland, morphology, anti-inflammatory drugs.

МОРФОЛОГИЧЕСКАЯ ХАРАКТЕРИСТИКА ЩИТОВИДНОЙ ЖЕЛЕЗЫ ПРИ ПОЛИПРАГМАЗИИ ПРОТИВОВОСПАЛИТЕЛЬНЫМИ ПРЕПАРАТАМИ

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Резюме. Патология щитовидной железы считается маркером экологического неблагополучия. Наиболее значимой морфофизиологической структурой щитовидной железы является тканевой микрорайон, объединяющий группу фолликулов и межфолликулярное пространство с автономной системой крово- и лимфообращения. Именно структуры тканевого микрорайона страдают больше всего при действии патогенных факторов на щитовидную железу, снижая ее роль в обеспечении морфологических и метаболических изменений в тканях и органах [Бородин Ю.И., и соавт., 2018]. Но морфологические и морфометрические изменения щитовидной железы при полипрагмазии противовоспалительными препаратами малоизучены. В статье представлен обзор литературы о структурных изменениях щитовидной железы при полипрагмазии противовоспалительными препаратами.

Ключевые слова: полипрагмазия, щитовидная железа, морфология, противовоспалительные препараты.

YANGLISHGA QARSHI DORILAR BILAN POLPRAGMAZIYADA QALQONSIMON BEZNING MORFOLOGIK XUSUSIYATLARI

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Annotatsiya. Qalqonsimon bezning patologiyasi atrof-muhitning buzilishining belgisi hisoblanadi. Qalqonsimon bezning eng muhim morfofiziologik tuzilishi follikullar guruhi va interfollikulyar bo'shliqni avtonom qon va limfa aylanish tizimi bilan birlashtirgan to'qima mikrosohadir. Aynan to'qima mikrosohasi tuzilmalari qalqonsimon bezga patogen omillar ta'sirida eng ko'p zarar ko'radi va uning to'qimalar va organlarda morfologik va metabolik o'zgarishlarni ta'minlashdagi rolini

kamaytiradi [Borodin Yu.I., va boshqalar, 2018]. Ammo yallig'lanishga qarshi dorilar bilan polifarmatsiya paytida qalqonsimon bezdagi morfologik va morfometrik o'zgarishlar yaxshi tushunilmagan. Maqolada yallig'lanishga qarshi dorilar bilan polifarmatsiya paytida qalqonsimon bezdagi strukturaviy o'zgarishlar bo'yicha adabiyotlarni ko'rib chiqish keltirilgan.

Kalit so'zlar: polifarmatsiya, qalqonsimon bez, morfologiya, yallig'lanishga qarshi dorilar.

Relevance. The morphology of the thyroid gland is given great attention due to the growth of endocrine pathology throughout the world. Pathology of the thyroid gland ranks second after diabetes mellitus [O. V. Gorchakova., 2019]. Pathology of the thyroid gland is considered a marker of environmental distress. The most significant morphophysiological structure of the thyroid gland is a tissue microregion that combines a group of follicles and interfollicular space with an autonomous system of blood and lymph circulation. It is the structures of the tissue microregion that suffer the most under the action of pathogenic factors on the thyroid gland, reducing its role in providing morphological and metabolic changes in tissues and organs [Borodin Yu.I., et al., 2018]. The thyroid parenchyma itself is formed by a system of thyrocytes, among which there are two main varieties - follicular and interfollicular cells. The first form follicles with the ability to extracellular accumulation of hormonally active substances. The latter are involved in the proliferation of the thyroid parenchyma, forming interfollicular islets between the follicles. Morphogenetic potency of stromal-parenchymal relationships is determined by the ratio of follicular epithelial tissue, colloid and interstitium.

Currently, worldwide interest in the study of the mechanisms of damage and structural reorganization of the organs of the endocrine system caused by various pathological agents - physical, chemical, medicinal factors [Anvarova Sh.S., Niyazova N.F., Juraeva S.D., 2017].

The importance of the thyroid gland (TG) for the life of the body can hardly be overestimated [Starkova I., 2022]. In addition to thyrocytes - the main cell population that makes up the follicular compartment of the gland, it contains the second largest cell group - calcitoninocytes (parafollicular or C-cells) [Solyannikova D.R., Bryukhin G.V., 2019]. They are of neurogenic origin and belong to the so-called APUD system [Smirnova T.S., 2019], which is cell populations scattered in various organs and producing various biologically active substances, which are considered

as a diffuse neuroendocrine system [Sazonov V.F., 2017]. Parafollicular cells are located in small groups in the interstitium of the thyroid gland and / or lie on the basement membrane between thyrocytes (intraepithelial), but never border the lumen of the follicle. Their maximum number is concentrated in the central sections of each lobe of the thyroid gland, which are called the "C-cell region". Parafollicular cells make up no more than 1% of the thyroid epithelium. They are 2–3 times larger than thyrocytes, polyganal or slightly elongated, have larger and lighter nuclei with 1–2 dense nucleoli and pale cytoplasm containing small argyrophilic granules [Volkov V.P., 2018].

In outpatient and inpatient settings, patients are most often prescribed more than two drugs (MP) at the same time. Moreover, the doctor does not always know what the patient is really taking and in what doses, discompliance often occurs. Polypharmacotherapy can occur not only because of a large number of concomitant diseases and conditions in a patient, but also due to the wrong choice of drugs, when the patient takes unidirectional, mutually exclusive or optional medications. There is a deficiency or perversion of the effect of the prescribed drug, due to changes in metabolic processes in the elderly organism. This often leads to incorrect correction of treatment tactics in the direction of increasing the number of drugs or replacing them with stronger ones. The results of polypharmacy are reduced / no effect of treatment, unwanted side effects, frequent hospitalizations, high financial costs for both the patient and the healthcare system as a whole. The scientific medical community offers evidence-based methods to combat polypharmacy in the form of various analytical algorithms for prescribing pharmacotherapy. These are the drug rationality index (Medication Appropriateness Index, USA, 1992), Beers criteria (American Geriatric Association, 2003, 2012), STOPP / START criteria (Recommendations of the National Health Service of Great Britain, 2013, 2015), FORTA (Germany, 2011), PINCER criteria (UK, 2012) [Guthrie B., Yu N., Murphy D., 2015]. Unfortunately, at present, the frequency and consequences of irrational polypharmacy in outpatient clinics in our country remain insufficiently studied [E.A. Panova, 2019].

The wide prevalence, destructive impact on many body systems, leading to a very noticeable deterioration in the quality of life of patients, put thyroid diseases on a par with such pathologies as diabetes mellitus and diseases of the cardiovascular system. According to the World Health Organization (WHO), among endocrine disorders, thyroid disease ranks

second after diabetes. According to statistics, disorders in the thyroid gland affects up to a third of the entire population of the planet. More than 740 million people in the world have endemic goiter or suffer from another thyroid pathology; 1.5 billion people face the risk of developing iodine deficiency diseases. At the same time, according to statistics, the increase in the number of thyroid diseases in the world is 5% per year [N.Yu. Kryuchkova, et al., 2018].

In recent decades, the functional state of the thyroid gland in patients with various profiles has been actively studied. It is known that thyroid hormones regulate the state of all organs and systems in the human body, primarily the processes of growth, maturation and differentiation of cells [A.R. Volkova, 2018].

Thyroid diseases are one of the most common types of endocrine pathology, which is due to many factors, among which iodine deficiency, increased background radiation, unfavorable environmental conditions and psycho-emotional stress are especially important. Acute and chronic stress can disrupt the secretion of thyroid hormones and significantly change the morphology of the gland, causing changes of different severity and direction [S.N. Styazhkina, 2015].

Drug effects on the immune system often lead to the development of such undesirable phenomena as autoimmune diseases. At the same time, of all organs of the endocrine system, the thyroid gland is most often affected, an organ whose embryonic development features predispose both to spontaneous and induced lesions under various autoimmune influences [G.A. Melnichenko, 2016].

Currently, worldwide interest in the study of the mechanisms of damage and restructuring of the organs of the endocrine system, caused by various pathological agents - physical, chemical, medicinal factors [Sh.S. Anvarova, et al., 2017].

The reason for the simultaneous prescription of several drugs may be the presence of concomitant diseases (multimorbidity), the availability of drugs, as well as clinical recommendations, guidelines of professional medical societies, treatment standards, containing in some cases recommendations for the use of complex therapy with more than 5 drugs for only one indication, the effectiveness of which corresponds to high levels of evidence. An analysis of the literature shows that today the fight against polypharmacy with anti-inflammatory drugs is one of the important tasks in providing medical care to patients of any age. This

emphasizes the need to develop strategies that improve the quality of medical care and reduce adverse drug reactions [Shekunova E.V., Kovaleva M.A. va b. 2020 Yil Annuar Fazalda, Adam Quraisiah, Mohd Fahami Nur Azlina. 2018, Arthur J. Kast L, Natalie A. Terry, Gaary D. Albenberg, 2019].

From the above review of the literature, it becomes clear that there is not enough research on polypharmacy and its effect on the endocrine system, especially the thyroid gland. Among the available data, there are some inconsistencies that require further morphological and morphometric studies.

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СТРУКТУРНЫЕ ИЗМЕНЕНИЯ БРОНХИАЛЬНЫХ ЖЕЛЕЗ ПРИ АТЕЛЕКТАТИЧЕСКОЙ ФОРМЕ РЕСПИРАТОРНОГО ДИСТРЕСС-СИНДРОМА НОВОРОЖДЕННЫХ

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Резюме. Среди заболеваний органов дыхания у новорожденных РДС занимают особое место. Чем меньше срок беременности, тем выше вероятность развития РДС. Материалом для исследования служили легкие умерших новорожденных (36– случаев) с ателектатической формой пневмопатии в разные сроки беременности. Использовались срезы, окрашенные гематоксилином-эозином, по методу Ван-Гизона и альциановым синим. Бронхиальные железы, находящиеся подслизистой оболочкой, состоят из серозных и слизистых клеток, расположенных в базальной мембране, образуя структуру, напоминающую ацинус. Респираторные бронхиолы в легочной ткани расширены, большинство альвеолярных ходов окружающих их не были вскрыты, и в паренхиме легких наблюдались признаки незавершенной зрелости железистых и канальцевых структур. Альвеолярный эпителий имел кубическую форму, а между альвеолами были тонкие соединительные ткани, а сосуды микроциркуляторной системы между ними были полновесными. Увеличение продолжительности жизни при ателектатической форме пневмопатии сопровождается улучшением морфофункциональных характеристик стенок бронхов разного калибра и легочной ткани, что повышает шансы на выживание новорожденных

Ключевые слова: новорожденные, бронхи, бронхиальные железы, ателектаз.