BOLALARDA O`TKIR REVMATIK ISITMANI DAVOLASHNING ZAMONAVIY TAMOYILLARI

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O'tkir revmatik isitma - bu biriktiruvchi to'qimaning tizimli yallig'lanish kasalligi bo'lib, u irsiy moyil bolalarda, asosan, 7-15 yoshda streptokokkli infektsiyadan keyin rivojlanadi.

O'tkir revmatik isitma(O'RI) kasalligi miloddan avvalgi V asrda ma'lum bo'lgan. Gippokrat o'zining "Kasalliklarning to'rt kitobi" nomli asarida shunday deb yozgan edi: "Artitda isitma paydo bo'ladi, o'tkir og'riqlar tananing barcha bo'g'imlarini qamrab oladi va bu og'riqlar o'tkirroq yoki zaifroq bo'lib, u yoki bu bo'g'imga ta'sir qiladi". Shifokorlar bo'g'imlarning yallig'lanishi, qandaydir zaharli suyuqlikning butun tanaga tarqalishidan kelib chiqadi, deb hisoblashgan. Shuning uchun kasallikning nomi - "revmatizm" (yunoncha " revmatik " - oqim) deb nomlangan. Keyinchalik fransuz shifokori Buyo (1836) va rus shifokori I.G.Sokolskiyning asarlari nashr etilgandan so'ng (1838), revmatizm yurak shikastlanishi bilan bog'liq mustaqil kasallik sifatida ajralib chiqqan.

Bir yarim asrdan ko'proq vaqt davomida ushbu og'ir, ko'pincha nogironlikka olib keladigan kasallikni o'rganish, uning rivojlanishida streptokokk infektsiyasi bilan aloqasi aniqlandi, diagnostika, davolash va profilaktika mezonlari ishlab chiqildi va joriy etildi. Bu 20-asrning o'rtalariga kelib revmatizm bilan kasallanishning pasayishiga yordam berdi. Biroq, so'nggi yillarda, bir qator salbiy ijtimoiy-iqtisodiy jarayonlar tufayli, barcha yosh guruhlarida revmatizm bilan kasallanishning ko'payish tendentsiyasi kuzatilmoqda, ayniqsa bolalar orasida. Ushbu tendentsiya, streptokokklarning penitsillinlarga sezgirligining pasayishi bilan bog'liq. Epidemik jarayonning dinamikasini o'rganish shuni ko'rsatadiki, so'nggi o'n yillikda streptokokk infektsiyasi o'sib bormoqda, bu revmatizmning uchrash chastotasi ko`payishiga olib keladi va kelajakda revmatizm muammosi o'z dolzarbligini yo'qotmaydi.

So'nggi o'n yilliklarda butun dunyoda yurak-qon tomir tizimi kasalliklariga qiziqish ortdi. Bu, bir tomondan, zamonaviy tibbiyotning muvaffaqiyatlari, ikkinchi tomondan, bu kasalliklarning avvalgidan ko'ra ko'proq tarqalganligi bilan izohlanadi. Kasallikning doimiy ravishda o'sib borishi ko'plab mamlakatlarda ushbu kasalliklarning oldini olish va davolash muammosi ahamiyatga ega bo'lgan muammoga aylanganiga olib keldi [1].

Rasmiy tibbiy statistika ma'lumotlari, chuqur ilmiy tadqiqotlar, aholiga revmatologik yordamni tashkil etishda o'tgan asrning 60-80-yillarida erishilgan

yutuqlar hozirda yo'qolganligigni va uni tashkil etishning yangi tashkiliy-uslubiy yondashuvlari hali ishlab chiqilmaganligini ko'rsatadi [13].

Sog'liqni saqlash tizimida revmatologik yordamni rivojlantirish muammosining dolzarbligi yangi tashkiliy va klinik texnologiyalarni joriy etish asosida birlamchi va ikkilamchi profilaktika, diagnostika, davolash va revmatik kasalliklarga chalingan bemorlarni tibbiy reabilitatsiya qilishni tashkil etish samaradorligini oshirish bo'yicha yangi uslubiy yondashuvlarni topish zarurati bilan belgilanadi.

JSSTning umumlashtirilgan ma'lumotlariga ko'ra (2010), iqtisodiy rivojlangan mamlakatlarda revmatizm bilan kasallanish 20-asrning boshlarida va ayniqsa so'nggi 40 yil ichida sezilarli darajada pasaygan, bu revmatizmni davolash va oldini olish dasturlariga antibiotiklarni intensiv kiritish davriga to'g'ri keladi. Hozirgi vaqtda revmatik isitmaning yangi holatlarini aniqlash yiliga 100 000 aholiga 5 tani tashkil etadi [2,9].

Shu bilan birga, O'rta yer dengizi va Osiyo-Tinch okeani mintaqasining ba'zi mamlakatlarida revmatizm bilan kasallanish darajasi juda katta farq qiladi - 100 000 aholiga 27 dan 116 tagacha.Yevropa mamlakatlarida maktab yoshidagi bolalar orasida revmatik yurak kasalliklarining tarqalishi 0,09-0,16 gacha, rivojlanayotgan mamlakatlarda esa 1000 kishiga 15-22 holatni tashkil etadi [2,5].

O'tkir revmatik isitma muammosi bartaraf etilmaganini so‘nggi o‘n yillikda AQSh va Yevropa davlatlarida sodir bo‘lgan epidemiyalar tasdiqlaydi. Rivojlanayotgan mamlakatlarda har yili 10 dan 20 milliongacha yangi revmatik isitma holatlari qayd etiladi [3, 9].

Bu esa olimlarning “A” guruhi streptokokklari aylanib yurar ekan, revmatizm yo‘qolmaydi, yaqin ellik yil ichida sayyoramiz aholisi A guruhi streptokokklaridan xalos bo‘lolmaydi, degan fikrini tasdiqlaydi [3,6]

Revmatizmning oldini olish va qaytalanishni nazorat qilish dasturlari - revmatizmning birlamchi va ikkilamchi profilaktikasini o'z ichiga oladi [1,7].

Hozirgi kunda AGBGSning revmatogen shtammlari M-oqsillarining epigonlarini o'z ichiga olgan vaktsina yaratish bo'yicha tadqiqotlar olib borilmoqda, ular inson to'qimalari antigeni bilan o'zaro ta'sir qilmaydi. Bunday vaktsinani birlamchi profilaktikaning bir qismi sifatida qo'llash, ayniqsa revmatik isitman genetik moyil bolalarda uning rivojlanishining oldini oladi.

Revmatikanamnezi bo'lgan bolalar va kattalarda kasallikning qaytalanishi va rivojlanishining oldini olishga qaratilgan ikkilamchi profilaktika bisillin bilan bemorlarni muntazam davolashdan iborat [6,8, 9].

Shiningdek surunkali revmatik yurak kasalliklarini tashxislash va davolash muammosi dolzarbligicha qolmoqda. Buning sababi, ushbu patologiya bilan og'rigan bemorlar soni ko'p va revmatizmning ushbu asorati bilan kasallanish holatlarini kamaytirish tendentsiyasi yo'q [4,7].

So'nggi yillarda revmatik yurak kasalliklarining klinik ko'rinishi sezilarli darajada o'zgarganligi aniqlandi. Revmatik yurak kasalligi ko'rinishidagi yurak shikastlanishlari engil, past ko'rinishda namoyon bo'ladi, bu uning tashxisini qiyinlashtiradi [10,11].

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