

MECHANISM OF TRANSMISSION OF CORONARY HEART FAILURE

Xoljigitov Xushnud Toshtemir o'g'li

Zarnigor Asadova Ilyos qizi

Rayxon Kamalova Sobirjon qizi

Samarqand Davlat Tibbiyot Universiteti 3-bosqich talabalari

+998943572903

+998934732140

+998931519750

ABSTRACT

To study the relationship between coronary artery disease and the level of lipid profile in patients with coronary heart disease. Materials and methods. A retrospective study of 75 patients with two or more injuries of the coronary arteries as a result of inpatient coronary angiography in the SVKTTM in the period from 2019 to 2020 was carried out. Results. An inverse relationship between the level of SLPL and the risk of developing JIC has been identified and confirmed. There is a direct correlation between ZYuLP and UXS, especially triglyceride and ZPLP levels. In the unfavorable group, high levels of liver enzymes, especially ALT, were found, as well as a direct correlation between AST and FPLP levels. AST is not uncommon in patients with ischemic heart disease. A high inverse correlation has been found between WPLA levels and sugar levels, especially glycated hemoglobin. Conclusion. A decrease in high-density lipoprotein is a common factor in hospitalization and repeated coronary angiography. AST is not uncommon in patients with ischemic heart disease.

Keywords: *ischemic heart disease, coronary angiography, myocardial infarction, low density lipoproteins, high density lipoproteins.*

INTRODUCTION

In Uzbekistan, as in many other countries of the world and cardiovascular disease morbidity and mortality rate of the population takes a leading place in its structure. Uzbekistan and European cardiologists member of the association. According to RIKIM, he was hospitalized 59% of all patients have ischemic heart disease. Large epidemiological studies of serum cholesterol levels increase and level of expression of atherosclerosis, as well as cardiovascular there is a close relationship between the rate of morbidity and mortality from these diseases showed that there is a connection. Serum total cholesterol (UCS), density an increase in the level of low-density lipoprotein (ZPLP) and high-density lipoprotein (ZYuLP) decrease in YuIK, acute blood circulation in the brain the risk of disorders, the overall mortality rate and cardiovascular diseases causes death to increase.

Coronary artery damage – ischemia, MI, the development of re-MI and ultimately complex heart rhythm disturbances and with the terminal stage of chronic heart failure (CHF), strong, leading to deterioration of the prognosis related to its completion is a factor. In most cases, tolerance to physical exertion is high, MI in coronary vessels in relatively stable patients who did not undergo changes are determined "accidentally". Coronary vascular injury correction mainly left coronary percutaneous coronary intervention in the artery (ChKA), then two-component provides antiaggregant therapy, correction of SYuE. But, as well as disease prognosis in patients with coronary artery damage with uncorrected lipid metabolism disorders, enzymes there is also a connection between the situation.

Main body

According to the result of 12-month follow-up, patients 2 divided into groups: 1 group - patients with a positive outcome and 2 group – research an adverse effect was observed 3 months after the start, then another 1 year patients under control during The concept of "unpleasant consequence" is included had one of the following events: death, MI recurrence, coronary escalating scarcity, development and escalating of SYuE

(According to ShOKS data modified by V. Yu. Mareev, 2016), re-hospitalization (5). Group 1 included 41 patients with a positive course of the disease, Group 2 and 34 patients with unpleasant consequences of the disease were included in the group lipid spectrum indicators, including total cholesterol, triglycerides, high, the level of low and very low density lipoproteins, as well as atherogenicity coefficient, indicators of biochemical analysis: alanine aminotransferase (ALT) and aspartate aminotransferase (AST), bilirubin, urea, creatinine levels was studied.

Estimated differences in laboratory parameters in both groups. It seems possible to do it and it is already known high cardioprotective properties of high-density lipoproteins and atherogenicity confirms the negative impact of the increase in the index on the transition of the YuIK. Also It is noteworthy that the ALT level is high in the 2nd group with unpleasant consequences (corresponding to 39.4 ± 20.7 to 28.8 ± 12.1 respectively). All patients in order to clarify the importance of dyslipidemia divided into groups: ZYuLP < 40 mg/dl and ZYuLP > 40 mg/dl, as well as ZPLP < 100 mg/dl and ZPLP > 100 mg/dl.

Conclusion

1. A decrease in high-density lipoproteins often leads to hospitalization a factor in consideration of admission and repeat coronary angiography is considered
2. AST is a negative factor in patients with coronary artery damage there is no possibility of decalculation

REFERENCES

1. Агабабян И.Р., Искандарова Ф.И., Мухтаров С.Н. Роль маркеров воспаления жировой ткани как основной фактор в развитии артериальной гипертензии у больных с метаболическим синдромом. The priorities of the word science: experiments and scientific debate. Noth Charleston SC. USA. 2019 July. 27-31 стр.
2. Агабабян И.Р., Исмаилов Ж.А., Рузиева А.А. Хроническая сердечная недостаточность у молодых пациен- тов с ожирением на фоне хронической обструктивной болезни лёгких. Достижения науки и образования. №3 (57). Москва. 2020 г.84-87 стр.
3. Агабабян И.Р., Садыкова Ш.Ш, Рузиева А.А. Оценка состояния больных, перенесших инфаркт миокарда, осложнённый хронической сердечной недостаточностью на фоне приёма кардиопротекторов.
4. Soleeva S. Sh., Djabbarova N. M., Shodiyeva G.R. «Place of hypolipidemic therapy in the complex treatment of stable angina» International scientific review of the problems and prospects of modern science and education, Boston. USA. December 25-26, 2019.p 115-117.
5. Takata Y., Ansai T., Soh I. et al. Serum total cholesterol concentration and 10-year mortality in an 85-year-old population. Clin. Intervent Aging 2014; 9:293–300.