

## RESULTS OF THE STUDY OF IMMUNE SYSTEM INDICATORS IN WOMEN WITH INFLAMMATORY DISEASES OF SMALL PELVIS ORGANS

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### Abstract

The aim was to analyze its results by studying the indicators of the immune system of women with inflammatory disease of small pelvis members.

### Material and Methods

Women living in the towns and villages of Bukhara region were involved in the study. They were treated at the Bukhara branch of the Republican Scientific Center for emergency medical care and in a polyclinic.

It was found that a decrease in T-lymphocytes indicated the development of T-immunodeficiency in the immune system of sick women; A convincing decrease in CD4 + -cells relative to the control group and a convincing increase in CD8 + -cells indicated a significant increase in immune system activity. The relative and absolute amounts of CD25 + - and CD95 + - cells varied in different directions. A significant increase in the average number of CD16 +-cells by 1.93-2.02 times showed the role of these cells in the immune response. The relative and absolute amounts of CD38 + and CD23 + -cells in women diagnosed with // were significantly higher than in the control group, with a difference of 1.27 and 1.86 times in relative amounts and 1.21 and 1.78 times in absolute parameters, respectively.

The following clinical diagnoses were made in female patients: bilateral acute salpingo-oophoritis (36.3%, n = 37); bilateral acute salpingitis (17.6%, n = 18); right-sided acute salpingo-oophoritis (15.7%, n = 16); right-sided acute salpingitis (8.8%, n = 9); left-sided acute salpingo-oophoritis (10.8%, n = 11); left-sided salpingitis (10.8%, n = 11).

The results of the study showed that the total number of leukocytes in the blood of women with CKD was 1.19 times higher than the data obtained from healthy women in the control group (Table 1).

IDSPO comparative indicators of immunological parameters in women with,  $M \pm m$

Indicators	Control, n=15	IDSPO, n=102
Leukocytes, $10^9/\text{л}$	5952±61	7071±107*↑
Lymphocyte, %	29,86±1,07	24,05±1,08*↓
Lymphocytes, 1 мкл қонда	1777±65	1701±116↔
CD3 + -cells, %	61,42±1,35	46,20±0,39*↓
CD3 + -cells, in 1 micron	1091±88	786±45*↓
CD4 + -cells, %	30,56±0,60	28,32±0,41*↓
CD4 + -cells, in 1 micron	543±39	482±48↔

CD8 + -cells, %	22,39±0,78	25,34±0,38*↑
CD8 + -cells, in 1 micron	398±51	431±44*↑
IRI, unit	1,36±0,01	1,12±0,01↓
CD71 + -cells, %	21,43±1,13	25,95±0,82*↑
CD71 + -cells, in 1 micron	381±73	441±95↔

The results of the study showed that the relative amount of lymphocytes in sick women decreased by 1.24 times compared to the data in the control group ( $R < 0.05$ ). A study of the relative and absolute amounts of lymphocytes carrying CD3 + -cell markers on the surface showed that they changed reliably relative to the data in the control group ( $R < 0.05$ ). The relative and absolute values of CD3 +-cells decreased 1.33 and 1.39 times, respectively, compared to the control group ( $R < 0.05$ ). In contrast to T-helper / inducers (CD4 + -cells), T-suppressors / cytotoxic lymphocytes (CD8 + -cells) had both reliable and absolute increases in both relative and absolute values ( $R < 0.05$ ). In patients, the relative increase was 1.13 times and 1.08 times compared to the absolute data. In our case, the IRI in sick women was  $1.12 \pm 0.01$  units, while in healthy women included in the control group, the figure was  $1.36 \pm 0.01$  units ( $R < 0.001$ ). A 1.21-fold decrease in IRI in sick women compared with healthy ones was a measure of the presence of functional stress in the immune system as a result of the purulent-inflammatory process.