

COMPARATIVE CHARACTERISTICS OF MORPHOMETRIC CHANGES IN THE KIDNEYS DURING CHEMICAL BURNS OF THE DIGESTIVE ORGANS.

Mukhammadiyeva.F.R.

mukhammadiyeva.farida@mail.ru

Bukhara State Medical Institute,
(998) 65-223-00-50, bsmi.uz

***Summary:** Comparative characteristics of morphometric changes in the kidneys during chemical burns is the main factor in their diagnosis and treatment and allows in this case to cure the patient completely without complications. Therefore, if scientific research is carried out in this direction, the life expectancy of most patients will increase and their health will improve.*

***Key words:** kidney, burn, morphometry, clinic, change.*

The widespread use of chemicals and drugs that have a nephrotoxic effect, cause hemodynamic disturbances and have a direct negative effect on the organs of the urinary system can lead to different levels of the functional state of the kidneys. In recent decades, in Russia and Western European countries, most of these cases are observed among children; if you pay attention to this, 2-3 cases of poisoning are recorded annually per 1000 children, and the number of deaths from chemical poisoning in children ranks 4th in terms of number injuries, burns, drownings and exceeds the general figure. About 3 percent of hospitalizations in children are associated with poisoning from various chemicals and drugs. Often, in both children and adult patients, toxic kidney damage is accompanied by the development of acute renal failure (ARF). OBI, including its nephrotoxic effect, plays a leading role in the development of persistent renal dysfunction in children of different ages and often determines the prognosis. In case of poisoning, the frequency of nephropathies reaches 30%, and many toxic substances are directly caused. Besides the fact that it has a

nephrotoxic effect, a small concentration may be sufficient for the development of toxic nephropathy in a child.

Toxic nephropathy is a non-inflammatory disease caused by acute exogenous intoxication, characterized by damage to the entire nephron system and impaired filtration, secretion and reabsorption functions. Toxic kidney damage is characterized by acute and chronic interstitial nephritis, glomerulonecrosis, tubular necrosis, as well as acute kidney injury, including acute renal failure (ARF). It is known that the kidneys are one of the main responsible organs in the body. The main function of the kidneys is to remove decomposed toxins from the body.

As a result of accidental or suicidal use of the substance in chemical burns, burns of the gastrointestinal tract and respiratory tract may occur. The circumstances of the incident and the chemical nature of the substance determine the degree of injury and toxicological risk. The initial period after a chemical burn is associated with the possibility of laryngeal edema, perforation of the esophagus, stomach and intestines, gastrointestinal bleeding, and pancreatitis.

Chemical burns of the digestive tube Acute poisoning with acetic acid occupies one of the first places among poisonings in Russia; poisoning is characterized by high mortality (6-17%) in hospitalized patients.

Active research confirms the complexity of this problem and its relevance. Many aspects of acetic acid poisoning have been well studied. The severity of acetic acid poisoning is determined by the degree of damage to internal organs, which is associated with the specific effect of acetic acid (hemoglobinuric nephrosis against the background of intravascular hemolysis of red blood cells) and exotoxic shock. The most important morphofunctional changes are observed in parenchymal organs (lungs, liver, spleen, kidneys), their damage mainly determines the clinical picture and severity of the disease in the acute period of poisoning.

References:

1. Baraba V.A., Brakhman I.I., Golotin V.G. and others. *Oxidation and stress*. - St. Petersburg, 1992. - 149 p.
2. Golikov S.N., Sanotske I.V., in TI. *General toxic mechanisms*. - L., 1986. - 280 rub.
3. Darovsky B.P. *Cortical necrosis of the kidney* *Siberian Medical Journal*, 2009, No. 5
4. *Ethylene glycol poisoning // Medical Affairs*. - 1969. No. 2.-P.62-66.
5. Zimina L.N. *Morphological changes in the liver and kidneys with ethylene glycol // Pathology Archives*. -1977.-no 2.-p.5-58.
6. Izatulin V.G., Shashkova O.N., OVOva Yu.S. and others. *Features of acute poisoning against the background of emotional stress // Morphological provisions*. - 2004. No. 1-2. - P.42.
7. Luzhnenko Yu.N., Sukhodolova G.N. etc. *Emergency conditions for acute poisoning (diagnosis, clinic, treatment)*. – M., 2001. – 220 p.
8. Iliev Yu.T., Mitrev I.N., Ansonova S.G. *Psychopathology and self-poisoning of adults for psychosocial reasons in the Plovdiv region, Bulgaria // Folia Med (Plovdiv)*. - 2000. Vol. 42. No. 3. P. 30-33.
9. Kichendo MA, Friend JM, Halburst B, et al. *COBRid of major depression with subsequent stress disorder and suicide risk. AM J Psychiatry*. - 2003. - VOL. 160. No. 3.-pc50-582.
10. H.M. Prague. *Stress and suicide that we are equipped with. Explore this problem // Crisis*. - 2004. - VOL. 25. No. 2. P. 80-85.
11. Smith M.T., Perlis M.L., Hainthwaite J.A. *The significance of suicidal checks for musculoskeletal pain in outpatients: interpretation of the role of sleep and pain intensity // Clinic. J pain*. - 2004. - VOL. 20. - No. 2. -P.111-118.
11. Muhammadiyeva. F. R. (2023). Changes in kidney microstructure in acetic acid poisoning. *SCIENTIFIC JOURNAL OF APPLIED AND MEDICAL SCIENCES*, 2(12), 584–586.