

CLINICAL AND IMMUNOLOGICAL CHARACTERISTICS OF NONSPECIFIC ULCERATIVE COLITIS

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Resume Nonspecific ulcerative colitis (UC) is one of the most serious and unresolved problems of gastroenterology. NyaK colon is very wide

It is a widespread chronic disease, which is accompanied by ulcerative-constructive changes in its mucous membrane. 50-230 per 110,000 people in the world

the situation is correct. The disease can develop at any age, but men and women aged 18-45 are especially susceptible.

Colitis is 2 times less common in smokers than in non-smokers. Many different factors influence the occurrence of this disease

does, among them the most common: infectious, immunological, genetic and, of course, environmental factors mature working age. In recent years, immunity

the state of the system, which mainly determines the state of the immune system. The result of the disease is becoming more and more important in the pathogenesis of NYaC is doing.

Key words: colon, lymphocytes, immunology, inflammation.

Abstract : Recently, educational materials have been collected that confirm the importance of changes in individual parts of the immune system in the pathogenesis of UC: a decrease in the total number of T-lymphocytes, their heterogeneity in subpopulations, as well as disorders of B lymphocytes and natural killers. Thus, the study of characteristics, changes in the immune system depending on the severity and the forms of the disease, the activity of the pathological process in the large intestine, the development of clinical and immunological criteria, diagnosis, prediction of the outcome and development of the disease, the current principles of immunocorrective therapy pertaining to time.

The purpose of the study: The severity and form of nonspecific ulcerative colitis depending on the level of clinical and immunological development features and principles of immunocorrective treatment. In connection with this goal, the following were defined: tasks: - to determine the characteristics of cellular and humoral changes in patients with mild, moderate, severe UC depending on the level of severity and the form of the disease; - study of the state of functional activity of natural killer cells (NK) in patients of different levels. severity and forms of the disease; - to study the effectiveness of treatment of UC when immunocorrective agents are included.

Research materials and methods : there were 96 patients in the gastroenterology department of the GMO under control with the diagnosis of non-specific ulcerative colitis in

the acute stage of the city of Samarkand No. 1. The age of the patients is 15-67 years, of which 49 are men and 47 are women. All patients were examined according to the following standards: biochemical, radiological, endoscopic (rectoromano-fibroscopy, colonofibroscopy), immunological, bacteriological, histological study of intravital colon biopsies. The control group consisted of 25 almost healthy people aged 17-56 years. In our studies, 59.4% were patients with chronic relapsing form of ulcerative colitis, chronic continuous form - 36.4%; acute form - 4.2%. Mild course of the disease is detected only when chronic relapsing form - in 20% of patients. The average course is 56.3%, severe - 22.9%. Immune status was assessed according to accepted diagnostic standards. Relative composition of absolute and defined T-lymphocytes, subpopulations of theophylline-resistant and theophylline-sensitive cells. In this way, the state of B-linking of the immune system, the concentration and quantity of immunoglobulins of classes A, M, G and the functional activity of EKK were determined. The received data were statistically processed.

Study results : Clinical and immunological characteristics of patients with mild UC. 20 UC patients between the ages of 17 and 65 years were observed under us. 8 of them are men, 12 are women. 13 out of 20 patients were infected. Other diseases were also identified: chronic hepatitis, chronic cholecystitis, acute appendicitis. Carefully questioning and examining these patients revealed symptoms of ulcerative colitis. In 14 patients, the disease was not observed. Based on the history of the disease, all patients had a chronic relapsing form of the disease. The duration of the disease is 1-14 years. Analysis of the immune status revealed a relatively low number of lymphocytes in this group of patients - $21.8 \pm 0.88\%$ ($25.76 \pm 1.0\%$ in healthy people), some redistribution of their population: reduction in the relative number of T-lymphocytes - $54.9 \pm 2.6\%$; $0.76 \pm 0.06 \times 10^9/l$ ($59.7 \pm 1.0\%$ in healthy people; $0.8 \pm 0.04 \times 10^9/l$) and an increase in the relative and absolute amount of B lymphocytes - $24.08 \pm 1, 5\%$; $0.33 \pm 0.03 \times 10^9/l$ ($20.5 \pm 1.0\%$ in healthy; 0.26 ± 0.02), $P < 0.01$. T-lymphocyte subpopulations (TPRL and TFCL) did not change significantly in these patients. A statistically significant increase in the concentration of IgE and IgA ($P < 0.01$) and IgM content was observed in the study of humoral immunity indicators compared to the control group, which was 2.5 times higher. The functional activity of EKK showed only a tendency to decrease. Thus, in patients with mild UC, changes in the immune system are characterized only by a decrease T-lymphocytes, B-lymphocytes and immunoglobulins increased. Changes in the above indicators of class A and M may be a diagnostic criterion for chronic UC. serves as a repeat form of the light course. Clinical and immunological characteristics of patients with UC of moderate severity. The mean course was diagnosed in 54 UC patients aged 15-67 years, of which 39% were diagnosed as chronic. And in 61% of cases of repeated forms of chronic disease, the study revealed a decrease in the number of T- cells in the immune system of patients. lymphocytes - $48.3 \pm 1.2\%$; $0.72 \pm 0.06 \times 10^9/l$ ($59.7 \pm 1.0\%$ in healthy subjects; $0.8 \pm 0.04 \times 10^9/l$) $P < 0.001$, with a proportional decrease in T. assistants - $25.6 \pm 1.3\%$; $0.36 \pm 0.003 \times 10^9/l$ ($37.7 \pm 1.7\%$ in healthy people; $0.5 \pm 0.04 \times 10^9/l$) and T-suppressors - $14.4 \pm 1.31\%$; $0.19 \pm 0.02 \times 10^9/l$ (y healthy $19.4 \pm 1.3\%$; $0.25 \pm 0.02 \times 10^9/l$), $P < 0.01$ noted unstable E-ROK. An increase in B-lymphocytes was observed against the background of T-immune system deficiency (EAS-ROK - $26.3 \pm 1.2\%$; $2.33 \pm 0.07 \times 10^9/l$; in healthy people $20.5 \pm 1.0\%$; $0, 26 \pm 0.02 \times 10^9/l$; M-ROK - $13.2 \pm 0.8\%$; in healthy people $9.5 \pm 0.48\%$; $0.12 \pm 0.02 \times 10^9/l$). $P < 0.001$. Analysis of humoral indicators revealed an increase in IgA and IgM in immune serum. The concentration of IgM was 2.3 times higher in the group than in the control, and in some examined individuals, this indicator was increased .

JOURNAL OF CARDIORESPIRATORY RESEARCH No. 2 | 2022 46 3-7 times. The level

of IgA also tends to increase by 1.7 times. In the group of patients with UC of moderate severity, 39% of patients have diseases with a chronic continuous form. In these patients, we found the lowest T-cell immunity indicators with a preference, and in some patients, the reduction of T-suppressors in the control group was 4 times. Average IgA values do not differ from healthy ones. Thus, the above comparison shows that UC is of moderate severity. On the one hand, the bright current flows with a clear clinical picture of the disease, on the other hand, there is a clear deficiency of the T-immune system, their subpopulation, natural killer cells. decrease in functional activity. An imbalance with a decrease in subpopulations of the T-immune system is confirmed by an increase in the concentration of IgA and IgM, an increase in T-suppressors, as well as B-lymphocytes. Immunological characteristics of patients with clinically severe UC gravity. In our study, 22 patients aged 22-51 years had severe UC. 4 of them were found to be acute in 14 patients - chronic persistent and in 4 patients recurrent form of chronic disease. Against the background of normality, indicators of the number of lymphocytes in peripheral blood revealed a sharp decrease in T-lymphocytes of $40.5 \pm 2.29\%$; $0.51 \pm 0.06 \times 10^9/l$ (in healthy people - $59.7 \pm 1.0\%$; $0.8 \pm 0.08 \times 10^9/l$), $P < 0.001$. The lowest indicators (21-36%; and $0.23 - 0.43 \times 10^9/l$) forms of the disease with local and general complications, recorded in 41% of patients with acute and chronic long-term use of chloramphenicol, tetracycline diagnosis verification, anemia, cachexia, hepatomegaly, myocardial dystrophy, decreased total serum protein due to blood deficiency Lymphocytes in a group of patients with severe UC Subpopulation of T-lymphocytes decreased, for example, T- helpers - $29.52 \pm 2.49\%$; $0.37 \pm 0.052 \times 10^9/l$ (in healthy people - $37.7 \pm 1.7\%$; $0.5 \pm 0.04 \times 10^9/l$), and T-suppressors - $12.23 \pm 1.26\%$; $0.15 \pm 0.02 \times 10^9/l$

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coefficient reflecting the balance of immunoregulatory cells increased to 2.4 ± 0.2 (1.94 ± 0.09 in the control). The minimum levels of T-suppressors were observed in 68.2% of patients with a range of $0.04-0.19 \times 10^9/l$. acute and chronic continuous forms of the disease). The number of T helper cells coincides with a decrease in T-suppressors. A significant ($P < 0.001$) decrease in E-ROC was noted in severe disease. Each of us assessed the severity of patients - mild, moderate and severe severity by clinical and immunological characteristics. Despite the high concentration of EKK precursors, their functional activity was the lowest among all UC patients we examined. Thus, our studies show changes in UC cellular and humoral immunity, functional NK activity in the colon associated with the activity of the pathological process, the severity of the condition and the form of the disease. Even with the mildest severity of chronic recurrence forms, slight changes in the T- and B-systems of immunity were detected. As the activity of the disease increases, the spread of the pathological process in the large intestine, the severity of clinical and endoscopic manifestations, the deficiency of the T-immune system significantly deepens, the imbalance of the subpopulation of T-helpers and T-suppressors; Inhibition of the functional activity of EKK. Imbalance of the expressed T-immune system leads to the development of autoimmune reactions, systemic lesions of all departments of the gastrointestinal tract, liver, heart, blood. Most of these manifestations are manifested in chronic persistent acute forms of nonspecific ulcerative colitis, moderate and severe flow rate. We emphasized that this is not logical, the indiscriminate use of antibiotics deepens the deficiency of the immune system, contributes to the spread of the process, the unfavorable outcome of the disease. Conclusion: patients with UC have disorders of the immune system (cellular and humoral immunity) directly related to the form of the existing disease, severity and activity of the pathological process. Low performance NK cell functional activity indicates the severity of the course of the disease and unfavorable prognosis and the existing criteria for determining the severity of the disease. determining the state of the immune system (cellular and humoral immunity in UC) can serve as a criterion for determining the forms and severity of UC. IN as additional immunological criteria, the diagnosis of nonspecific ulcerative colitis is recommended to determine the functional activity of natural killer cells. A decrease in the functional activity of NK reflects the severity of the pathological process and the form of the disease. The lowest rates are observed in severe cases

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