



ETIOPATHOGENESIS AND CLINICAL COURSE SPECIFIC CHARACTERISTICS OF NEURODERMITIS DISEASE

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Abstract *Over time, the symptoms of neurodermatitis increase significantly. Today, almost every sixth child of preschool age suffers from its manifestation. Possible reasons for this continued growth are improved living conditions and extreme hygiene practices. By about 15 years of age, many clinical symptoms disappear and do not reappear. However, some people, nevertheless, suffer from the development of neurodermatitis in adulthood, especially on the hands.*

Key words: *severe itching, insomnia, irritability.*

Introduction

Neurodermatitis (Greek term neuro - nerve , derma - skin , itis - inflammation) in the 19th century appear of the skin inflammation nerve system diseases with dependent become them atopic of dermatitis main reason that calculated . Neurodermatitis the most wide spread out contagious was not _ from diseases is one This of the skin inflammation _ _ reaction be , he _ _ known in periods himself manifestation does or chronic in the form continue is enough The usual symptoms be on the skin itching , dryness , lichenization and strong itchy are nodes .

The purpose of the work: to describe the clinical course of neurodermatitis, taking into account the endogenous and exogenous factors that cause it

Materials and methods: 30 patients with neurodermatitis were under our observation, all of whom complained of severe itching, insomnia, irritability, and constant fatigue in recent years, as well as a decrease in work capacity. The age of the patients was in the range of 30-50 years , and it was 6-8 years since the onset of the disease. 20 of the patients were men and 10 were women. During the interview, almost all patients felt depressed and stressed. From the anamnesis, it became known that all these patients were seen by dermatologists and neurologists several times and received treatment. During the treatment, the symptoms of the disease in 20 patients (12 men, 8 women), the disease clinic almost disappeared, skin rashes were absorbed, itching decreased



dramatically, and sleep improved, but 2-3 months after the end of the treatment, 20 patients almost all of the patients had relapsed symptoms.

These patients attribute the onset of the disease to the diseases of their other organs. Among them, 8 out of 12 men had circulatory disorders in the brain, 4 had diseases of the gastrointestinal system: gastritis, gastroenterocolitis, cholecystitis, pancreatitis. 5 out of 8 women had cholecystitis, pancreatitis, chronic colitis and chronic constipation. 3 women were disturbed by discirculatory encephalopathy and intracerebral hypertension. 10 patients (8 men and 2 women) had small pelvic pathologies in addition to the skin changes characteristic of neurodermatitis shown above. That is, all 8 men had chronic prostatitis and vesiculitis, while 2 women had chronic endometritis and adnexitis. All the patients under our observation, every time the main disease is treated, the diseases of other organs, which are added to it or are the main cause of the main disease, are almost not paid attention to. Accordingly, the course and localization of neurodermatitis in patients was also unique. For example, in the above-mentioned 20 patients (12 men and 8 women), the disease was in the form of diffuse neurodermatitis, and the pathological focus was the back of the neck, both sides of the neck, the flexor surface of the hands, located in the armpits, waist, sides of the body, in these areas there are many shiny nodular rashes, dry skin, cracks, hyperkeratosis and many excoriations against the background of obvious lichenification. In 10 patients (8 men and 2 women), the disease was in the form of limited neurodermatitis, and the pathological center was located in the thigh fold and skin of the thigh in men, while in women it was located in the intermediate areas of the inner surface of the thigh. In pathological foci, many flat nodular rashes, dry skin, hyperkeratosis and many excoriations are observed against the background of obvious lichenification. Almost all patients have taken Thiosulfate sodium, lorotadine, lodes, vitamins, glycine, persin, dexamethasone several times.

Sinaflan, celestoderm, dermoveit ointments were applied as a local treatment. They underwent laboratory examinations of general blood, urine analysis, blood biochemical analysis and ultrasound examinations. Taking into account the anamnestic and clinical signs and forms of neurodermatitis of these patients, we introduced the following additional examination methods in order to describe the clinical course of the disease in more detail. All patients underwent the following laboratory tests:

1. General blood analysis
2. Biochemical analysis of blood
3. Determination of fungal titer in blood
4. Determining the titer of parasites in the blood
5. Testing for *Helicobacter pylori*
6. Rheumoprobe
7. Immunoglobulin E test
8. Taking a smear from the urethra
9. Ultrasound diagnosis of internal organs
10. Electroencephalography

Results: The following results were obtained from the above inspection methods. In 20 patients (12 men and 8 women), high levels of eosinophils and ECHT, signs of anemia were detected in the general blood analysis. In the analysis of urine, it was observed that the total density of urine increased, and the amount of uric acid increased. In the biochemical analysis of blood,



bilirubin increased, alkaline phosphatase and amylase increased in almost all patients. 10 patients (6 men and 4 women) had a high blood titer of pycellomycosis. In 4 men, a high level of giardia in the blood was detected, and in 2 women, a high titer of ascarida was detected. Helicobacter pylori was positive in 16 patients (10 men and 6 women). S-reactive protein was high in 4 of the examined patients, and ASLO was high in 6. Immunoglobulin E was found to be much higher than normal in 80% of patients (16). According to the ultrasound findings, 10 out of 12 men had hepatocholecystitis and pancreatitis. Cholecyst, pancreatitis, chronic colitis were found in 5 out of 8 women. In electroencephalography, 8 out of 12 men had circulatory disorders in the brain, intracerebral hypertension. From 10 patients (8 men and 2 women), in addition to the above examinations, an analysis of smears from the urethra and genitals was recommended. Bacterial overgrowth, yeast infections, and copious amounts of mucus were also found. Accordingly, these patients complain of discomfort in the lower part of the navel, slight pain and itching when urinating. Almost all of these patients were diagnosed with various forms of inflammation of the genital organs, that is, all 8 men had chronic prostatitis, vesiculitis, and 2 women had chronic endometritis and adnexitis. All patients under our observation are treated with conventional treatment measures, i.e. diet, antihistamine drugs (loratadine, lodes, erius), desensitization drugs (thiosulfate-sodium, sodium-salicylate), sedative drugs (valerian extract, persin) as a general treatment, novopassit), vitamins, hepatoprotectors (essentiale, karsil, apkosul), as well as recommending corticosteroid ointments and keratolytic ointments or their combination as local treatment, as well as conducting procedures against additional diseases are important aspects of effective treatment. was asked.

Conclusions: So in the origin of neurodermatitis we must remember that not only exogenous factors, but mainly endogenous factors have a high role. It is necessary to pay great attention to the origin of the disease, its clinical forms, localization. Often, neurodermatitis, in a particularly limited form, develops as a result of various forms of diseases of the internal organs closest to the localization of the pathological focus, which was reflected in the example of the patients under our observation above. It can be seen from the above examples that the diffuse form of neurodermatitis can be mainly caused by disorders of the brain and chronic diseases of several internal organs.

References:

1. Akhmedov Sh. K. I dr. NEKOTORYE OSOBENNOSTI TAKTIKI PRODUKTIVNOGO LECHENIYa CHRONICHESKOY KRAPIVNITSY //Sbornik nauchnyx statey po itogam raboty Mejdunarodnogo nauchnogo foruma. - S. 93.
2. Oripov R. A. i dr. osobennosti primeneniye antioxidantnyx preparatov v lechenii neurodermita //Sbornik nauchnyx statey po itogam raboty Mejdunarodnogo nauchnogo forum. - S. 98.
3. Goldstein JI.M. I Chto je takoe diffuse neurodermatitis and atopic dermatitis. Westn. dermatol. i venerol. 1989. - No. 3. - S. 32-33.
4. Akhmedov Sh. K., Abdiev Z. M., Abdamitov O. R. The role of intestinal dysbacteriosis in the development of atopic dermatitis in children //Akademicheskij zurnal Zapadnoy Sibiri. - 2013. - T. 9. – no. 3. - S. 12-12.



5. Matumevskaya E.V. II Effektivnost lecheniya bolnyx diffuznym neurodermitom hemosorbtsiey (Kliniko-immunologicheskoe issledovanie) Autoref. dis. . cand. med. nauk. M. 1987. - 17 p.
6. Difficulty AJT. II Lechenie kojnyx bolezney. M. - Medicine.- 1990.-S. 294-301.
7. Poryadin G.V., Salmasi J.M., Makarkov AM II. Molecular mechanisms of IgE-mediated allergy. M. 1996. - 121 p.
8. Potekaev N.S., Kochergin N.G. I O tak nazyvaemyx neurodermatozax. Westn. dermatol. i venerol. 1988. - No. 3. - S. 2527.
9. Pototsky I.I., Grebennikov V.A., Kolyadenko V. G. II Neurodermatitis.- Kiev. Zdorovya. 1986. - 133 p.
10. Skripkin Yu.K. // Neurodermatitis (voprosy etiology, pathogenesis and therapy). M.- Medicine. - 1967. - 263 p.
11. Skripkin Yu.K., Maskilleison AL., Sharapova G.Ya. II Kojnye and venereal diseases. M., Medicine 1995.
12. Skripkin Yu.K., Mordovtsev V.N. I Rukovodstvo dlya vrachey. 1999. -T.1.-S. 23-50.
13. Skripkin Yu.K., Sharapova G.Ya. II K question about the relationship between neuroendocrine disorders and allergic conditions in patients with eczema and neurodermatitis. Westn. dermatol. i venerol. -1968. - No. 8.-S. 114-119.
14. Starokojko L.E. // Questions about the definition and classification of neurodermatitis. Westn. dermatol. i venerol. 1996. - No. 3. - S. 47-4
15. Zukhriddinovna, Z. D. (2022). Development of classification criteria for neuroretinal ischemia in arterial hypertension. central asian journal of medical and natural sciences, 3(3), 59-65. <https://doi.org/10.17605/osf.io/k76zt>
16. Yuldashev S. S., Mamadaliev A. M., Aliev M. A. To Questions of surgical tactics in damagesof the thoracic and lumbar parts of the spine //european journal of molecular & clinical medicine. – 2020. – т. 7. – №. 03. – с. 2020. https://www.ejmcm.com/article_3419_20727dc3df7f4324cbcb048aa2f37c88.pdf
17. Mamadaliev A. M., Aliev M. A., Saidov K. D. The Research of different methods efficiency of posttraumatic valve defects plasty //european journal of molecular & clinical medicine. – 2020. – т. 7. – №. 03. – с. 2020. https://ejmcm.com/article_4676_1feec211fea5848f81258ea221dae974.pdf
18. Z. , Z. D. (2022). rehabilitation and treatment algorithm for patients with ocular ischemic syndrome on the background of arterial hypertension. central asian journal of medical and natural sciences, 3(2), 211-213. <https://doi.org/10.17605/osf.io/sya5k>
19. Zukhridinovna Z. D. modern aspects of neuroprotective treatment in hypertensive retinopathy //web of scientist: international scientific research journal. – 2022. – т. 3. – №. 02. – с. 949-952. <https://wos.academiascience.org/index.php/wos/article/view/947/878>
20. Zukhriddinovna, Z. D. (2022). clinical and metabolic peculiarities children and teenagers with arterial hypertension. central Asian journal of medical and natural sciences, 3(3), 177-184. retrieved from <https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/755>
21. A Sh Kurbonalievich, N R Mardonovich, X M Muxammadievich, O R Anvarovich, T H Negmatovich, B M Usmonovna. (2021). Experience of the Combination of Tiflox and



- Immunomax in the Treatment of Trichomoniasis Combined with a Bacterial Process. Annals of the Romanian Society for Cell Biology, 2376–2380. Retrieved from <https://www.annalsofscb.ro/index.php/journal/article/view/1691>
22. Ахмедов ШаК, Баратова М Р, Орипов Р А, Саламова Л А, Исламов Н Х Эффективность влияния антиоксидантов и иммуностимуляторов на иммунологический статус больных сифилисом // Достижения науки и образования. 2020. №1 (55). URL: <https://cyberleninka.ru/article/n/effektivnost-vliyaniya-antioksidantov-i-immunostimulyatorov-na-immunologicheskiy-status-bolnyh-sifilisom>