

SOME PROBLEMS OF UROLOGY IN NEPHROLOGY

Bakhromov Bekzod Shavkatovich

Asian International University

Tel : +998934500601

bekzodbahromov56@gmail.com

ABSTRACT: The problem of the relationship between nephrological and urological diseases has not been sufficiently studied at present. In the clinic, there are situations when one process occurs under the guise of the other or these processes coexist, as well as when the nature of the existing symptoms remains unclear. An analysis of the literature has shown that there are only isolated reports of observations and descriptions of cases of combined urological and nephrological diseases or the course of a urological disease under the guise of a nephrological disease [37, 95, 176]. Few works are devoted, for example, to errors in the diagnosis of kidney cancer [43, 87] or glomerulonephritis [56, 79, 96]. There are practically no global works devoted to the problems of urology in nephrology, either in domestic or foreign literature. According to our data, only A. N. Shpigel dealt with the issue of diagnosing combined diffuse kidney damage with various diseases of other organs of the urinary system [4, 5, 108-117]. His last works were written 10 years ago (1990-1991) [112, 114, 117]. In them, he noted that he had not found any similar works on this issue that had previously existed. According to his data, more than 1/3 of patients admitted to the nephrology hospital were later diagnosed with undiagnosed urological diseases, previously assessed as diffuse kidney disease (DKD). Also, in a significant number of patients, despite the previous examination, the simultaneous coexistence of DKD and various diseases of other organs of the urinary system was not recognized. Only the problem of the combination of chronic pyelonephritis and chronic glomerulonephritis has been studied in more detail. A number of works from the 1960s-1980s are devoted to this issue [11-13, 76, 77, 126, 185]. According to various authors, the frequency of the combination of chronic pyelonephritis and chronic glomerulonephritis ranges from 2.4% to 30% among patients with a nephrological profile. In addition, even the mention of the combined course of glomerulonephritis and pyelonephritis has disappeared from modern manuals and textbooks, although A. Ya. Yaroshevsky devoted an entire chapter to this problem in his manual "Clinical Nephrology" (1971) [124]. It is obvious that the diagnosis of combined kidney damage is difficult, and there are no generally accepted criteria for combined damage. This is evident from the range of figures cited by various authors. We also did not come across any works that would cover the combination of nephrolithiasis and chronic glomerulonephritis. Only isolated purine metabolism disorder was studied [6, 8, 51, 52].

The problem of the relationship between kidney tumors and glomerulonephritis, which we are discussing separately and for the first time, is also worth mentioning. Here, we can find works in two important areas: firstly, these are nephrological paraneoplastic reactions that occur with tumors of the urinary system (mainly with renal parenchyma cancer) [20-22, 59-62, 64, 65, 67, 68, 74, 181], and secondly, this is the development of kidney cancer against the background of acquired cystic kidney disease (ACKD) in nephrological patients with chronic renal failure (CRF), especially on hemodialysis [26-29, 194, 196]. There is an

obvious need to isolate and more deeply study the problem of the relationship between kidney tumors and glomerulonephritis and to develop rational treatment tactics.

The severity of the condition of patients with combined pathology, early development of chronic renal failure in them dictates the need for timely recognition of combined diffuse kidney damage and urological diseases of various etiologies and pathogenesis and the beginning of adequate treatment.

All of the above emphasizes the relevance of studies aimed at identifying urological problems in nephrology. Until now, this issue has not been given due attention, although the absolute need for this is beyond doubt.

The purpose of this work.

To improve the diagnosis and treatment of kidney and urinary tract diseases.

Conclusions.

1. Four main groups of urological problems in nephrology were identified: nephrological masks of urological diagnoses, combinations of urological and nephrological diagnoses, unspecified diagnoses and urological complications of immunosuppressant therapy.
2. Chronic glomerulonephritis in 23% of cases is combined with one of the urological diseases.
3. In 8.1% of cases, the preliminary diagnosis of chronic glomerulonephritis is not confirmed, but some urological diagnosis is revealed.
4. The combination of glomerulonephritis and pyelonephritis according to the clinical picture and laboratory and instrumental examination was detected in 6.58% of observations among patients with chronic glomerulonephritis, and according to the data of puncture biopsy of the kidney - in 1.36%, thus, the clinical picture and laboratory and instrumental examination play a decisive role and are 4.8 times more valuable in diagnostics in comparison with puncture biopsy of the kidney in establishing combined kidney damage.
5. Kidney cancer against the background of acquired cystic kidney disease in patients with terminal renal failure undergoing hemodialysis develops in 0.3% of observations.
6. Six variants of the relationship between kidney tumor and glomerulonephritis were identified:
 - kidney tumor and glomerulonephritis with preserved renal function;
 - kidney tumor and glomerulonephritis at the stage of chronic renal failure;
 - kidney tumor against the background of PKD and end-stage renal failure;
 - kidney tumor induces the development of paraneoplastic glomerulonephritis;

- kidney tumor is disguised as glomerulonephritis (pseudonephritic variant of the course of kidney tumor);

- kidney tumor is not associated with glomerulonephritis.

7. In patients with nephrolithiasis and glomerulonephritis (including lupus), remote lithotripsy is possible using low-energy shock wave generation modes against the background of drainage of the upper urinary tract, provided that the underlying disease is in remission.

8. The tactics of treating patients with kidney tumor and glomerulonephritis, if technically possible, are as follows:

- in the absence or latent renal failure, relative indications for organ-preserving surgery arise;

- in the presence of severe renal failure, there are absolute indications for organ-preserving surgery;

- in the presence of terminal renal failure and PKD, organ-preserving surgery is indicated.

Practical recommendations.

1. To establish a combined diagnosis of chronic glomerulonephritis and pyelonephritis, it is possible not to perform a puncture biopsy of the kidney, but to rely on the data of the clinical picture and laboratory and instrumental examination.

2. Carrying out surgical interventions on the kidney for urological diseases allows for simultaneous verification of the nephrological diagnosis by intraoperative kidney biopsy.

3. All nephrological patients need to undergo polypositional ultrasound examination of the kidneys in order to exclude a kidney tumor.

4. In case of suspected nephroptosis or kidney rotation, as well as in case of hematuria of unknown genesis or in case of differential diagnostics regardless of the results of ultrasound examination of the kidneys, nephrological patients are recommended to undergo polypositional Doppler ultrasonography of the renal vessels.

5. Patients undergoing hemodialysis should undergo ultrasound examination of the kidneys once every 6 months, as there is a risk of developing acquired cystic kidney disease and kidney cancer against its background.

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