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**ROLE OF CONNECTIVE TISSUE DYSPLASIA IN ACUTE  
GLOMERULONEPHRITIS IN CHILDREN**

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Displaziyasi connective tissue syndrome (BTDS) from the aspect of genetic heterogen condition is according to data from the literature, renal pathology have children who, including pyelonephritis, nefrit interstisial, cystitis, nefroptoz, glomerulonephritis, high levels were detected [3].

Attachedvchi displaziyasi tissue (BT) - embrion a disorder of connective tissue development and in the postpartum period is, and the main substance of connective tissue fiber structure is based genetic defects detected from the aspect with the description of a condition shall be considered. Displastik gomeostaz changes in the connective tissue, metabolism and immunity and significantly affect tissues, organs and the body, feelings of the victories ofthe different morphological and funk iwill be manifested by progressive night break at iona and the pathologies associated with it identify the characteristicsi [content 6.7]. Bfunk iriktiruvchi many tissueperforms iya: morfogenetik, biomexanik, trophic, bar'land, building and the others, the various members of the body of their leader and the tissue of the toe to a whole'become merger [1]. In the connective tissue morphological changes, the change of metabolic process, immunogenez, leads to the appearance of internal organs secondary break, this will often be the main pathological processing heavy night operation defines [2,4]. "E secondarycolumn immunity deficiency" at the form ofe anish uncomfortable to bringcolumn factors of connective tissue metabolism, the cells will affect the position of the membrane, therefore bt is observed more negative effects more pronounced in such patients [5.7].

Foreign BTDS not only with characters, but T-limfotsthe decrease of active dogs, SD3+, SD4+ failure, fag ipsositozning disorder, it'sA, ItM, you get the level change, tsirkulyasiyaimmune complex(the cycle) and the formation of eeducationof iya, makrofaglar-mono- intensity activity and the decrease of immunity of dogs stuckwith iyat also appear [4]. This specific night, the clinical eha acute glomerulonephritis (O'GN) and select immunopatologik containing immunokompleks will lead to the development of diseases.

**The research purpose** - living in surkhandarya region in children with connective tissue diplaziyai in the background O'gn of specific denial properties study.

**The material and give usthe lub.** Surkhandarya region1 of ida under the age of 15 living from the age of 94 o students'GN infected with viloyo the children's clinical hospital and 1-number of children davolanayotgan city children's hospital to check. 58 students in the patient O'syndrome an nefrit GN with, OIL 22 students inrot syndrome (NS) with the nightof 14 students in the patient of the disease and gematuriya with NS were observed. Conventional clinical and laboratory analysis of all patients authorized persons to checkzil was stigmalari BT disa and thisincludes determining mbriogenezni. Connective tissue level of the main ingredients ts dezorganizasiyaacid at ia, seromukoidlar, c-reactive protein, TsIk krioglobulinlar level will determine.

**Results and discussion.** O'GN sufferers students check in 94 children  $84,04 \pm 3,78\%$  of patients in the bt stigmalari,  $39,36 \pm 5,04\%$  stigmalari multiple BT (3 yokI) determineDi, i.e. O'every third gn in patients infected with this condition were observed. BT stigmalaridan hand and foot anomalies ( $41,49 \pm 5,08\%$ ) yassioyoqlik ( $40,43 \pm 5,06\%$ ) eng a lot (1 picture).

Gipermobilligi in the same frequency of the joints projects and pigment spots ( $33,98 \pm 4,89\%$ ) was observed in patients with  $20,21 \pm 4,14\%$  in postural disorder, scoliosis detectDi. Bt the stigma of the otherworld (the displacement of the chestof iya, hernia, myopia, cervix high , be the greatfingers n, gall bladder displacementof iya, mitral valve prolapsi) verified patients than 10% were observed. More than 5 children, 3 of them out of 94 in the bt stigmalariiqlandi. Either the bt stigmalarining'qligi O'children of GN 1results in a  $5.96 \pm 3,78\%$  found atDi. O'b bt gn's almost stigmalari in various formsoccur in the same ir frequencyDi ( $r > 0.05$ ). An nefrit syndrome ( $39,66 \pm 6,42\%$ ) and nefrotik syndrome ( $40,91 \pm 10,73\%$ ) observed in patients with three or more equal frequency in the bt stigmasi occurVia. This is the bt in children sufferers metabolism and immunity properties of O'it can be shown that they are prone to the development of GN, but its shape aniqlamaydi. After bt determine the genetic aspect, the subscriber is the reason for the specific features of the period of the embryo connective tissue metabolismmay appear at this disembriogenezni some stigmalarininaffects the formation of g. O'91,49 of patients with GN  $\pm 2,88\%$  disembriogenez stigmalari,  $51,06 \pm 5,16\%$  of children in many disembriogenez stigmalari (3 vmore) determineDi, i.e. O'every second in infected patients with gn were observed.

Disembriogenez stigmalaridan, the second and third toes sindaktiliya tendertsof iya eng common ( $78,72 \pm 4,22\%$ ), the same frequency in - ravoqsimon gipertelozizm and palate (respectively  $56,38 \pm 5,$  and  $11 52,13 \pm 5,15\%$ ), ear suprasilless displacement ( $20,21 \pm 4,14\%$ ), forehead hair growth observed ( $18,09 \pm 3,97\%$ ). Toebone anomalies in the form of sh, epikantus, renal anomalies, eye anomalies, kriptorxizm, so'r get extra to the chest'constipation, like other children gipertrixoz



disembriogenezning stigmaliari verifiedg from 5% kamrog'ida occurs. Disambriogenezning stigmasi of them out of children for more than 5 94 8 (8,51 ± 2,88%) were observed.

That's o'g in different forms disambriogenez track stigmalariningbe twisted to notice a number of able to be. O'GN nefrotik's in the form of an nefrit shape than 3 or more disambriogenez be available stigmaliari, they form nefrotik able 68,18 of patients who are ± 10,20 % of the patient in the form and nefrit 41,38 ± 6,47 % to determine. ( $r < 0,05$ ). In the meantime, nefrit syndrome (28 patients, 48,28 ± 6,56%) and 22 patients from sindromli nefrotik, only 5 of them in disambriogenez's 1-2 more determined stigmasi ( $r < \text{up to } 0.05$ ).

Nefrotik withdisa in patients with multiple dronmbriogenez stigmaindirectly the presence of the world O'gn nefrotik syndrome is the appearance of connective tissue in that exchange, membrane conductivity, immunity, its regulation tizim (tsitokinlar) shows the negative effects of. Insulatorstudents in urine iya made disambriogenez stigmalarining nefrit found sindromli frequency Ofrequency is different from the gn, therefore, did not distinguish these two groups of patients. O'in the group of patients with different forms of GN's disambriogenez se stigmalarining the nature ofzilar was a difference in level ( $r > \text{up to } 0.05$ ).

BT stigmaliari and disambriogenez combinets the presence of iya O'infected in almost all patients with gn (98,94 ± 1,06%) were found. Only one child in the bt and stigmasi disambriogenez will determine. This will become sick from the pain of the throat, who then had children of school age. In these children O'syndrome with an nefrit GN continued. The majority of children (84,04 ± 3,78%) and bt disambriogenez's more than 3 stigmalariga havingonly 14,9 ± 3,67%, mainly in children, O'syndrome an nefrit GN, bt and have 1-2 disambriogenezning stigmasi eDi. Nefrotik sindromli ever a child DST and disambriogenez's than 3 less stigmasi is. This with along, nefrotik sindromli all children and gematuriya with aching I nefrotik sindromli of children, the majority (14 than 13 dollars) BT and disambriogenez's 3 more stigmalariga has eDi.

The bt and disambriogenez's 5 more than stigmalarining combinetsiya of cml patientsarning 54,26 ± 5,13% to up etdi, i.e. O'GN with every second patient were observed. The bt and disambriogenez's 5 or more , more than stigmalarining availability nefrotik syndrome than (68,18 ± 10,20%) and nefrotik+gematurik syndrome (78,57 ± 11,40%) nefrit an syndrome than (43,18 ± 11,40%) with significant levels of wide spread.

So do O'GN with aching, who in patients with BT and disambriogenez's a multiple stigmalarining the presence of not only glomerulyar apparatus, but the basal membrane also foiler , which supplies the process of heavy either'nalish the assumption to make for indirect criteria to be can. Nefrotik sindromli O'GN and

gematuriya with nefrotik sindromli O'GN BT and disembriogenez's a multiple stigmasi who are patients more prevalence because of, these patients the clinical appearances of certain properties has eDi. BT stigmasi the O'GN with who has bouts in the patient tumor syndrome more anas ( $39,20 \pm 5,49\%$ ) and the average tumor ( $16,46 \pm 4,17\%$ ,  $p < 0.05$  up to) and the bt stigmasi the O'with gn in children pastozlik in the form of manifested is, eye lids and in boldir dominate to ( $80,00 \pm 10,69\%$ ,  $p < 0,01$ ). BT stigmasi the O'GN with who has bouts in the patient, the tumor away keeps ( $12,32 \pm 1,05$  day) and the bt stigmasi the patient's tumor duration  $8,07 \pm 1,31$  day established was ( $r > 0.05$  up to) BT Makrogematuriya stigmasi the O'GN with aching, who in patients with slightly tez-quickly occurs ( $86,70 \pm 9,08\%$ ,  $r >$  up to 0.05). Its duration BT stigmalaring the presence of , or like to order related is not. 1 g/l up to is the bt proteinuriya stigmasi the O'GN with aching, who in the patients ( $73,33 \pm 11.82\%$ ), BT stigmasi available which o'g with aching, who in patients 2 g/l proteinuriya pm were observed ( $r <$  up to 0.05). Indication of the average daily proteinuriya BT stigmasi available to patients in the bt stigmasi 2,6 times higher compared to patients who do not have. Bt leykosituriya level to the number of related is ( $r >$  up to 0.05).

Acute phase parameters (tsia at acid, difenilamin test (the bootkit), seromukoid, c-reactive protein), TsIk and krioglobulinlar, fibrinogen level of the bt stigmasi the O'GN with aching, who in patients with a significant level increased (3-table). For this reason, the bt stigmalaring the presence of connective tissue structures of the metabolism of some properties reflect etta couldDi, acute phase parameters, TsIk and krioglobulinlar level, fibrinogen BT stigmalaring of the presence or notto stained depending on analyzed were.

So dothe bt stigmasi the o'g which with aching, who in patients with tsat ia acid  $62,75 \pm 6,77\%$  cases have been raised, of them the average level  $261,0 \pm 11,0$  unit; the bootkit  $70,59 \pm 6,38\%$  and increased the bootkit 's average level  $0,290 \pm 0,011$  unity is the organization of etdi; seromukoid  $49,02 \pm 7,00\%$  in patients with raised, his average level  $0,32 \pm 0,01$  op.PL. BT stigmasi the O'GN withn who are suffering from conditions in patients with sat ia acid, the bootkit and seromukoidlar faqat 1/6 patients with raised and sia at acid the average level  $182,5 \pm 17,0$  arb unit, the bootkit -  $0,210 \pm 0,017$  for it.p.m. ( $p < 0,01$ ), seromukoid -  $0,22 \pm 0,02$  op.PL. ( $p < 0,001$ ). BT stigmalari available at c-reactive protein in the average level of the bt stigmasi the patienta than 4,6 times higher ( $p < 0,01$ ). BT stigmalari available when the average fibrininogen level slightly higher eDi ( $4,40 \pm 0,36$  g / l,  $r >$  up to 0.05). BT stigmalaring the number of acute phase parameters, TsIk krioglobulinlar, will impact the growth of the level of fibrinogen. If multiple patients with the bt stigmasi see this in all the high tkichlarning determines that.

## Conclusions



1. O'children of the bt and the majority of sufferers GN disembrigenez stigmalari available, every second and every third child in the child stigmalari multiple multiple bt disembrigenez there are stigmalari. The bt and often significantly disembrigenez's stigmalari nefrotik sindromli 5 or more O'GN gematuriya and hypertension and nefrotik sindromli O'gn is determined. Long stigmasi tumor syndrome in children more and more accurate than the bt significantly to a higher rate of active proteinuriya and the process has.

2. Bt and the disembrigenezstigmalarining the presence of multiple, on the one hand, O'GN that is prone to the development of an Antena and shows the negative impact in the postnatal period. On the other hand, O'bt in patients with gn and disembrigenez's multiple availability stigmalarining O'night's heavy GN, indirect criteria for the high activity of the process can be, this prognosis and therapy should be taken into account.

3. Dst and disembrigenezto identify stigmalarini's simple, method is a very educated, it's alldifficult to open and chun pediatrician emas. BTD stigmalari and disembrigenezto determinethe stage of the present study ash in ecolumn the situation for the reason of the change of the clinic of the disease and deterioration classic is especially important.

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