CLINICAL COURSE OF GLOMERULONEPHRITIS

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Gn main clinical types: *acute, chronic and sharp nim GN nozologik independent form, but they are hometo many qa system diseases: a system buri far red, hemorrhagic vaskulit, nim may also occur in acute bacterial endocarditis and other[2, 4, 7, 8].*

GN's clinical signs - this proteinuriya (nefrotik syndrome develops in its high level), gematuriya, tumors, arterial hypertension, renal functiondisorder, and the other ones [4, 3, 5, 6].

Acute GN - infection, usually streptococcus (angina, tonsillitis, which now also appears skarlatina), skin infection at the same time (piodermiya, impetigo)develops from 6-12 days later. Would nefritogen strong, "A" incoming group r-haemolytic streptococcus (mainly seroturlari 12 and 49) is. The disease, other infections - bacterial, viral, after parazitar infections, as well as the effects of other organisms antitanacha - serum, vaccines, after the development of medicines can be. Koptokcha morphological changes in cells - the cells and the bulk of endoteliyasi mezangial proliferasiyasi, koptokcha monositlar infiltrasiyas of neutrophil andi is characterized by [1,3,4,5].

Nefrotik sindromli classical periodic changes in acute gn peshob be the night (often proteinuriya) tumors, oligouriya hypertension (associated with gipervolemiya) is characterized by the heavy night, as well as kidney failure va anuriya may develop [2, 3]. Avjlanib boshlanuvchi and periodic accompanied sharp nefrit occurs more in children and teenagers, usually completed with sog'ayshi, but sometimes it will take 1/5 of patients with chronic disease to the night. Big yoshlilar in (collective dense in) no later than such I also usually occurs without changes in the urine accompanied with the general character and sometimes the option to take the chronic form occurs is unclear; in general, in such cases, the differential diagnosis of acute and chronic gn gn anikdanmagan avjlanishi is not easy taqqosiy previously [1, 6, 7].

Often chronic GN gradually begins without symptoms, in rare cases associated with the sharp gn dramatically clear. The immune mechanism plays a key role in pathogenesis, but quickly process is added to avjlanuvchi immune factors [2, 3, 4].

The issue of classification is complex. Classification on the basis of renal biopsy in the world practice, which requires full punktsion gn moput rfologik sights [2]. Such a direction is a complete stress later and we xakqoniy to this classification you will. But because this is uncomfortable for the classification of uzbekistan for conducting the biopsy of the kidney punktsion sanoq centers in the country, as well as with morphological nefrologik also qualified in all of them is not enough. In 1978, they contain provisions which parts we therefore clinical classification vinni reception you will put in the first place.

GN's morphology the following options: 1) minimal changes in koptokcha 2) fs eggs, 3) membranoz GN (membranoz nefropatiya) 4) 5 mezangioproliferativ gn) GN mezangiokapillyar 6) fibrinoplastin GN.

According to morphological characteristics GN z option to first outlook that is not fully compatible inflammatory disease (prolefirasiyasi reason for not mezangiya cells in the first place). Because of this to this in the literature foreign "nefropatiya" is used more in terms of, umumiylashtiruvchi concept "koptokcha disease", while in any cases we also "glomerulonephritis" sweatof minin eligible to apply have found [3, 4, 5].

Koptokcha minimal change (lipoid nefroz) is characterized by the absence of light and the check mikroskopiya immunoflyuoressent transformations. Electronic mikroskopiya only in epithelial cells (podositlar) oyoqcha o'simtasi clearly a movement addition, the proteinuriya in the same form thisis the main reason ing [5].

This morphological form, mainly in children, while adults also sometimes occurs. Distinct tumors in many patients, anas, heavy proteinuriya dramatically gipoalbuminemiya, gipovolemiya, accompanied with very clear lipidemiya nefrotik syndrome is observed; 10-20% is observed in patients with arterial hypertension and eritrosituriya. Often atopic diseases, allergic changes (asthma, eczema, cannot pick up milk, pollinozlar) occurs in conjunction with. According to one hypothesis of the pathogenesis of t-limfositlar by ishlanuvchi, koptokcha attaches major importance to blood vessels carrying conductivity factor. Only recently uncovered this form only corticosteroids therapy is highly effective, sometimes leads to the loss of shishlarni in a week. Steroid dependence with the development of recurrent disease often later will be able to the night, but rarely in chronic renal failure develops. Thus, the positive effects of other nefrologik is the best option in [1, 2].

Thus, at the present time the diagnosis of primary and secondary gn check the possibility of birth of people living in the kidney and other verification methods

had appeared for the reason that much mukammalashdi. At the same time it is difficult and complex because different random factors (for example: preventive vaccinations) under the influence of it is used in the treatment process and to the disease itself or to associated complications directly related to the origin of these medicines.

Limfotrop stage renal failure in children at the present time treatment sufferers the opportunity to apply GN, we term forecasts of the beginning stages of kidney failure and its development necessary to make the diagnosis of the opportunity to make anikdaydi.

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