

CHRONIC OBSTRUCTIVE BRONCHITIS CHANGES IN THE BRONCHIAL  
MUCOUS LAYER.

G. A.Soliyeva,  
G. Yu.Qosimova,  
S.S.Qosimov

Central Asian Medical University.  
Fergana, Uzbekistan.

**Abstract:** *Chronic obstructive bronchitis can lead to pulmonary insufficiency and consequent hypoxia. The patient's medical history contains information that allows to confirm the slow but reliable damage of lung tissue. Basically, bronchitis is an inflammation of the bronchi, and if it lasts at least 3 months a year, we can talk about its chronic form.*

**Key words:** *bronchoobstructive syndrome, chronic heart failure, spirometry.*

If the treatment of obstructive bronchitis is not started in time, it becomes more and more difficult to expel the amount of sputum. The cough is strong and frequent, and after several years it usually persists. This whole process is accompanied by the loss of epithelial cilia, which are a natural defense against various microorganisms. As a result, the mucus has a yellow or gray appearance with pus.

Of course, the presence of any of these factors does not mean one hundred percent disease, but their combination increases the probability several times. In the initial stage of obstructive bronchitis (when the small bronchi are affected), no symptoms may appear at all. About 5-10 percent of patients may not even cough. When the inflammatory process begins to spread, the cough begins. It is usually the most annoying in the morning. After a certain time, the cough becomes hysterical, wet and long-lasting (sometimes even the whole day). In addition, there is pain in the muscles, sweating and shortness of breath increase. In most cases, such symptoms are recorded in the medical history. Obstructive bronchitis (pediatrics confirms this) can be accompanied by high fever. Of course, against the background of such symptoms, there is also a general weakness (the same as the flu). A therapist, pediatrician (if the child is sick) or a pulmonologist can make an accurate diagnosis. The patient should be observed for two consecutive years. During this period, the patient must undergo such tests and undergo the following procedures:

- blood test (biochemical, general);
- fluorography (lung x-ray);
- bacteriological sputum culture;
- bronchoscopy.

The last method involves inserting a thin tube into the airways, which allows examination of the bronchi.

Although patients may not like this procedure, it is necessary because it can also be used to aspirate fluid, take tissue samples for research, and administer necessary medications.

#### Treatment

Identifying obstructive bronchitis involves immediate abandonment of bad habits. Treatment is determined by the doctor on a case-by-case basis. Basically, the patient is prescribed antibiotics, mucolytic and expectorant drugs. In addition, inhalations and lavages are performed (due to bronchoscopy).

Currently, OSOK is considered as a disease that can be prevented and treated. Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease in patients with broncho-obstructive disease with significant manifestations in the lungs and beyond. It is characterized by constant airflow limitation. Usually, the clinic of the disease increases and depends on the pathogenic effect of toxic particles or gases that cause chronic inflammation in the lungs.

According to the results of epidemiological studies, it was found that the gradual decline in lung function is as strong as the main risk factors for death from cardiovascular diseases. According to the results of the study of external respiratory activity, it was found that 5887 tobacco users aged 35-60 years had moderate broncho-obstruction. In all of them, a 10% reduction in forced expiratory volume in the first second (1JChNH), a 10% reduction in forced expiratory volume, reduced total mortality by 14%, cardiovascular mortality by 28%, and cardiovascular disease risk by 20%. % [5, 8]. The risk of developing CKD in patients with OSC is 2-3 times higher than in patients without OSC [5, 6].

Chronic heart failure (CHF) is a pathological syndrome, as a result of one or another disease of the cardiovascular system or under the influence of other etiological reasons, there is a violation of the ability of the heart to relax or contract, neurohumoral systems (renin-angiotensin-aldosterone system (RAAS), sympatho-adrenal system, natriuretic peptide system, kininkallikrein system) are accompanied by imbalance. Narrowing of blood vessels and retention of fluid, which leads to a violation of the subsequent functions of the heart and other organs, as well as processes such as blood and oxygen supply to organs and tissues in the body do not match their metabolic needs.

The use of modern diagnostic and treatment methods, a clear algorithm for the management of patients with HF over the past 30 years has allowed to increase the survival rate of patients with this disease and reduce the frequency of hospitalization of patients with heart failure.

European Society of Cardiology studies show that all-cause mortality rates for hospitalized and outpatient patients are 17% and 7%, respectively, and hospitalization rates are 44% and 32% is doing [4]. The majority of deaths (both in-hospital and ambulatory) in ICU patients are due to cardiovascular causes, including sudden cardiac death (i.e., primary cardiac arrest) and worsening of ICU. related to change. In hospitalized patients with complications of OSOC, different levels of HCV were detected and caused some difficulties in treatment [21]. Therefore, the development of therapeutic strategies for the management of the pathology complicated by OSOK SYUYe is now becoming one of the urgent problems.

According to today's modern concepts, OSOC is considered as a chronic, heterogeneous disease that can be prevented and treated. It is characterized by the restriction of the continuous flow of air due to the violation of the structure and function of the airways or alveoli due to significant exposure to toxic particles or gases. This chronic inflammation can cause parenchymal destruction (leading to emphysema) and can be observed to disrupt the normal repair and defense mechanisms that prevent small bronchial fibrosis.

The prevalence of OSOK in the human population is on average 10-12%. In 2014, approximately 15 million Americans were diagnosed with OSA. The incidence ranges from 2.6% in the 18-34 age group to 12.5% in the under-75 population, and this rate is increasing. Studies show that more than 50% of the adult population has pulmonary dysfunction and the disease is neglected, so the prevalence of COPD may be higher than estimated. Currently, the death rate from OSOK disease is increasing significantly in the world]. An analysis of the causes of 235 deaths among 20 age groups of the world's population between 1990 and 2010. An article published in the UK Lancet in December 2012 shows that OSA is the 4th leading cause of death in the world promoted from 1st to 3rd place.

One of the most widely accepted screening methods for estimating the risk of fatal cardiovascular events over a 10-year period is the SCORE, which takes into account the patient's age, sex, blood pressure level, total cholesterol in the blood plasma, and smoking status. (Systematic Coronary Risk Evaluation) scale is used.

Epidemiological studies have shown that gradual decline in lung function is predicted to be as strongly associated with cardiovascular mortality as the main cause of death. The Health Study found that 5,887 tobacco users aged 35-60 years had moderate bronchial obstruction. For each of them, a 10% decrease in rapid expiratory volume in the first second (I<sub>J</sub>ChNH) increased the risk of total mortality by 14%, death from cardiovascular diseases by 28%, and the risk of circulatory diseases by 20% [1, 2, 3]. Patients with COPD have a 2-3 times higher risk of developing SUI than people without COPD.

To predict the outcome of the disease, all patients determined the BODE index. After 6 months, a statistically significant decrease in this indicator was observed in both groups, which describes an improvement in the prognosis of the disease. At the same time, the use of this index is isolated, without taking into account the results of previous examination methods, and does not show the real clinical dynamics in the studied patients.

Thus, the valsartan/sacubitril combination showed better results than valsartan alone. Especially in patients with SYuYe<40%, a significant laboratory dynamics was observed in the form of a decrease in NT-proBNP level, which affects the pathogenetic mechanisms associated with the formation and development of SYuYe. The obtained results have a great impact on improving the resistance to physical stress in patients with chronic obstructive pulmonary disease complicated by chronic heart failure. A decrease in the space of the ChB and a decrease in the pressure of the O'A shows not only the regression of SYUYe, but also the regression of OSOK. Based on the positive dynamics of the disease symptoms, the SGRQ questionnaire and the EQ-5D-5L questionnaire, improving the quality of life in patients in group 2 shows the advantages of the valsartan/sacubitril and ivabradine complex.



REFERENCES:

1. Abdullaev, R. B. "Clinico-immunologic effect of immunomodulin and bactim in duodenal ulcer under environmental pollution conditions." *Eksperimental'naia i Klinicheskaia Gastroenterologiya= Experimental & Clinical Gastroenterology* 5 (2002): 42-4.
2. Abdullaev, R. B., and L. I. Makhmudova. "Micro elemental imbalance in irritable bowel syndrome and its correction." *ACADEMICIA: An International Multidisciplinary Research Journal* 11.5 (2021): 655-662.
3. Abdullayev, R. B., and L. I. Makhmudova. "Features of chemical elements in various forms of irritable bowel syndrome." *Annals of the Romanian Society for Cell Biology* (2021): 2993-3000.
4. Rubenovna, Agababyan Irina, et al. "Analysis of the effect of food stereotypes on disease in liver circuit disease." *Asian journal of pharmaceutical and biological research* 11.2 (2022).
5. Rubenovna, Agababyan Irina, et al. "Diagnostic value of il-8 and il-12 in various forms of interstitial lung disease." *Asian journal of pharmaceutical and biological research* 11.2 (2022).
6. Suksatan, Wanich, et al. "The effect of conjugated linoleic acid supplementation on oxidative stress markers: A systematic review and meta-analysis of randomized controlled trials." *Clinical Nutrition ESPEN* 49 (2022): 121-128.
7. Агабабян, И. Р., Ш. Х. Зиядуллаев, and Ж. А. Исмаилов. "Изучение состояния сердечно-сосудистой системы и риска развития сердечной недостаточности при ХОБЛ." *Central Asian Journal of Medical and Natural Science* 2.5 (2021): 92-96.
8. Агабабян, Ирина Рубеновна, and Жамшид Абдураимович Исмаилов. "O'pkaning surunkali obstruktiv kasalligida asoratlarni erta aniqlash va davolash usullari." *Журнал кардиореспираторных исследований* 3.3 (2022).
9. Агабабян, Ирина Рубеновна, and Жамшид Абдураимович Исмаилов. "o'pkaning surunkali obstruktiv kasalligida asoratlarni erta aniqlash va davolash usullari." *Журнал кардиореспираторных исследований* 3.3 (2022).
10. Abdurakhmonovna, S. G. (2023). Characteristics of The Immunological Profile of Blood and Urine in Patients with Pyelonephritis. *Best Journal of Innovation in Science, Research and Development*, 775-779.
11. Gulasalxon Qosimova Yuldashali qizi. (2023). CONSEQUENCES OF COGNITIVE CHANGES IN THE BRAIN. *PEDAGOGS Jurnal*, 45(1), 11-14.
12. Комилова Дилдора Алишеровна. (2023). АДАПТАЦИЯ И АДАПТАЦИОННЫЕ РЕЗЕРВЫ ОРГАНИЗМА. *Новости образования: исследование в XXI веке*, 2(15), 221-223.
13. Kamalova, D. (2023). The value of the universal progressive model in working with mothers and children in the primary care system. *Texas Journal of Multidisciplinary Studies*, 20, 60-62.

14. Рuzmatova, X. K., Kamalova, D. A., & Muxammadova, G. K. (2023). НАРОДНОЕ ЛЕЧЕНИЕ РАКА ЛЕГКИХ. "GERMANY" MODERN SCIENTIFIC RESEARCH: ACHIEVEMENTS, INNOVATIONS AND DEVELOPMENT PROSPECTS, 9(1).
15. Normatova, S. A., Botirov, M. T., Ruzmatova, K. K., & ugli Mamarasulov, J. O. Hygienic Basis for Contamination of Food Products and Production of Dairy Products Until 2030. *International Journal of Health and Medical Sciences*, 4(1), 123-128.
16. Камалова, Д. А. (2019). Изменения в практике оплаты труда на производстве. *Международный научно-исследовательский журнал*, (10-2 (88)), 67-69.
17. Kamalova, D. (2023). YOD TANQISLIGINING TA'SIRI. *Евразийский журнал академических исследований*, 3(4), 135-139.
18. Камалова, Д. А., & Искандарова, Ш. Т. (2013). Организация эффективных медико-санитарных мероприятий в борьбе с алкоголизмом и наркоманией. *Вестник экстренной медицины*, (3), 213-214.
19. Тешабоев, У. А., Рuzmatova, X. K., Махаматов, У. Ш., & Сайдуллаева, К. М. (2021). АНАЛИЗ ПАЦИЕНТОВ С ИНФЕКЦИЕЙ COVID-19, РОЛЬ МИКРОЭЛЕМЕНТА ЦИНКА В ОРГАНИЗМЕ ЧЕЛОВЕКА И ЕГО РОЛЬ В РАСПРОСТРАНЕНИИ И ПРОФИЛАКТИКЕ ЗАБОЛЕВАНИЯ. *Экономика и социум*, (5-2 (84)), 374-381.
20. Норматова, Ш. А., Ашурова, М. Д., Эрматова, Г. А., Хожиматов, Х. О., Султонов, Г. Н., & Болтабоев, У. А. (2014). Актуальные проблемы экологии и здоровья населения в Узбекистане. *Актуальные проблемы гуманитарных и естественных наук*, (5-2), 208-211.
21. Normatova, S. A., Ashurova, M. D., Ermatova, G. A., Khozhimatov, K. O., Sultonov, G. N., & Boltaboev, U. A. (2014). Current problems of ecology and public health in Uzbekistan. *Current Problems of Humanities and Natural Sciences*, (5-2), 208-211.
22. Nazirgulomovna, S. G., & Azizjon, K. S. (2023). Biophysics is the Foundation for the Development of Scientific Thinking. *Web of Synergy: International Interdisciplinary Research Journal*, 2(4), 285-286.
23. Ботиров, М. Т., Норматова, Ш. А., & Кураmatoва, Ш. А. (2020). РАСПРОСТРАНЕННОСТЬ И ОСОБЕННОСТИ ТЕЧЕНИЯ ВИРУСНЫХ ГЕПАТИТОВ И РАЗРАБОТКА КОМПЛЕКСА МЕРОПРИЯТИЙ ПО ОПТИМИЗАЦИИ СИСТЕМЫ КОНТРОЛЯ ВГ. In *Университетская наука: взгляд в будущее* (pp. 128-131).
24. Кураmatoва, Ш. А. (2023). УЛУЧШЕНИЕ ФИЗИОЛОГИЧЕСКОГО СОСТОЯНИЯ КЛЕТОК ПЕЧЕНИ, ИНФИЦИРОВАННЫХ ВИРУСОМ ГЕПАТИТА В, ПУТЕМ ОБОГАЩЕНИЯ СОСТАВА ПИЩИ БИОЛОГИЧЕСКИ АКТИВНЫМИ ВЕЩЕСТВАМИ. "GERMANY" MODERN SCIENTIFIC RESEARCH: ACHIEVEMENTS, INNOVATIONS AND DEVELOPMENT PROSPECTS, 9(1).
25. Khiloloy Ruzmatova Kabilovna. (2023). The Occurrence of Metabolic Syndrome in The Elderly Population. *Genius Repository*, 26, 33-35.

26. Рузматова, Х. К. РАКА ЛЕГКИХ В НАРОДНОЕ МЕДИЦИНЕ. In для проведения I-международной научно-практической онлайн-конференции «Актуальные вопросы медицинской науки в XXI веке» (р. 288).