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SECTION 20. Medicine.

ASSOCIATION OF H PYLORI INFECTION WITH IRON DEFFICIENCY ANEMIA AMONG OLDER PATIENTS

Abstract: Objective: Purpose of conducting this study was to determine association of h pylori infection and anemia in old age patients.

Design & Setting: This is a cross sectional study carried out in DHQ Teaching Hospital Gujranwala Medical College Gujranwala

Duration: Study was started in Febraury 2018 and completed in June 2018 comprising on 5 months duration.

Materials and Methods: All cases presenting with signs and symptoms of acid peptic disease in outpatient-door were evaluated for H-Pylori infection. A performa was designed in which all related question were mentioned like age, signs and symptoms of H-pylori infection and peptic ulcer disease and clinical evident anemia important points of history, clinical examination and investigations were documented in it. An inclusion criteria was defined according to which only those cases were included in the study having H pylori infection diagnosed on blood tests, urea breath test or stool culture and having no other chronic disease and having age above 30 years. All those cases with age below 30 years or having any other associated disease were not included in this study. Two blood samples of each patient were taken in two viles one sample for detecting H Pylori antibodies and second sample for determining serum ferritin level on ELISA . These samples were sent for tests to the laboratory of study institution. Obtained results were documented and analyzed on SPSS software version 2014.

Results: Out of 365 cases of acid peptic disease reported in OPD of study institution in duration of 5 months, only 86 cases were having H pylori infection diagnosed by various tests and these cases were selected for study. These cases belonged to male and female both populations having age above 30 years. There were 46 male and 40 female cases in study group. Out of 86 cases 53 were diagnosed with peptic ulcer disease including 28 male and 25 female cases. Male patients were having age range of 35-75 years with mean age of 48.7 years and female patients with age range of 32-66 years with mean age of 41.3 years. Ferritin level between ranges of 15-19 ng/ml was present in 5 male cases and 10-14 ng/ml in 9 male cases. While 6 male and 15 female cases were having ferritin level between 5-9 ng/ml. One male case and 8 female cases were having ferritin level below 5 ng/ml. Among 86 cases 44 cases had iron deficiency anemia and out of them 21 were male and 23 were female.

Conclusion: Helicobacter Pylori causes deficiency of iron in the body and leading to iron deficiency nemia. It is associated usually with infection of prolong duration.

Key words: Helicobacter infection, iron deficiency anemia, Anemia in older patients.

Language: English

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INTRODUCTION

Helicobacter pylori is also known as Campylobacter pylori is a gram negative microaerophilic bacterium living in gastrointestinal system and mostly infects stomach and duodenum. It is transmitted via feco oral route.¹ People having this infection usually present with upper abdominal pain,

chest burn, indigestion, nausea, loss of appetite, bloating and weight loss. Many people are not symptomatic while having this infection and present late to doctor when signs and symptoms start appearing.² This infection can be diagnosed by various tests such as urea breath test, stool culture, ELISA for h pylori and endoscopic biopsy for



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histopathology. Urea breath test is a very accurate method of diagnosing infection. H pylori causes gastritis and patient complains of pain in stomach after taking meal. This infection can be treated by conservative management using antibiotics and antacids.³ Usually triple regimen of clarithromycin 500 mg bid, amoxicillin 1g bid and omeprazole bid. There are other regimens as well. This treatment is very effective in eradicating infection. H pylori causes iron deficiency in the patients leading to anemia. Such cases are pale and lethargic. Their iron store of body are depleted which can be measured by serum ferritin level.⁴ In this study patients with h pylori infection were evaluated for iron deficiency anemia. In this study both male and female cases were included having age above 30 years. It was seen that anemia was most likely to occur in prolonged infection and almost equally involving both male and female patients.^{5,6} Unhygienic eating habits and life style increases risk of its infection. Many studies have shown that this infection is more common in underdeveloped and developing countries while in well developed countries its prevalence is low. When h pylori infection occurs in a pregnant woman it may cause severe anemia as shown by a study of Weyermann conducted on pregnant ladies with h pylori infection reported low hemoglobin level at the start of gestational period which became severe further latter on. Due to iron deficiency anemia performance of patient is disturbed.^{7,8} It causes immunodeficiency and also makes pregnancy difficult to be completed successfully. This infection causes ulcer of stomach usually in lesser curvature and duodenal ulcer in first or second part of duodenum mostly. People with peptic ulcer are usually obese. In iron deficiency anemia oral or intravenous iron replacement was successful and increases hemoglobin level and reducing anemic symptoms but when treatment is stopped anemia occurs again so definitive treatment is to eradicate h pylori infection in the patient.

Materials and Methods

This is a cross sectional study conducted in a teaching hospital. This study was completed in duration of five months. All cases presenting with signs and symptoms of acid peptic disease in outpatient-door were evaluated for H-Pylori infection. Blood samples for test were drawn from venous blood and stored in a glass vile. Serum was obtained from the sample and tests were performed. A performa was designed in which all related question were mentioned like age, signs and symptoms of H-pylori infection and peptic ulcer disease and clinical evident anemia important points

of history, clinical examination and investigations were documented in it. An inclusion criteria was defined according to which only those cases were included in the study having H pylori infection diagnosed on blood tests, urea breath test or stool culture and having no other chronic disease and having age above 30 years. All those cases with age below 30 years or having any other associated disease were not included in this study. . People having this infection usually present with upper abdominal pain, chest burn, indigestion, nausea, loss of appetite, bloating and weight loss. Many people are not symptomatic while having this infection and present late to doctor when signs and symptoms start appearing. This infection can be diagnosed by various tests such as urea breath test, stool culture, ELISA for h pylori and endoscopic biopsy for histopathology. Two blood samples of each patient were taken in two viles one sample for detecting H Pylori antibodies and second sample for determining serum ferritin level on ELISA. These samples were sent for tests to the laboratory of study institution. Obtained results were documented and analyzed on SPSS software version 2014. Ferritin level was detected in blood by ELISA which is an investigation of choice for it. Normal range of ferritin level in the body is 10-120 ng/ml and 20-250 ng/ml in males and females respectively according to BioCheck scale.

Results

Study subjects were selected in outpatient door of study hospital. Out of 365 cases of acid peptic disease reported in OPD of study institution in duration of 5 months, only 86 cases were having H pylori infection diagnosed on various tests and these cases were selected for study. These cases belonged to male and female both populations having age above 30 years. There were 46(53.5%) male and 40(46.5%) female cases in study group. Out of 86 cases 53(61.6%) were diagnosed with peptic ulcer disease including 28(52.8%) male and 25(47.2%) female cases. Male patients were having age range of 35-75 years with mean age+-SD of 48.7+-12.8 years and female patients with age range of 32-66 years with mean age +-SD of 41.3+-13.6 years. Out of total 21 males and 23 females with anemia, ferritin level between ranges of 15-19 ng/ml was present in 5(23.8%) males and 10-14 ng/ml in 9(42.8%) male cases. While 6(28.6%) male and 15(65.2%) female cases were having ferritin level between 5-9 ng/ml, one (4.7%) male case and 8(34.9) female cases were having ferritin level below 5 ng/ml. Among 86 cases 44(51.2%) cases had iron deficiency anemia and out of them 21(47.7%) were male and 23(52.3%) were female patients.



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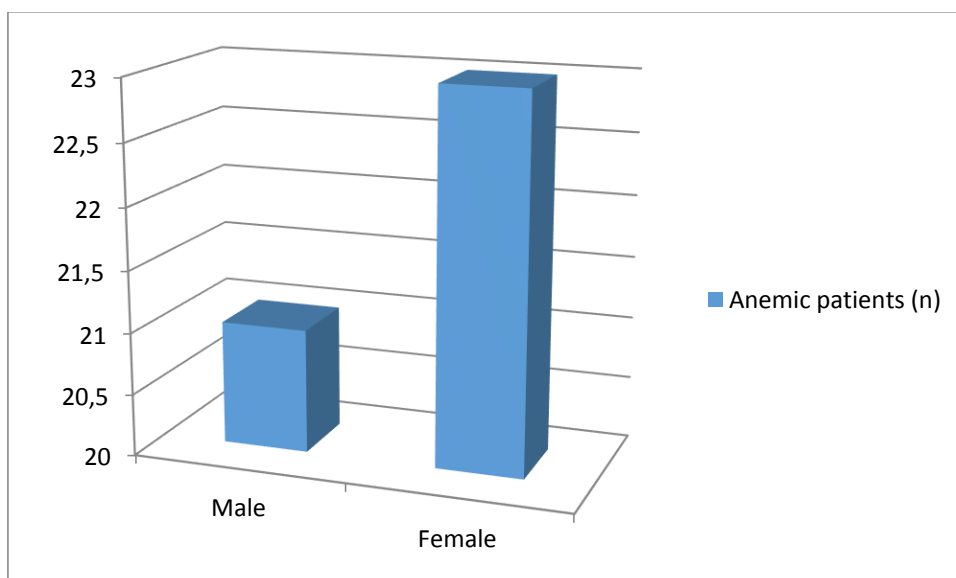


Figure-1 Gender distribution of anemic patients out of total 44 anemic cases

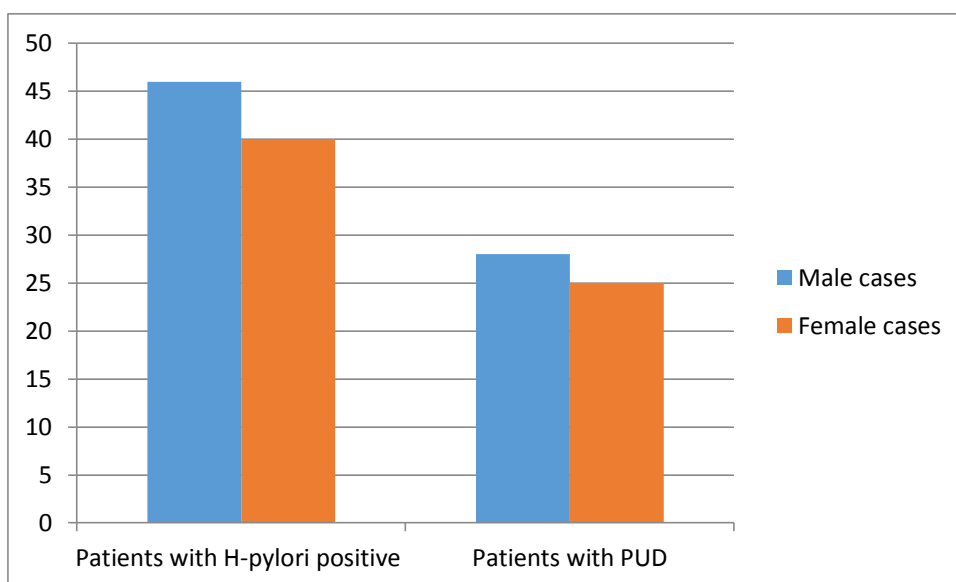


Figure-2 Frequency of Patients with H-pylori infection having Peptic ulcer disease

Table-1

Age distribution among patients of study group

Age of patients (years)	Male Patients (n=46)		Female Patients (n=40)	
	N	%	N	%
20-30	4	8.7	5	12.5
31-40	7	15.2	6	15
41-50	11	23.9	12	30
51-60	13	28.3	9	22.5
61-70	6	13	4	10
Above 70	5	10.9	3	7.5

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Table-2**Frequency of patients with low serum ferritin level**

Serum ferritin level (ng/ml)	Male patients (n=46) Normal range (20-250 ng/ml)		Female patients (n=40) Normal range (10-120 ng/ml)		P Value
	N	%	N	%	
15-19	5	10.8	-		0.04
10-14	9	19.5	-		
5-9	6	13.04	15	37.5	
Below 5	1	2.2	8	20	
Total	21		23		

DISCUSSION

Helicobacter pylori infection is very common among people worldwide.⁹ This infection involves stomach and small intestine. This causes gastritis and if untreated may lead to peptic ulcer disease, perforation of duodenum and gastric lymphoma etc.¹⁰⁻¹³ In this study all patients were vitally stable without lethal complications of H-pylori like perforation and lymphoma. In this study association of h-pylori infection and iron deficiency anemia was determined. Helicobacter pylori is also known as Campylobacter pylori is a gram negative microaerophilic bacterium living in gastrointestinal system and mostly infects stomach and duodenum. It is transmitted via feco oral route. People having this infection usually present with upper abdominal pain, chest burn, indigestion, nausea, loss of appetite, bloating and weight loss.¹⁴ Many people are not symptomatic while having this infection and present late to doctor when signs and symptoms start appearing. This infection can be diagnosed by various tests such as urea breath test, stool culture, ELISA for h pylori and endoscopic biopsy for histopathology. Urea breath test is a very accurate method of diagnosing infection. This is a cross sectional study conducted in a teaching hospital. This study was completed in duration of five months.¹⁵ All cases presenting with signs and symptoms of acid peptic disease in outpatient-door were evaluated for H-Pylori infection. Blood samples for test were drawn from venous blood and stored in a glass vile. Serum was obtained from the sample and tests were performed. A performa was designed in which all related question were mentioned like age, signs and symptoms of H-pylori infection and peptic ulcer disease and clinical evident anemia important points of history, clinical examination and investigations were documented in it. Study subjects were selected in outpatient door of study hospital.¹⁶ Out of 365 cases of acid peptic disease reported in OPD of study

institution in duration of 5 months, only 86 cases were having H pylori infection diagnosed on various tests and these cases were selected for study. These cases belonged to male and female both populations having age above 30 years. There were 46(53.5%) male and 40(46.5%) female cases in study group. Out of 86 cases 53(61.6%) were diagnosed with peptic ulcer disease including 28(52.8%) male and 25(47.2%) female cases. Usually triple regimen of clarithromycin 500 mg bid, amoxicillin 1g bid and omeprazole bid. There are other regimens as well. This treatment is very effective in eradicating infection. H pylori causes iron deficiency in the patients leading to anemia. Such cases are pale and lethargic.¹⁷ Their iron store of body are depleted which can be measured by serum feritin level. In this study patients with h pylori infection were evaluated for iron deficiency anemia. In this study both male and female cases were included having age above 30 years. It was seen that anemia was most likely to occur in prolonged infection and almost equally involving both male and female patients.¹⁸ A study done in Alaska concluded high prevalence of H-pylori infection causing iron deficiency anemia in most of the people with infection. Another study done by Boggs reported increasw in serum ferritin level after taking triple regimen for H-pylori eradication in study cases.

CONCLUSION

H-pylori infection has high prevalence and involves gastrointestinal tract causing many complications mainly peptic ulcer disease. It is associated with iron deficiency anemia. If treated properly, anemia can be corrected. Triple regimen for H-pylori eradication is effective in reducing anemia. Initially anemia should be corrected with oral or intravenous iron therapy. Unhygienic life style is main cause of this infection.

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SECTION 20. Medicine.

DERRANGED COAGULATION PROFILE & RISK OF GASTROINTESTINAL BLEEDING

Abstract: Objective: Purpose of conducting this study was to determine risk of gastrointestinal bleeding due to abnormal coagulation profile in patients with chronic liver disease.

Study design and setting: This study was done in in DHQ Teaching Hospital Gujranwal Medical College Gujranwala, Pakistan.

Study duration: This study was started in January 2018 and completed in July 2018 consisted on period of 7 months duration

Patients and Methods: Patients with chronic liver disease with deranged coagulation profile and signs and symptoms of gastrointestinal bleeding presenting to outpatient door or emergency ward of study institution during study period were selected. Proper history taken and physical examination was done followed by necessary investigations such as USG abdomen, clotting profile (PT, APTT, INR), CBC with platelet count, LFTs, RFTs and stool culture for occult blood or malena. Unstable patients presented in emergency ward well given initial resuscitation and bleeding were stopped with conservative management successfully. Only those cases were selected having No chronic disease other than CLD, Not taking any anticoagulant for any disease and no family history of bleeding disorder. A performa was designed containing necessary questions like age, duration of disease, signs and symptoms of CLD such as ascites, hematemesis, per rectal bleeding, malena etc. Data was analyzed on Microsoft office and statistical software. Relative risk was calculated with 95% confidence interval.

Results: Total 280 cases reported with chronic liver disease out of which 150 cases were having gastrointestinal bleeding having history of malena and hematemesis. There were 76.7% cases with prolonged prothrombin time. In 88.6% cases APTT was prolonged. 88.6% were having low platelet count less than 1.5×10^5 . There were 58.7% male and 41.3% female cases. Age of patients was in range of 30-75 years with mean age of 50.4 years ± 14.6 SD. Confidence interval was 95%, relative risk 1.55 and P value was less than 0.05. In 70% cases hematemesis or malena was present. In 42.7% only hematemesis, 63.3% having malena and in 46.6% both were present. 31.3% cases had encephalopathy, 48.7% fever, 60.7% jaundice, 25.3% hepatomegaly, 69.3% splenomegaly, 56.7% ascites and 8% cases had spider angioma.

Conclusion: Chronic liver disease is most prevalent disease in Pakistan in which coagulation profile is deranged with prolonged PT, APTT and decreased platelet count. Gastrointestinal hemorrhage is common presentation in CLD.

Key words: Complications of CLD, Derrange coagulation profile, gastrointestinal bleeding.

Language: English

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INTRODUCTION

Chronic liver disease has very high incidence in Pakistan and other asian countries as well. In this disease liver functions are compromised. Liver is very important organ of body related to metabolism, glucose production, protein synthesis and

detoxification of toxic metabolites.¹ Most common cause of lchronic liver disease is viral hepatitis due to HCV and HBV. Other viruses like HAV and HEV also causes hepatitis but their incidence is very low in our country and usually don't cause chronic liver disease.² Other cause of CLD is Willson disease.



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Signs and symptoms in this disease are hematemesis, per rectal bleeding, black stools, abdominal distension due to ascites, chronic on and off fever, unexplained weight loss, indigestion, anemia, palmar erythema, Jaundice, hepatomegaly, splenomegaly spider angiomas and encephalopathy. There may be chronic constipation and hemorrhoids.³ Chronic liver disease occurs many years after infection with HBV or HCV so cases with CLD are usually old age. Liver functions are gradually lost. Very important function of liver is to maintain portal pressure and in case of liver failure in CLD liver cirrhosis occurs causing portal hypertension and complications related to it such as hemorrhoids, gastric or esophageal variceal bleeding and ascites. In this disease protein synthesis is impaired.⁴ Albumin is very important protein synthesized by liver maintaining oncotic pressure intravascularly. Its level is also used to diagnose liver failure and to monitor prognosis of disease and outcome of treatment. Normal value of prothrombin time is 11-13.5 which is prolonged greater than 14 in liver disease. In severely ill cases its value becomes greater than 45. Vitamin K dependent clotting factors 2, 7, 9 and 10 factor synthesis occurs in liver. Liver failure causes impaired vitamin metabolism so decreasing level of clotting factors. Prognostic factors in CLD are blood albumin level, PT and APTT level, platelet count and fibrinogen level. Patients with deranged coagulation profile and low albumin level have worst prognosis.⁵ Medical management includes intravenous albumin transfusion, vit K, sandostatin and intravenous fluids etc. Definite treatment includes liver transplantation, but this option is suitable in surgically fit patients. Patients in old age are not fit for this surgery so they are treated conservatively. Most of the patients are reported in hospitals in advance disease stage as initial signs symptoms of disease are general and easily misdiagnosed or ignored.⁶ Patient considers he is healthy and it is incidentally diagnosed when serum viral markers are checked for any surgery or before donation of blood. Most common cause of viral hepatitis is blood born transmission from infected patients, infected syringes and from mother to child during delivery and from body fluids of infected person.

Patients and Methods

This is a cross sectional study conducted in a teaching hospital of Pakistan with study duration of seven months. Patients with chronic liver disease with deranged coagulation profile and signs and symptoms of gastrointestinal bleeding presenting to outpatient door or emergency ward of study institution during study period were selected. Proper history taken and physical examination was done followed by necessary investigations such as USG abdomen, clotting profile (PT, APTT, INR), CBC

with platelet count, LFTs, RFTs and stool culture for occult blood or malena. All necessary investigations of study cases were done from the laboratory of study institution. Unstable patients presented in emergency ward well given initial resuscitation and bleeding were stopped with conservative management successfully. Only those cases were selected having no chronic disease other than CLD, Not taking any anticoagulant for any disease and no family history of bleeding disorder. Signs and symptoms in this disease are hematemesis, per rectal bleeding, black stools, and abdominal distension due to ascites, chronic on and off fever, unexplained weight loss, indigestion, anemia, palmar erythema, Jaundice, hepatomegaly, splenomegaly spider angiomas and encephalopathy. Patients above 30 years of age were included and those having age less than this were excluded from the study. Patients having hematological diseases like leukemia, lymphomas and aplastic anemia etc were not included in this study. Proper written consent was taken from each and every patient for including their data in study and also from the medical superintendent of the hospital for conducting study. Privacy of patient was maintained. A performa was designed containing necessary questions like age, duration of disease, signs and symptoms of CLD such as ascites, hematemesis, per rectal bleeding, malena etc. Data was analyzed on Microsoft office and statistical software. Relative risk was calculated with 95% confidence interval.

Results

Patients presenting in outpatient door and emergency ward due to signs and symptoms of chronic liver disease were studied. Total 280 cases reported with chronic liver disease out of which 150 cases were having gastrointestinal bleeding having history of malena and hematemesis. There were 76.7% cases with prolonged prothrombin time. In 88.6% cases APTT was prolonged. 86(57.3%) were having low platelet count less than 1.5×10^5 , 10(11.6%) cases had platelet level between one lac to 1.5 lac, 59(68.6%) cases had platelet range of fifty thousand to one lac and 17(19.7%) cases had platelet count below fifty thousand. There were 88(58.7%) male and 62(41.3%) female cases. Age of patients was in range of 30-75 years with mean age of 50.4 years ± 14.6 SD. Confidence interval was 95%, relative risk 1.55 and P value was less than 0.05. In 105(70%) cases hematemesis or malena was present. In 64(42.7%) only hematemesis, 95(63.3%) having malena and in 70(46.6%) both were present. 47(31.3%) cases had encephalopathy, 73(48.7%) fever, 91(60.7%) jaundice, 38(25.3%) hepatomegaly, 104(69.3%) splenomegaly, 85(56.7%) ascites and 12(8%) cases had spider angioma. There were 12(8%) cases between 30-35 years, 28(18.7%) with



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age 36-40 years, 20(13.3%) between 41-45 years, 18(12%) cases between 41-45 years, and 25(16.7%) cases were above 60 years of age.

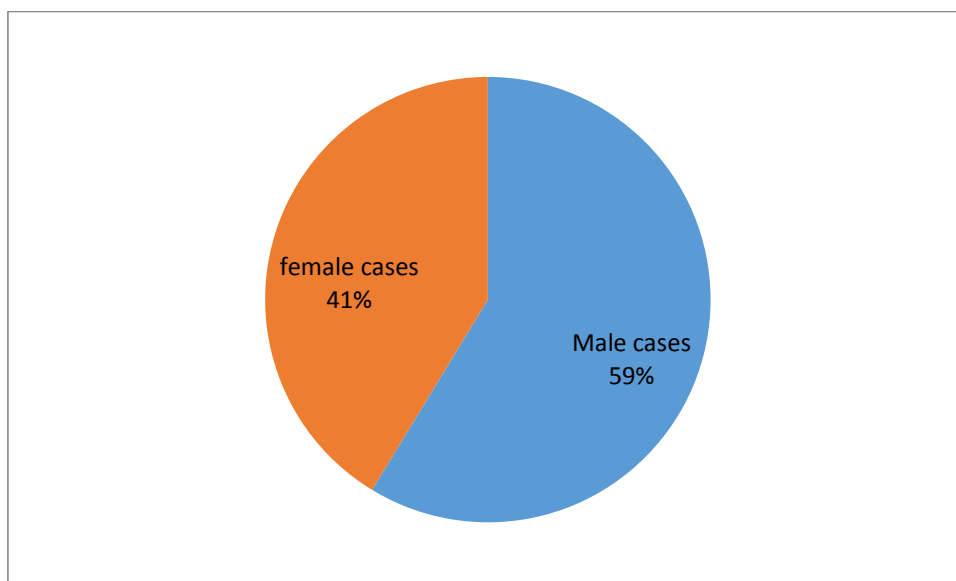


Figure-1 Gender distribution of patients in study group

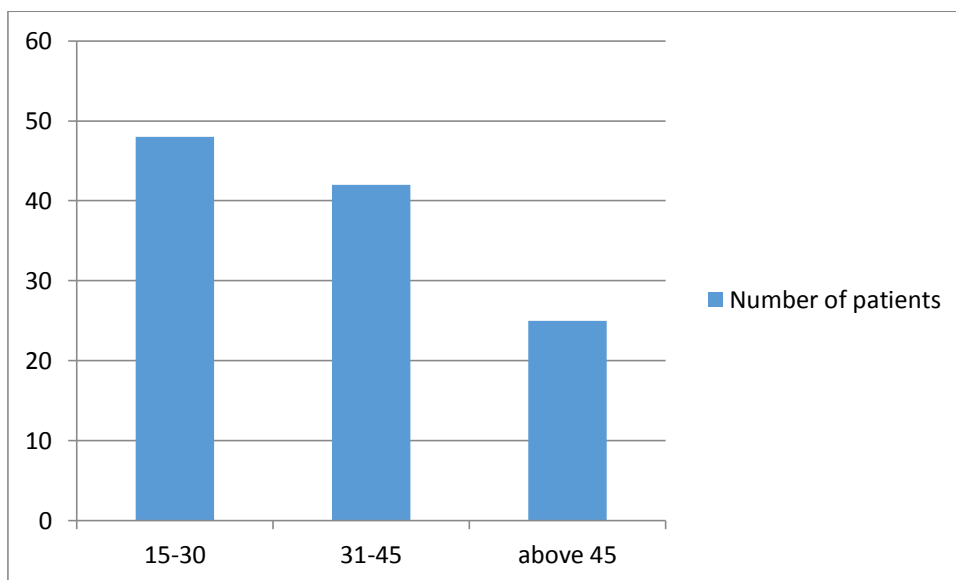


Figure-2 Frequency of patients with prolonged prothrombin time (PT above 35 sec)

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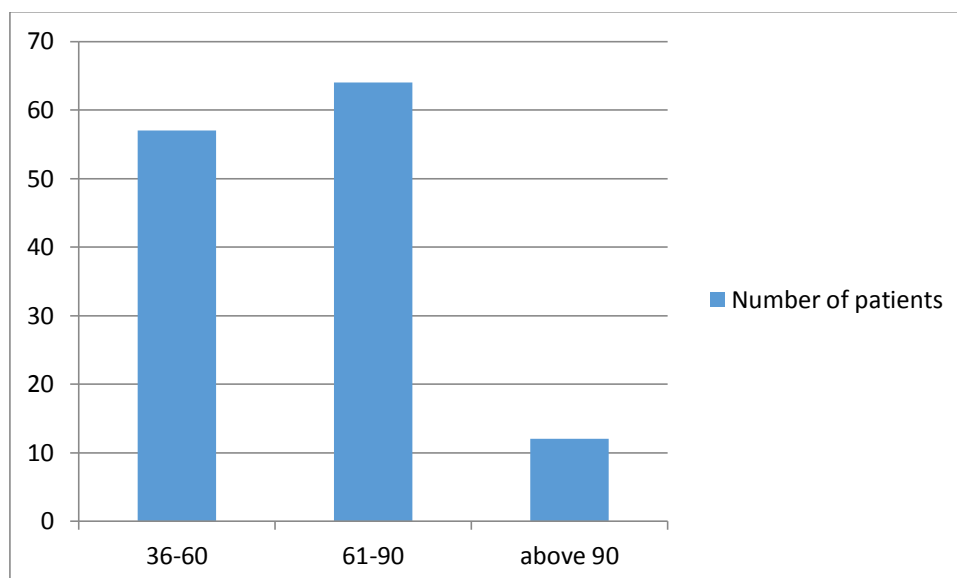


Figure-3 Frequency of cases with prolonged APTT (above 35 sec)

Table-1

Age distribution among cases of study group

Age of patients (years)	Number of patients	%
30-35	12	8
36-40	28	18.7
41-45	20	13.3
46-50	18	12
51-55	32	21.3
56-60	15	10
Above 60	25	16.7

Table-2

Frequency of signs and symptoms of CLD among the patients in study group

Sign and symptoms of CLD	Number of patients	%
	64	42.7
Hematemesis	95	63.3
Fever	73	48.7
Jaundice	91	60.7
Hepatomegaly	38	25.3
Splenomegaly	104	69.3
Ascites	85	56.7
Spider angioma	12	8
Encephalopathy	47	31.3

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DISCUSSION

Chronic Liver disease due to viral viral hepatitis has high prevalence in Pakistan and most commonly involving males than females.⁷ Old age people are mostly involved as compared to young age people. There are many other causes of CLD but viral hepatitis is most common reason in Asian countries.⁸⁻¹⁰ In this disease hematological abnormalities are one of many complications in which prothrombin time and APTT is raised, Platelet count is decreased as well. In this disease protein synthesis is impaired. Albumin is very important protein synthesized by liver maintaining oncotic pressure intravascularly. Its level is also used to diagnose liver failure and to monitor prognosis of disease and outcome of treatment. Normal value of prothrombin time is 11-13.5 which is prolonged greater than 14 in liver disease. In severely ill cases its value becomes greater than 45. Vitamin K dependent clotting factors 2, 7, 9 and 10 factor synthesis occurs in liver. Liver failure causes impaired vitamin metabolism so decreasing level of clotting factors.^{11,12} Prognostic factors in CLD are blood albumin level, PT and APTT level, platelet count and fibrinogen level. Patients with deranged coagulation profile and low albumin level have worst prognosis. Medical management includes intravenous albumin transfusion, vit K, sandostatin and intravenous fluids etc.¹³⁻¹⁵ This is a cross sectional study conducted in a teaching hospital of Pakistan with study duration of seven months. Patients with chronic liver disease with deranged coagulation profile and signs and symptoms of gastrointestinal bleeding presenting to outpatient door or emergency ward of study institution during study period were selected. Proper history taken and physical examination was done followed by necessary investigations such as USG abdomen, clotting profile (PT, APTT, INR), CBC with platelet count, LFTs, RFTs and stool culture for occult blood or malena. All necessary investigations of study cases were done from the laboratory of study institution. Patients presenting in outpatient door and emergency ward due to signs and symptoms of chronic liver disease were studied. Total 280 cases reported with chronic liver disease out of which 150

cases were having gastrointestinal bleeding having history of malena and hematemesis. There were 76.7% cases with prolonged prothrombin time. In 88.6% cases APTT was prolonged. 86(57.3%) were having low platelet count less than 1.5×10^5 , 10(11.6%) cases had platelet level between $1-1.5 \times 10^5$, 59(68.6%) cases had platelet range of fifty thousand to one lac and 17(19.7%) cases had platelet count below fifty thousand. Proper written consent was taken from each and every patient for including their data in study and also from the medical superintendent of the hospital for conducting study. Privacy of patients was maintained. A performa was designed containing necessary questions like age, duration of disease, signs and symptoms of CLD such as ascites, hematemesis, per rectal bleeding, malena etc.¹⁶⁻¹⁷ Data was analyzed on Microsoft office and statistical software. Relative risk was calculated with 95% confidence interval. In severely ill cases its value becomes greater than 45. Vitamin K dependent clotting factors 2, 7, 9 and 10 factor synthesis occurs in liver. Liver failure causes impaired vitamin metabolism so decreasing level of clotting factors. Prognostic factors in CLD are blood albumin level, PT and APTT level, platelet count and fibrinogen level. Patients with deranged coagulation profile and low albumin level have worst prognosis. According a study done in Rawalpindi military hospital reported hepatitis B and C as a cause in majority of cases (86%) with CLD.

CONCLUSION

Chronic liver disease is very common in Pakistan and most common cause is viral hepatitis. There are many complications of this disease but coagulation abnormalities are most important of them which may lead to fatal hemorrhage. In such cases prothrombin time and activated partial thromboplastin time both are prolonged. Thrombocytopenia is also found in majority of these cases. These factors show bad prognosis of the disease.

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SECTION 20. Medicine.

POSITIVE ROLE OF PHYSICAL ACTIVITY IN PATIENTS WITH GERD

Abstract: Objective: Objective of this study was to determine significance of physical activity in controlling symptoms of gastroesophageal reflux disease.

Design and Setting: This is a cross sectional study. This study was conducted in DHQ Teaching Hospital Gujranwala Medical College Gujranwala, Pakistan.

Duration: Study was started in January 2018 and completed in December 2018 consisted on 7 months duration.

Patients and Methods: Total 600 cases were selected randomly from the attendants or relatives of patients who were living in the study hospital with their patients. A Performa was designed containing all necessary questions like age, gender, GERD symptoms, physical activity, time interval between dinner and going to bed to sleep. Ages of these patients were ranging from 20 to 75 years with mean age of 49.8 years. Mostly patients with GERD symptoms were above 45 years of age and they were not having habit of physical activity after taking meal. Cases with co-morbidities like heart, renal or liver disease and history of smoking or alcoholism or taking drug for any disease in previous six months were not included in the study. Sample size was calculated according to prevalence of disease 28%. With the help of Doctors of each ward questionnaire was translated into language of the subject and their answers were noted down. Cases were distributed into two main groups, those having GERD symptoms were kept in one group and those not having symptoms were kept in separate group. Data from both groups was obtained and calculated in the form of frequencies and percentage. Data was analyzed using Microsoft office and SPSS version 2014. Results were presented in the form of frequency tables and graphs.

Results: There were 600 cases in this study. Out of them 260(43.3%) cases were having symptoms of GERD and 340(56.7%) were not having symptoms. In age group of 20-30 years 38.3% were having symptoms and 61.6% did not. Similarly between ages of 31-40 years in 43.7% cases symptoms were present and in 56.3% were absent, in age group 41-50 years 45.4% had symptoms, in cases with 51-60 years age 43.6% had symptoms, 44.2% cases in 60-70 years age group were having symptoms and in 46.9% cases above 70 years of age were suffering from symptoms of GERD. There were 51% female cases with GERD symptoms out of total 303 cases and 35.4% cases from 297 males gave history of GERD symptoms. It was seen that mostly cases with gastroesophageal disease belonged to male population. These symptoms were less in those cases that used to take physical activity after meals and go to bed 4 hours after dinner in 74.1% out of 193 cases. Most common symptom was retrosternal or epigastric pain or burning sensation in 75.4% cases out of those with GERD. Bitter or sour taste was reported in 49.6% and chronic cough due to reflux disease were found in 14.2% cases.

Conclusion: Gastroesophageal disease is very common problem mostly in male population. It is most common in old age. Post meal physical activity and delay in sleep after having dinner reduces symptoms of GERD.

Key words: Gastroesophageal reflux disease, retrosternal burning, Post meal Physical activity.

Language: English

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INTRODUCTION

Our daily unhealthy routine life has made us prone to many diseases. Due to lack of proper physical activity gastrointestinal diseases occur.¹ Most common GI disease is gastroesophageal reflux

disease. This disease is associated with unhealthy life style such as insufficient physical activity; smoking, alcoholism and stress are main risk factors. In this study we determined role of physical activity in reducing incidence of gastroesophageal reflux



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disease and minimizing symptoms in patients with GERD disease.^{2,3} Patients with GERD has symptoms of retrosternal burning, chest pain, epigastric pain, sour throat, bitter taste, chronic cough due to chronic GERD etc. This disease has high prevalence in Asian countries as compared to European countries. Causes of this disease are decreased lower esophageal sphincter tone, delayed gastric emptying or diaphragmatic hernia. This disease can be prevented by healthy life style such as post meal walk, increasing time interval between meal and sleeping, cessation of smoking, coffee, tea, avoid of extra stress and use of healthy food.⁴ There are various investigations to evaluate cause of disease such as esophageal manometry and 24 hr PH monitoring, endoscopy and chest x ray for evaluating diaphragmatic hernia. People of Asian countries have more prevalence of this problem because of stressful working environment, congestive working places promoting stress and financial issues mostly in people of underdeveloped countries like Pakistan, India and Nepal. This problem is more common among the people of low socioeconomic status.⁵⁻⁶ Treatment of GERD includes post meal walk, body posture while sleeping, 3-4 hours interval between dinner and sleep, use of H₂ blockers and Omeprazole. Long duration of GERD may lead to complications such as chronic cough, exacerbation of asthma, barret esophagus, middle ear infection, body weakness due to indigestion of food and decreased body immunity. Obesity is associated with GERD. Such people should reduce weight to get rid of gastroesophageal reflux disease. Ethnicity, climate, physical parameters are associated with incidence of this disease. Many studies have been done on presenting symptoms of GERD and its management but less work has been done on its associated factors and causes.^{7,8} According to studies conducted in western developed countries results were different from our study. Other differential diagnosis of such patients with GERD may be Peptic ulcer disease, gastric outlet obstruction, pyloric stenosis, diaphragmatic hernia or esophageal motility disorder. Change of life style is very important in controlling GERD symptoms.

Patients and Methods

This is a cross sectional study done in a teaching hospital. This study was completed in a duration of 7 months. Total 600 cases were selected randomly from the attendants or relatives of patients who were living in the study hospital with their patients. Most common GI disease is gastroesophageal reflux disease. This disease is associated with unhealthy life style such as insufficient physical activity; smoking, alcoholism and stress are main risk factors. In this study we determined role of physical activity in reducing incidence of gastroesophageal reflux

disease and minimizing symptoms in patients with GERD disease. A Performa was designed containing all necessary questions like age, gender, GERD symptoms, physical activity, time interval between dinner and going to bed to sleep. Ages of these patients were ranging from 20 to 75 years with mean age of 49.8 years. Mostly patients with GERD symptoms were above 45 years of age and they were not having habit of physical activity after taking meal. Cases with co-morbidities like heart, renal or liver disease and history of smoking or alcoholism or taking drug for any disease in previous six months were not included in the study. Sample size was calculated according to prevalence of disease 28%. With the help of Doctors of each ward questionnaire was translated into language of the subject and their answers were noted down. Cases were distributed into two main groups, those having GERD symptoms were kept in one group and those not having symptoms were kept in separate group. Data from both groups was obtained and calculated in the form of frequencies and percentage. Data was analyzed using Microsoft office and SPSS version 2014. Results were presented in the form of frequency tables and graphs. Those patient having other diseases such as CKD, CLD, IHD, tuberculosis or any other disease associated with GERD were not included in this study. Only those cases were included who were not having any other chronic disease and no history of smoking or alcoholism, NSAIDs or aspirin use in last six months.

Results

There were 600 cases in this study. Out of them 260(43.3%) cases were having symptoms of GERD and 340(56.7%) were not having symptoms. In age group of 20-30 years 23(38.3%) were having symptoms and 37(61.6%) did not. Similarly between ages of 31-40 years in 38(43.7%) cases symptoms were present and in 49(56.3%) were absent, in age group 41-50 years 55(45.4%) had symptoms, in cases with 51-60 years age 68(43.6%) had symptoms, 46(44.2%) cases in 60-70 years age group were having symptoms and in 30(46.9%) cases above 70 years of age were suffering from symptoms of GERD. There were 155(51%) male cases with GERD symptoms out of total 303 cases and 105(35.4%) cases from 297 females gave history of GERD symptoms. It was seen that mostly cases with gastroesophageal disease belonged to male population. These symptoms were less in those cases that used to take physical activity after meals and go to bed 4 hours after dinner in 143(74.1%) out of 193 cases. Most common symptom was retrosternal or epigastric pain or burning sensation in 196(75.4%) cases out of those with GERD. Bitter or sour taste was reported in 129(49.6%) and chronic cough due to reflux disease were found in 37(14.2%) cases. In



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177(68.1%) cases sleep disturbance due to GERD was reported. Out of 260 cases having symptoms 80(69%) cases gave history of dinner-bed interval of one hour or less. These cases are more prone to this

problem. This value was 64(45.1%) with dinner-bed interval of 2 hours and in 66(44.3%) cases with symptoms of GERD interval between dinner and sleep was 3 hours.

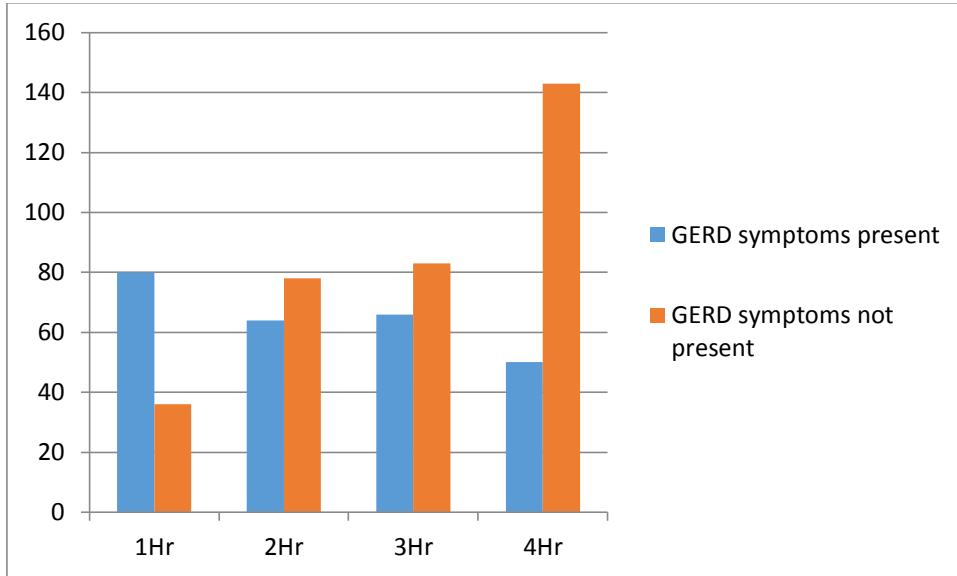


Figure-1 Association of interval between dinner and bed time to GERD symptoms

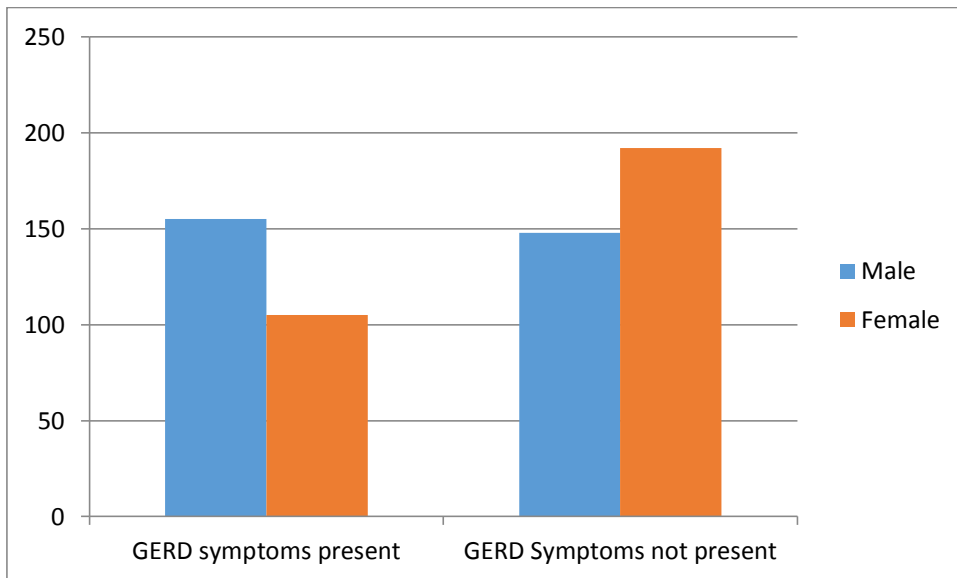


Figure-2 Association of Gender with incidence of GERD

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Table-1**Age distribution among the cases with GERD in study group**

Age of patients (Years)	GERD symptoms present		GERD symptoms not present		Total
	N	%	N	%	
20-30	23	38.3	37	61.6	60
31-40	38	43.7	49	56.3	87
41-50	55	45.4	74	57.4	129
51-60	68	43.6	88	56.4	156
61-70	46	44.2	58	55.8	104
Above 70	30	46.9	34	53.1	64

Table-2**Frequency of various symptoms of gastroesophageal reflux disease among study cases**

GERD Symptoms	Number of Patients	%
Chest burn sensation	196	75.4
Bitter or sour taste	129	49.6
Chronic cough due to GERD	37	14.2
Disturbed sleep due to reflux	177	68.1

DISCUSSION

Gastroesophageal reflux disease is very common among people living unhealthy life style using coffee, tea and smoking, alcoholism.^{9,10} Lack of physical activity is a major factor determining its incidence. Male population has more incidence than female population. It is more prevalent among old people than adults or young. Our daily unhealthy routine life has made us prone to many diseases. Due to lack of proper physical activity gastrointestinal diseases occur. Most common GI disease is gastroesophageal reflux disease.¹¹ This disease is associated with unhealthy life style such as insufficient physical activity; smoking, alcoholism and stress are main risk factors. In this study we determined role of physical activity in reducing incidence of gastroesophageal reflux disease and minimizing symptoms in patients with GERD disease.¹²⁻¹⁵ Patients with GERD has symptoms of retrosternal burning, chest pain, epigastric pain, sour throat, bitter taste, chronic cough due to chronic GERD etc. This is a cross sectional study done in a

teaching hospital. This study was completed in duration of 7 months. Total 600 cases were selected randomly from the attendants or relatives of patients who were living in the study hospital with their patients. . Most common GI disease is gastroesophageal reflux disease. This disease is associated with unhealthy life style such as insufficient physical activity; smoking, alcoholism and stress are main risk factors.¹⁶ In this study we determined role of physical activity in reducing incidence of gastroesophageal reflux disease and minimizing symptoms in patients with GERD disease. A Performa was designed containing all necessary questions like age, gender, GERD symptoms, physical activity, time interval between dinner and going to bed to sleep. Ages of these patients were ranging from 20 to 75 years with mean age of 49.8 years.^{17,18} There were 155(51%) male cases with GERD symptoms out of total 303 cases and 105(35.4%) cases from 297 females gave history of GERD symptoms. It was seen that mostly cases with gastroesophageal disease belonged to male



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population. These symptoms were less in those cases that used to take physical activity after meals and go to bed 4 hours after dinner in 143(74.1%) out of 193 cases. Most common symptom was retrosternal or epigastric pain or burning sensation in 196(75.4%) cases out of those with GERD. Bitter or sour taste was reported in 129(49.6%) and chronic cough due to reflux disease were found in 37(14.2%) cases. Treatment of GERD includes post meal walk, body posture while sleeping, 3-4 hours interval between dinner and sleep, use of H₂ blockers and Omeprazole.^{19,20} Long duration of GERD may lead to complications such as chronic cough, exacerbation of asthma, Barrett esophagus, middle ear infection, body weakness due to indigestion of food and decreased body immunity. Obesity is associated with GERD. Such people should reduce weight to get rid of gastroesophageal reflux disease. Ethnicity,

climate, physical parameters are associated with incidence of this disease.^{21,22} Many studies have been done on presenting symptoms of GERD and its management but less work has been done on its associated factors and causes.

CONCLUSION

GERD is a very common disease among male population and older people which can be prevented by healthy lifestyle such as proper physical activity daily especially after taking meal and before going to bed. Cessation of smoking, avoiding coffee and tea, walk after taking dinner and interval between dinner and sleep 3-4 hours are associated with decrease in GERD symptoms. Public awareness can play a main role in decreasing its incidence.

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SECTION 20. Medicine.

PREVALENCE OF DIFFERENT TYPES OF COLORECTAL CARCINOMAS IN PATIENTS BELOW 40 YEARS AGE

Abstract: Objective: This study was conducted to determine prevalence of various histological forms of colorectal cancers among the patients having age less than 40 years.

Design and Setting: This is a cross sectional study of descriptive type. Study was conducted in Khyber Teaching Hospital Peshawar, Pakistan.

Duration of study: Study was started in January 2018 and completed in July 2018 having total duration of 7 months.

Patients and Methods: All patients presented in outdoor of the hospital under study during study period with signs and symptoms suggesting colorectal cancer were included in this study. Proper history taken and thorough clinical examination was done. Initially digital rectal examination was performed followed by proctoscopy, sigmoidoscopy, colonoscopy, ultrasound abdomen, CT scan abdomen with contrast. In which patient's tumor was suspected biopsy was taken and sent for histopathology. All important points of history and positive findings on clinical examination and investigations were documented properly. An inclusion and exclusion criterion was established according to which only those cases were included having age below 40 years, newly diagnosed cases, having no associated chronic disease and not operated previously for colorectal cancer. After establishing diagnosis staging workup was done. Some of the patients were referred to other institutions after establishing diagnosis and taking all necessary data for study. Treatment option was selected depending on the extent of tumor size and metastasis. TNM and Dukes systems were used for staging tumor. Data was analyzed on Microsoft office version 2012 and statistical softwares. Results presented in the form of table and figures.

Results: Total 136 cases were diagnosed with colorectal cancer and out of them 60 cases were below 40 years and above 15 years of age with mean age \pm SD of 28 \pm 11.5 years. Various diagnostic techniques were used in these cases such as proctoscopy in 35% cases, digital rectal examination in 28.3%, sigmoidoscopy in 34%, colonoscopy in 25%, barium enema done in 25%, USG abdomen in 31.7%, CT scan abdomen in 8.3% and exploratory laparotomy was performed in 3.3% cases. There were 61% male and 39% were female cases. Different tumor positions were seen in study subjects in 50% cases rectum was involved, in 11.7% rectosigmoid junction, 1.7% descending colon and 3% splenic flexure was involved. There were 68% cases with tumor in left colon. In 32% cases right side tumor present including 16.7% in caecum, 3.3% transverse colon, 8.3% hepatic flexure and 3.3% ascending colon. In 85% cases adenocarcinoma was diagnosed on histopathology. In 3.3% carcinoid tumor, in 8.3% lymphoma and juvenile polyposis coli was present in 3.3% cases.

Conclusion: Colorectal carcinoma mostly involves left side colon with most common histological type of adenocarcinoma non-mucinous type. It has significance incidence in young age people below 40 years.

Key words: Colorectal cancer, adenocarcinoma colon, prevalence of colonic cancer

Language: English

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INTRODUCTION

Colorectal cancer is a most common malignancy of gastrointestinal tract. Early detection

of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as



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advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease.¹ Smoking and alcohol consumption, ureterosigmoidostomy, pelvic radiation therapy, inflammatory bowel disease as ulcerative colitis, crohn disease and familial adenomatous polyposis, hereditary non polyposis colon cancer and adenomas greater than 1 cm size are risk factors of colorectal cancer.² Positive familial history of any malignancy is a strong risk factor in such cases screening should be done by serum CEA level. CEA level is used for screening of colorectal carcinoma and especially it is indicator of its recurrence.³ This tumor may spread locally in longitudinal or transverse direction causing intestinal obstruction and lymphatic spread may involve pericolic, peri rectal and mesenteric lymphnodes.⁴ Spread through blood occurs to liver, lungs and brain. This cancer is more common in male population as compared to females. This malignancy is much prevalent in developed countries as well such as in America incidence is 6% every year. Most of the patients develop this malignancy without any risk factors and just 25-30% patients with this cancer have risk factors associated with it.⁵ There are many systems for staging of this malignancy such as Dukes staging, TNM staging. Patients with colorectal cancer present usually with per rectal bleeding, anemia and palpable abdominal mass. If tumor involves right colon then presentation will be right abdominal mass, anemia is more common in right side tumor, intestinal obstruction and appendicitis may occur due to blockage of lumen of appendix.⁶ Such patients may present in emergency ward due to intestinal obstruction or perforation requiring laparotomy. Tumor of left colon presents with lower abdominal pain, obstruction, tenesmus, colovesical fistula. Rectal tumor may present with bleeding, something coming out of anus, sense of incomplete evacuation of rectum diarrhea and constipation and weight loss. In metastatic disease altered consciousness, hemoptysis and portal hypertension or ascites may be present. Poor prognostic factor include young age, distal tumor location and undifferentiated on histopathology with advance stage or metastasis.⁷⁻⁹ In advance metastatic tumor just palliative surgery for debulking or palliative chemotherapy is required. According to a report each year one million people in the world suffer from this cancer and about half of them die within five year. In previous few years incidence of colorectal cancer has been increased significantly in asian countries including Pakistan. Surgical management includes anterior resection, abdominoperineal resection and Hartman's operation. Chemotherapy is given in stage 3 tumors as it has no role in initial stage of tumors. Drugs of chemotherapy include 5-fluorouracil, folinic acid and oxaliplatin etc. Radiotherapy has no role in this malignancy.

Patients and Methods

This is a cross sectional study of descriptive type conducted in ateaching hospital of Pishawar pakisttan. In this study patients from OPD were selected falling on our inclusion criteria. All patients presented in surgical outdoor during study period with signs and symptoms suggesting colorectal cancer were included in this study. Colorectal cancer is a most common malignancy of gastrointestinal tract. Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease. Proper history taken and thorough clinical examination was done. Initially digital rectal examination was performed followed by proctoscopy, sigmoidoscopy, colonoscopy, ultrasound abdomen, CT scan abdomen with contrast. In which patient tumor was suspected biopsy was taken and sent for histopathology. All important points of history and positive findings on clinical examination and investigations were documented properly. An inclusion and exclusion criterion was established according to which only those cases were included having age below 40 years, newly diagnosed cases, having no associated chronic disease and not operated previously for colorectal cancer. After establishing diagnosis staging workup was done. Treatment option was selected depending on the extent of tumor size and metastasis. TNM and Dukes systems were used for staging tumor. Data was analyzed on Microsoft office version 2012 and statistical software. Results presented in the form of table and figures. In study cases baseline investigations were done such as CBC, RFTs, LFTs, PT, INR and for metastatic workup Ct abdomen, CT brain and chest x-ray were done. ECG was also done in patients who were planned for laparotomy. In our study no patient died due to colorectal cancer during study period of seven months and mortality may occur afterward due to advance disease. During laparotomy tumor was identified, located and if resectable then removed and diversion colostomy or ileostomy was made. These cases were kept in the syrgical unit of study institution for monitoring.

Results

This study was done in Khyber teaching hospital Peshawar where daily 150-200 cases report in surgical outpatient door. Total 136 cases were diagnosed with colorectal cancer and out of them 60(46.2%) cases were below 40 years and above 15 years of age with mean age +-SD of 28+-11.5 years. Various diagnostic techniques were used in these



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cases such as proctoscopy in 21(35%) cases, digital rectal examination in 17 (28.3%), sigmoidoscopy in 14(34%), colonoscopy in 12(25%), barium enema done in 15(25%), USG abdomen in 19(31.7%), CT scan abdomen in 5(8.3%) and exploratory laparotomy was performed in 3.3% cases. There were 37(61.7%) male and 23(38.3%) were female cases. Different tumor positions were seen in study subjects in 30(50%) cases rectum was involved, in 7(11.7%) rectosigmoid junction, 1(1.7%) descending

colon and 3(5%) splenic flexure was involved. There were 41(68%) cases with tumor in left colon. In 19(32%) cases right side tumor present including 10(16.7%) in caecum, 2(3.3%) transverse colon, 5(8.3%) hepatic flexure and 2(3.3%) ascending colon. In 51(85%) cases adenocarcinoma was diagnosed on histopathology. In 2(3.3%) carcinoid tumor, in 5(8.3%) lymphoma and juvenile polyposis coli was present in 2(3.3%) cases.

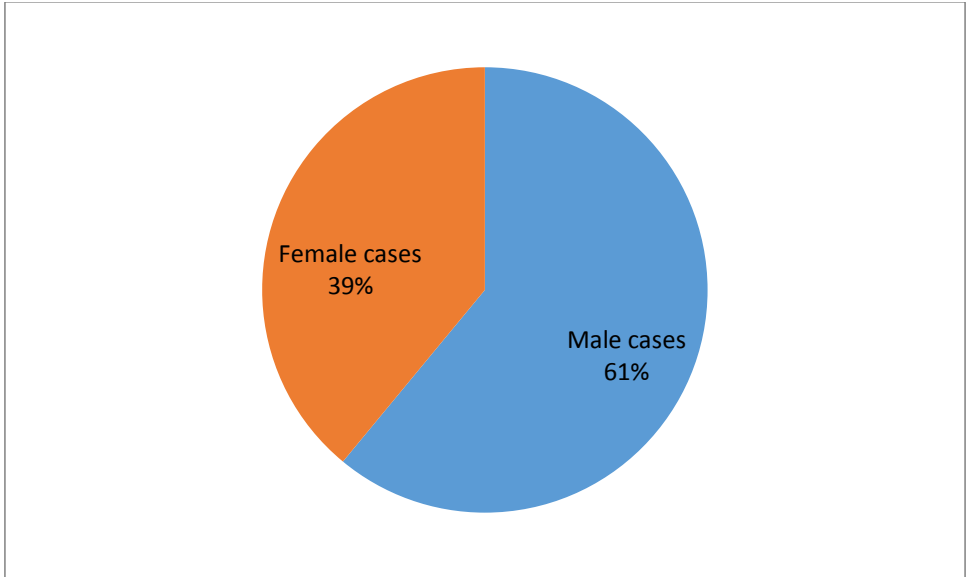


Figure-1 Frequency of male and female patients in study group

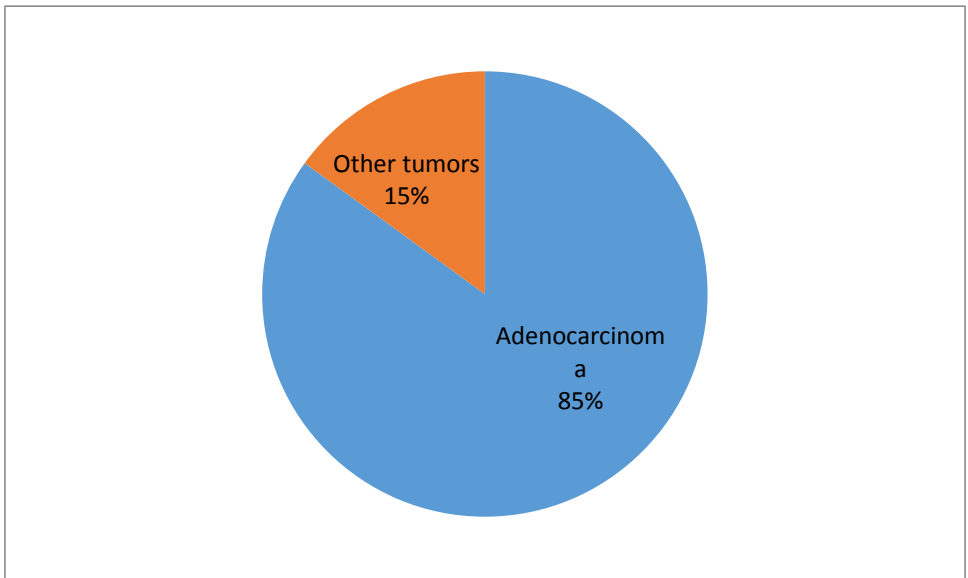


Figure-2 Frequency of adenocarcinoma compared to other tumor types in study group

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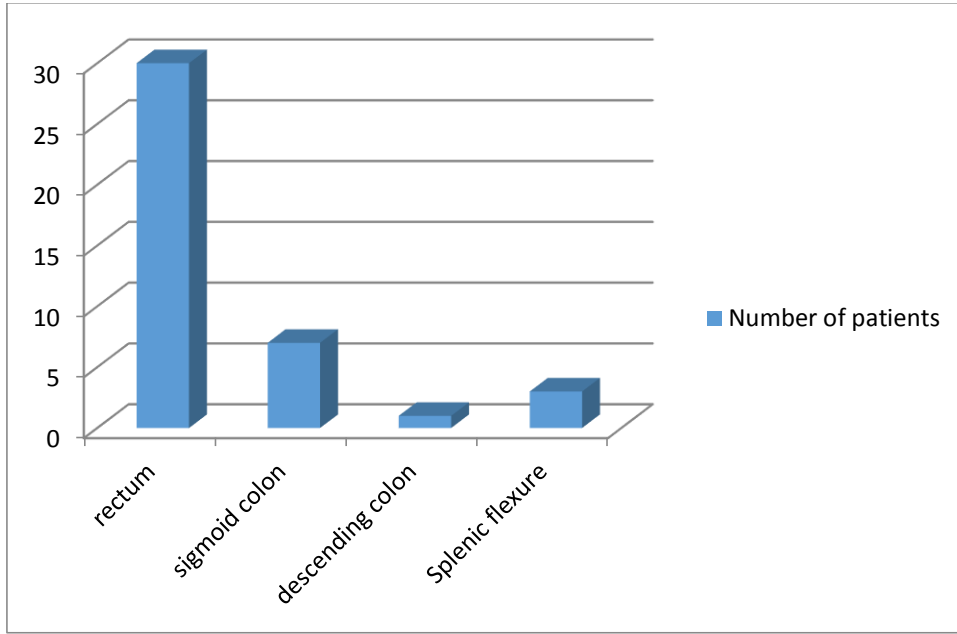


Figure-3 Different Locations of tumor in left colon

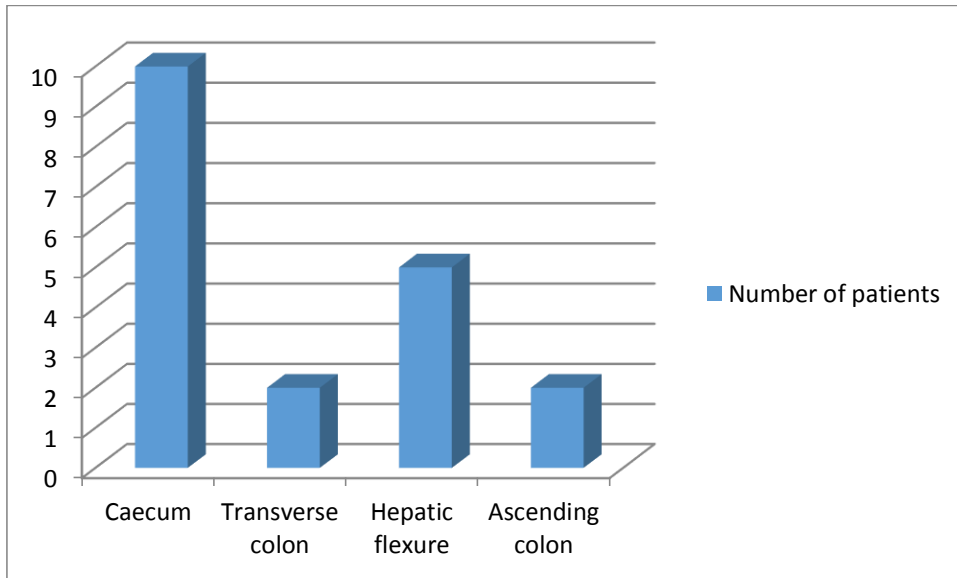


Figure-4 Different Locations of tumor in right colon

Table-1

Histological types of colorectal carcinoma and their frequency

Histopathology Type	Number of patients	%
Adenocarcinoma type		
a) Well differentiated	28	46.7
b) Poorly differentiated	9	15
c) Undifferentiated	14	23.3
Lymphoma	5	8.3
Juvenile polyposis coli	2	3.3
Carcinoid	2	3.3
Total	60	100

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Table-2

Age distribution among the patients in study group

Age of patients	Number of cases	%
15-20	6	10
21-25	14	23.3
26-30	20	33.3
31-35	16	26.7
36-39	4	6.6

DISCUSSION

Colorectal cancer is the most common malignancy of gastrointestinal tract. Prevalence of this disease is different in various countries.¹⁰ It is not much common in Asian countries. In America its incidence was reported highest. European countries has higher incidence as compared to Asian countries. Colorectal cancer is a most common malignancy of gastrointestinal tract.¹¹ Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate. It has many risk factors such as advance age and dietary factors like high fat, low fiber diet as high fiber diet is protective against this disease.¹² Smoking and alcohol consumption, ureterosigmoidostomy, pelvic radiation therapy, inflammatory bowel disease as ulcerative colitis, crohn disease and familial adenomatous polyposis, hereditary non polyposis colon cancer and adenomas greater than 1 cm size are risk factors of colorectal cancer. Positive familial history of any malignancy is a strong risk factor in such cases screening should be done by serum CEA level. CEA level is used for screening of colorectal carcinoma and especially it is indicator of its recurrence.¹³ This is a cross sectional study of descriptive type conducted in ateaching hospital of Pishawar pakisttan. In this study patients from OPD were selected falling on our inclusion criteria. All patients presented in surgical outdoor during study period with signs and symptoms suggesting colorectal cancer were included in this study. Colorectal cancer is a most common malignancy of gastrointestinal tract. Early detection of disease and appropriate management by surgery or chemotherapy is effective and life saving and reduces mortality rate.¹⁴ This study was done in Khyber teaching hospital Peshawar where daily 150-200 cases report in surgical outpatient door. Total 136 cases were diagnosed with colorectal cancer and out of them 60(46.2%) cases were below 40 years and above 15 years of age with mean age \pm SD of 28 \pm 11.5 years. There are many systems for staging of this malignancy such as Dukes staging, TNM

staging. Patients with colorectal cancer present usually with per rectal bleeding, anemia and palpable abdominal mass. If tumor involves right colon then presentation will be right abdominal mass, anemia is more common in right side tumor, intestinal obstruction and appendicitis may occur due to blockage of lumen of appendix.¹⁵ Such patients may present in emergency ward due to intestinal obstruction or perforation requiring laparotomy. Tumor of left colon presents with lower abdominal pain, obstruction, tenesmus, colovesical fistula. Rectal tumor may present with bleeding, something coming out of anus, sense of incomplete evacuation of rectum diarrhea and constipation and weight loss.¹⁶⁻¹⁹ Different tumor positions were seen in study subjects in 30(50%) cases rectum was involved, in 7(11.7%) rectosigmoid junction, 1(1.7%) descending colon and 3(5%) splenic flexure was involved. There were 41(68%) cases with tumor in left colon. In 19(32%) cases right side tumor present including 10(16.7%) in caecum, 2(3.3%) transverse colon, 5(8.3%) hepatic flexure and 2(3.3%) ascending colon. According to a study done in Karachi city of Pakistan, incidence of adenocarcinoma was 71.7%. Other study done in pakistan by Malik et al reported highest frequency of well differentiated adenocarcinoma in 35.7% cases followed by anaplastic tumors and mucinous adenocarcinoma with least frequency.

CONCLUSION

Colorectal carcinoma is most prevalent tumor of large intestine worldwide. This is more prevalent in European countries as compared to Asian countries. Adenocarcinoma is most common histopathological type of colorectal cancer. It has significant incidence in young age group people. Most common location f tumor is in left colon especially rectum. Right sided tumors are less common. Early detection of cancer and management by surgery and chemotherapy may decrease morbidity and mortality.

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SECTION 20. Medicine

EFFECTIVENESS USE OF SOFOSBUVIR / LADYPASVIR IN PATIENTS WITH HEPATITIS C

Abstract: In this paper, are presented the results of changes in the parameters of the pancreatobiliary system after the therapy with sofosbuvir / ledipasvir in patients with hepatitis C are presented. In the course of treatment, enzyme replacement therapy was also used for patients who were in a period of exacerbation. To this end, was analyzed the blood in 11 patients with hepatitis C without exacerbation and 14 patients in the period of exacerbation. In all patients, were assessed the genotype and viral load of hepatitis C, the concentration of bilirubin, the activity of alanine aminotransferase (ALT), aspartate aminotransferase (AST), gamma-glutamyltransferase (GGT), alkaline phosphatase (AFP), α -amylase, cholinesterase (CHE), lactate dehydrogenase (LDH). After the complex treatment in all patients, the viral load was reduced to zero. A significant decrease in the concentration of bilirubin, ALT, AST, LDH, GGT, APP, and α -amylase in the serum of patients with viral hepatitis C was found, as compared to the results before the treatment. Thus, as can be seen from the obtained results, the combined treatment with preparations of sofosbuvir / ledipasvir suppresses the formation and multiplication of the hepatitis C virus molecules and causes the normalization of disturbances in the pancreatobiliary system.

Key words: hepatitis C, alanine aminotransferase, alkaline phosphatase, gamma-glutamyltransferase, amylase, sophosbuvir / ledipasvir.

Language: Russian

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ЭФФЕКТИВНОСТЬ ПРИМЕНЕНИЯ ПРЕПАРАТА СОФОСБУВИР/ЛЕДИПАСВИР У БОЛЬНЫХ ГЕПАТИТОМ С

Аннотация: В данной работе представлены результаты изменений показателей панкреатобилиарной системы после проведенной терапии препаратом софосбувир/ледипасвир у больных гепатитом С. В ходе лечения также была применена ферментозаместительная терапия больным, которые находились в периоде обострения. С этой целью была проанализирована кровь 11 больных гепатитом С без обострения и 14 больных в период обострения. У всех больных определяли генотип и вирусную нагрузку гепатита С, концентрацию билирубина, активность аланинаминотрансферазы (АЛТ), аспартатаминотрансферазы (АСТ), гаммаглутамилтрансферазы (ГГТ), щелочной фосфатазы (ЩФ), α -амилазы, холинэстеразы (ХЭ), лактатдегидрогеназы (ЛДГ). После проведенного комплексного лечения у всех больных вирусная нагрузка была снижена до нуля. Было выявлено достоверное снижение концентрации билирубина, активности АЛТ, АСТ, ЛДГ, ГГТ, ЩФ и α -амилазы в сыворотке крови больных вирусным гепатитом С по сравнению с результатами до лечения. Таким образом, как видно из полученных результатов, комбинированное лечение препаратами софосбувир/ледипасвир подавляет формирование и размножение молекул вируса гепатита С и приводит нормализацию нарушений в панкреатобилиарной системы.

Ключевые слова: гепатит С, аланинаминотрансфераза, щелочная фосфатаза, гамма-глутамилтрансфераза, амилаза, софосбувир/ледипасвир.



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Введение

В настоящее время вирусный гепатит признается одной из наиболее актуальных проблем мирового здравоохранения, требующей разработки новых методов лечения. Это связано с их широкой распространенностью и продолжающимся ростом и с высоким уровнем летальных исходов. По новым данным Всемирной организации здравоохранения (ВОЗ), предположительно 325 миллионов человек в мире живут с хронической инфекцией, вызванной вирусом гепатита В (HBV) или вирусом гепатита С (HCV). Около 1,75 миллиона человек приобрели инфекцию HCV, а общее число людей, живущих с гепатитом С, достигло 71 миллиона человек [1]. В настоящее время разработанные новые методы лечения HCV все еще недостаточны. Лишь 7% людей, у которых была диагностирована HCV-инфекция (1,1 миллиона человек) начали получать радикальное лечение в течение 2015 года. В 2016 г. лечение получали на 1,76 миллиона человек больше, и глобальный охват лечением гепатита С возрос до 13%. В конце марта 2017 г. ВОЗ преквалифицировала софосбувир, являющийся генерической активной фармацевтической субстанцией. С помощью противовирусных препаратов можно излечивать более 95% людей с инфекцией гепатита С и таким образом снижать риск смерти от рака и цирроза печени. Софосбувир, даклатасвир и комбинированный препарат софосбувир/ледипасвир входят в состав схем лечения, которым отдается предпочтение в руководящих принципах ВОЗ, и могут способствовать достижению показателей излечиваемости на уровне 95% [2,3,4]. Эти лекарственные средства являются гораздо более эффективными, безопасными и лучше переносятся пациентами, чем старые виды лечения. Вирус гепатита С, обладая прямым гепатоцеллюлярным повреждающим действием, что может стать причиной нарушения многих биохимических процессов, протекающих в гепатоцитах. У лиц с хронической инфекцией вирусным гепатитом С риск цирроза печени составляет 15%–30% в пределах 20 лет. Сегодня изучение влияния новых схем лечения на патогенетические процессы, происходящие у больных гепатитом С являются актуальным вопросом терапии [3,5-7].

Целью исследования явилось изучение изменений некоторых биохимических показателей печени, поджелудочной железы и желчевыводящих путей у больных хроническим гепатитом С (в латентном периоде и во время обострения) и оценка терапевтической эффективности препарата софосбувир/ледипасвир.

Материалы и методы. Обследованы 25 больных хроническим гепатитом С, средний

возраст которых составил 39,4±10,2 лет. 14 из них находились в периоде обострения заболевания, а 11 больных – без обострения. В контрольную группу вошли 16 практически здоровых лиц. Для исследования производили забор венозной крови больных. Гепатит С верифицировался на основании наличия в сыворотке крови РНК вируса гепатита С. Одновременно проводилось генотипирование вируса и определялась вирусная нагрузка. Суммарные антитела к вирусу гепатита С определялись с помощью иммуноферментных тест-систем фирмы «ЭкоЛаб». Активность аланинаминотрансферазы (АЛТ), аспартатаминотрансферазы (АСТ), гаммаглутамилтрансферазы (ГГТ), щелочной фосфатазы (ЩФ), α -амилазы, холинэстеразы (ХЭ), лактатдегидрогеназы (ЛДГ) и концентрацию билирубина оценивали на полуавтоматическом анализаторе фирмы «Statfax» (США) с помощью реактивов фирмы «Human» (Германия).

Всем пациентам с первого дня исследования была назначена комбинированная терапия с применением противовирусного средства софосбувир/ледипасвир (Египет) и ферментозаместительной терапии в целях нормализации метаболических процессов в печени, поджелудочной железе и желчевыводящих путях. Софосбувир/ледипасвир применяли по 1 таблетке в день. Комбинированная терапия проводилась 84 дня. Лекарственный препарат содержит два активных вещества – ледипасвир и софосбувир, которые тормозят два вида белка, без которых вирус гепатита С не может размножаться. Ледипасвир блокирует молекулу под названием «NS5A», а софосбувир ингибирует белковую молекулу «NS5B РНК зависящая РНК полимеразы» [3,4].

При проведении статистической обработки вычисляли среднее арифметическое и стандартную ошибку среднего. Достоверность различий между средними значениями изученных параметров до и после лечения определяли с помощью t критерия Стьюдента, U-критерий Манна-Уитни и W-критерий Вилкоксона. Достоверными считались различия при $p < 0,05$.

Результаты и обсуждение. Диагноз верифицировался стандартными методами с определением генотипа вируса гепатита С. При этом ведущими оказались генотипы 1b (21 человек, 85,7%) и 3a (4 больных, 14,3%).

У всех больных при поступлении было проведено определение вирусной нагрузки количественным методом. В соответствии со стандартами уровень вирусной нагрузки составил в среднем 105 -108 коп/мл. После проведенного комплексного лечения у всех больных вирусная нагрузка была снижена до нуля.

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Гепатит С называют болезнью печени, так как этот вирус может вызвать как острую, так и хроническую инфекцию гепатита, которая приводит к развитию цирроза печени и гепатоцеллюлярной карциномы. Определение биохимических показателей характеризующих функциональное состояние печени у этих

больных имеет большое клинико-диагностическое значение [8,5].

Содержание билирубиновых фракций в сыворотке крови у больных с гепатитом С, до и после проведенной терапии, представлено в таблице 1.

Таблица 1.
Содержание билирубиновых фракций в сыворотке крови у больных гепатитом С до и после лечения (M±m, мак.-мин.)

Фракции билирубина, мкмоль/л	Группы				
	Контроль (n=17)	Больные гепатитом С (n=14) (обострение)		Больные гепатитом С (n=11) (латентный)	
		До лечения	После лечения	До лечения	После лечения
Общий	12,6±0,3 (11,1-14,4)	47,9±2,9* (32,7-72)	16,2±1,1** (11,4-25,3)	25,0±2,7* (13-38)	11,4±1,0** (4,6-15,9)
Связанный	3,2±0,1 (2,6-3,6)	27,5±2,8* (11,5-45,6)	4,6±0,5** (1,9-7,3)	14,5±1,7* (4,6-15,9)	3,0±0,5** (0,8-5,3)
Свободный	9,4±0,3 (8,2-11,1)	20,5±1,8* (10,6-32,8)	11,6±0,9** (4,9-18)	10,5±1,2 (5-18)	8,5±1,1 (3,8-14,2)

Примечание: * - достоверность различий по сравнению с контролем, ** - достоверность различий между показателями до и после лечения.

Как видно из таблицы, у больных гепатитом С без обострения до лечения наблюдается повышение общего и связанного билирубина, соответственно в 2,0 и 4,5 раза ($p < 0,001$) по сравнению с контролем. В период обострения выявлено наибольшее повышение общего, связанного и свободного билирубина, соответственно в 91,7%; 90,1% и 94,1% ($p < 0,001$)

по сравнению с результатами больных без обострения (таблица 2). Увеличение билирубина в крови за счет прямой фракции может быть связано с нарушением выведения прямого билирубина вследствие цитолиза гепатоцитов и свидетельствует об объемном поражении паренхимы печени [9].

Таблица 2.
Изменение показателей панкреотобилиарной системы у больных с гепатитом С (в период обострения) после лечения (M±m, мак.-мин.)

Показатели	Группы		
	Контроль	Больные гепатитом С	
		До лечения	После лечения
АЛТ, У/л	27,7±1,6 (19-37)	110,9±10,8* (59-189)	30,8±3,0** (18-55)
АСТ, У/л	31,5±1,9 (23-45)	140,6±12,1* (45-190)	35,8±3,4** (17-56)
ЩФ, У/л	198,1±11,2 (82-241)	429,5±35,6* (219-640)	256,0±21,2** (142-381)
ГГТ, У/л	28,3±2,5 (15-46)	97,5±9,2* (50-165)	30,7±2,1** (16-45)
α -амилаза, У/л	64,7±5,7 (26-90)	130,5±9,4* (80-195)	79,8±4,9** (55-105)
ХЭ, У/л	7326,9±806,8 (4650-14440)	3160,9±342,3* (1500-5150)	6709,7±682,8** (3000-9918)
ЛДГ, У/л	98,2±6,6 (62-154)	326,5±31,6* (161-548)	168,0±16,5** (85-250)

Примечание: * - достоверность различий по сравнению с контролем, ** - достоверность различий между показателями до и после лечения.

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После проведенной терапии уровень общего, связанного и свободного билирубина у больных без обострения снизился соответственно в 2,2 ($p<0,001$); 4,9 ($p<0,001$) раза и 19,6%, а у больных в период обострения соответственно в 3,0 ($p<0,001$), 6,0 ($p<0,001$) и 1,8 раза ($p<0,003$) по отношению к данным до лечения.

По данным наших исследований у всех обследованных пациентов гепатитом С активность трансаминазных ферментов достоверно увеличена. Так у больных без обострения активность АЛТ и АСТ увеличилась на 68,8% ($p<0,001$) и 34,5% ($p<0,01$), а в период обострения – в 4,0 ($p<0,001$) и 4,5 ($p<0,001$) раз соответственно, по сравнению с показателями контрольной группы. Повышение трансаминазных ферментов указывает на усиление цитолиза гепатоцитов (таблица 2). Так как, при разрушении гепатоцитов эти ферменты начинают попадать в кровь и подъем их активности прямо пропорционален степени некроза печеночной ткани [6,7,9,10]. После лечения активность АЛТ и АСТ значительно снижается у обеих групп больных. Так активность АЛТ и АСТ у больных

без обострения снизился на 38,1% ($p<0,001$) и 27,7% ($p<0,01$), а в период обострения - в 3,6 и 3,9 раза ($p<0,001$) соответственно по сравнению с данными до лечения.

При исследовании активности ХЭ у больных гепатитом С без клинических обострений наблюдалось ее значительное повышение на 56,5% ($p<0,05$) относительно контроля. ХЭ является показателем синтетической активности печени и повышение ее активности является компенсаторным защитным механизмом против разрушающего действия вируса. В отличие от латентного периода во время обострения наблюдалось значительное понижение ХЭ (2,3 раза; $p<0,001$) относительно контроля. Низкая активность ХЭ указывает на тяжесть повреждения паренхимы печени. [10,11].

После окончания курса терапии отмечено понижение активности ХЭ у больных без обострения на 39,5%, а у больных с осложнениями наоборот, повышение ее активности в 2,1 раза ($p<0,001$) по сравнению с показателями до лечения (таблица 3).

Таблица 3.

Изменение показателей панкреотобилиарной системы у больных с гепатитом С (без обострения) после лечения (M±m, мак.-мин.)

Показатели	Группы		
	Контроль	Больные гепатитом С	
		До лечения	После лечения
АЛТ, У/л	27,7±1,6 (19-37)	46,7±3,3* (30-67)	28,9±2,3** (18-38)
АСТ, У/л	31,5±1,9 (23-45)	42,4±2,9* (29-56)	30,6±2,1** (19-41)
ЩФ, У/л	198,1±11,2 (82-241)	298,5±15,3* (217-378)	205,7±10,0** (167-255)
ГГТ, У/л	28,3±2,5 (15-46)	51,3±3,6* (31-68)	29,7±2,0** (19-40)
α-амилаза, У/л	64,7±5,7 (26-90)	100,9±4,0* (70-120)	69,7±2,5** (51-105)
ХЭ, У/л	7326,9±806,8 (4650-14440)	11468,6±1381,8* (5500-18460)	6935,0±607,3** (3845-10381)
ЛДГ, У/л	98,2±6,6 (62-154)	205,6±13,0* (144-275)	105,4±4,6** (70,0-120)

Примечание: * - достоверность различий по сравнению с контролем, ** - достоверность различий между показателями до и после лечения.

Активность ГГТ и ЛДГ у пациентов с гепатитом С в период обострений была значимо повышена (в 1,9 и 1,6 раза, $p<0,001$, соответственно) по сравнению больных без обострений. Увеличение концентрации ГГТ и ЛДГ в крови является признаком тканевой деструкции печени и усиления цитолиза гепатоцитов. Повышенная активность этих

ферментов в сыворотке указывает на тяжесть процессов в печени (цирроз) и желчевыводящих путей [9,10].

В результате проведенного лечения активность ЛДГ и ГГТ у больных без обострения уменьшилось соответственно в 1,7 ($p<0,003$) и 2,0 раза ($p<0,003$), а у больных с обострениями - в 1,9

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($p < 0,001$) и 3,2 раза ($p < 0,004$) по сравнению с показателями до лечения.

При повреждении желчных ходов ЩФ высвобождается и выходит в кровь, поэтому у больных гепатитом С наблюдалось достоверное повышение ее активности. Так в группе без обострения ее активность повышена в 1,5 раза ($p < 0,01$), у больных с обострением в 2,2 раза по сравнению с контрольными данными. После проведенной терапии у пациентов наблюдалось снижение активности ЩФ в группе больных без обострения в 1,5 раза, а у больных с обострениями в 1,7 ($p < 0,006$) раза по сравнению с исходным уровнем [9,10].

При гепатитах нарушение углеводного обмена и деструкция печени приводит к повышению нагрузки поджелудочной железы и ее секреторной функции. У больных гепатитом С наблюдались значительные изменения функции поджелудочной железы. По нашим данным, у больных с обострениями активность α -амилазы превысила показатели в контрольной группе в 2,0 раза ($p < 0,05$), в то время как у больных без обострения повышение составило на 1,6 раза [10]. Активность α -амилазы у больных гепатитом С без обострений после лечения в 1,4 раза

($p < 0,002$), с обострениями в 1,6 раза снизилась по сравнению с исходными показателями.

Таким образом, у больных гепатитом С биохимические маркеры были значимо изменены, отражая наличие цитолиза, холестаза и нарушения синтетической функции печени, причем наибольшие изменения наблюдались в период обострения гепатита С [9,11,12].

Выводы

В ходе проведенного лечения наблюдалось значительное снижение уровня печеночных показателей у всех больных, так как изучаемые биохимические показатели находились в пределах контрольных значений. Полученные результаты показали, что комбинированное применение противовирусного препарата софосбувир/ледипасвир и ферментозаместительной терапии оказывают нормализующее и эффективное действие на нарушения панкреатобилиарной системы у больных вирусным гепатитом С. Представленный препарат, ингибируя размножение вируса, способствует в короткие сроки подавить цитолиз, обусловленный персистенцией вируса гепатита С у этих пациентов.

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SECTION 20. Medicine

ABNORMAL PLACENTATION AND FETAL OUTCOME

Abstract: *Objective: This study was done to determine fetal complications related to abnormal position of placenta.*

Design and duration: This is an observational study of cross sectional type. Study duration was comprised on 6 months duration from January 2018 to July 2018.

Setting: Study was conducted in Gynecology and obstetrics ward of Nishter Hospital Multan, Pakistan.

Patients and Methods: patients for this study were selected from the gynae ward of the study institution. An inclusion and exclusion criteria was developed according to which all patients presenting in the study hospital during study period with placenta previa or abruption placenta were included in this study. Position of placenta was diagnosed on ultrasound done by consultant radiologist. Mothers having co-morbidities like pre-eclampsia, eclampsia, gestational diabetes, IHD or malignancy or tuberculosis etc were not included in the study. Only those cases were included which were admitted in the study hospital for delivery. Proper history about previous miscarriage or recently any complication or bleeding was asked. Examination was done and ultrasound abdomen done to know fetal well being. These cases were planned for cesarean section as normal delivery was complicated due to abnormal placenta position. All data was noted down on a performa and data was analyzed using statistical softwares Results calculated in the form of frequency and percentage and expressed in the form of table and graphs.

Results: Total 68 cases were included in this study falling on inclusion criterion. Age of these cases was ranging from 17-38 years with mean age of 24.2±14.5 years. There were 45 cases with abruption placenta and 23 with placenta previa out of total 68 cases. Among females with abruption placenta, there were 13% cases between 15-20 years, 26% between 21-25 years, 21% between 26-30 years, 30.4% between 31-35 years and 8.7% having age above 35 years. There were 11 still births, 6 from females with abruption placenta and 5 from females with placenta previa. There were total 39 premature births out of which 53.8% due to placenta abruptia and 46.2% due to placenta previa. Out of total 57 live births 25 were admitted in neonatal ICU. Maternal mortality rate was 5.9% and perinatal mortality rate was 56.4% in placenta abruptia and 43.6% in placenta previa. P-value was less than 0.05.

Conclusion: Abnormal position of placenta is associated with high rate of fetal morbidity and mortality and complicated delivery indicating cesarean section. Most of the babies in this condition are premature.

Key words: Placenta abruptia, placenta previa, perinatal mortality, fetal outcome

Language: English

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INTRODUCTION

During pregnancy many physiological changes occur in female body making it compatible for fetus.¹ Placenta provides nutrition to the fetus via blood and is a primary tissue on which it is dependent. There are many abnormal positions of placenta making gestational period complicated and associated with cesarean section and poor fetal outcome.² There are also many maternal complications associated with abnormal placentation like pre-eclampsia and

eclampsia, obstructed delivery, miscarriage and still birth etc. Females with abnormal placentation have spontaneous per vaginal bleeding and lower abdominal pain.³ Many cases are not diagnosed due to non utilization of antenatal care by females during pregnancy. There is lack of awareness among females of under developed areas of Pakistan.⁴ High illiteracy rate and high proportion of uneducated females is a most common factor in increasing perinatal mortality rate. During pregnancy females require proper



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antenatal visits in which history is taken about any complication like abdominal pain and per vaginal bleeding etc. Examination is done and ultrasound is done to confirm fetal viability.⁵ Females are taught about how to deal with problems in pregnancy and care, precautions etc. patients for this study were selected from the gynae ward of the study institution. An inclusion and exclusion criteria was developed according to which all patients presenting in the study hospital during study period with placenta previa or abruption placenta were included in this study. Position of placenta was diagnosed on ultrasound done by consultant radiologist. Mothers having co-morbidities like pre-eclampsia, eclampsia, gestational diabetes, IHD or malignancy or tuberculosis etc were not included in the study. Only those cases were included which were admitted in the study hospital for delivery.⁶ When pregnancy is complicated fetal growth is retarded and immature, Low birth weight, birth asphyxia and poor fetal health are common complications. These neonates require proper ICU care until their lungs mature. Neonates need resuscitation with oxygen therapy. Many times still birth happens in these cases or very weak immature neonate is borne which is less likely to survive.

Patients and Methods

Patients for this study were selected from the gynae ward of the study institution. An inclusion and exclusion criteria was developed according to which all patients presenting in the study hospital during study period with placenta previa or abruption placenta were included in this study. During pregnancy many physiological changes occur in female body making it compatible for fetus. Placenta provides nutrition to the fetus via blood and is a primary tissue on which it is dependent. There are many abnormal positions of placenta making gestational period complicated and associated with cesarean section and poor fetal outcome. Position of placenta was diagnosed on ultrasound done by consultant radiologist. Mothers having co-morbidities like pre-eclampsia, eclampsia, gestational diabetes, IHD or malignancy or tuberculosis etc were not included in the study. Only those cases were included which were admitted in the study hospital for delivery. Proper history about previous miscarriage or recently any complication or bleeding was asked. Examination was done and ultrasound abdomen done to know fetal well being. These cases were planned for cesarean section as

normal delivery was complicated due to abnormal placenta position. When pregnancy is complicated fetal growth is retarded and immature, Low birth weight, birth asphyxia and poor fetal health are common complications. These neonates require proper ICU care until their lungs mature. Neonates need resuscitation with oxygen therapy. Many times still birth happens in these cases or very weak immature neonate is borne which is less likely to survive. All data was noted down on a performa and data was analyzed using statistical softwares Results calculated in the form of frequency and percentage and expressed in the form of table and graphs.

Results

Total 68 cases were included in this study falling on inclusion criterion. Age of these cases was ranging from 17-38 years with mean age of 24.2±14.5 years. There were 45 cases with abruption placenta and 23 with placenta previa out of total 68 cases. Among females with abruption placenta, there were 3(13%) cases between 15-20 years, 6(26%) between 21-25 years, 5(21%) between 26-30 years, 7(30.4%) between 31-35 years and 2(8.7%) having age above 35 years. Patients for this study were selected from the gynae ward of the study institution. An inclusion and exclusion criteria was developed according to which all patients presenting in the study hospital during study period with placenta previa or abruption placenta were included in this study. During pregnancy many physiological changes occur in female body making it compatible for fetus. Placenta provides nutrition to the fetus via blood and is a primary tissue on which it is dependent. There were 11 still births, 6 from females with abruption placenta and 5 from females with placenta previa. There are also many maternal complications associated with abnormal placentation like pre-eclampsia and eclampsia, obstructed delivery, miscarriage and still birth etc. Females with abnormal placentation have spontaneous per vaginal bleeding and lower abdominal pain. Many cases are not diagnosed due to non utilization of antenatal care by females during pregnancy. There were total 39 premature births out of which 53.8% due to placenta abruption and 46.2% due to placenta previa. Out of total 57 live births 25 were admitted in neonatal ICU. Maternal mortality rate was 5.9% and perinatal mortality rate was 22(56.4%) in placenta abruption and 17(43.6%) in placenta previa. P-value was less than 0.05.

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Table-1

Age distribution of females in study group

Ages of patients (years)	Females with abruption placenta		Females with placenta previa	
	N	%	N	%
15-20	8	17.8	3	13
21-25	10	22.2	6	26.1
26-30	13	28.9	5	21.7
31-35	9	20	7	30.4
Above 35	5	11	2	8.7
Total	45	100	23	100

Table-2

Fetal outcome related to abnormal placentation

Fetal outcome	Females with placenta abruption		Females with placenta previa	
	N=45	%	N=23	%
Prematurity	21	53.8	18	46.2
Admitted in ICU	32		16	
Underweight	27		11	
Perinatal mortality	22		17	

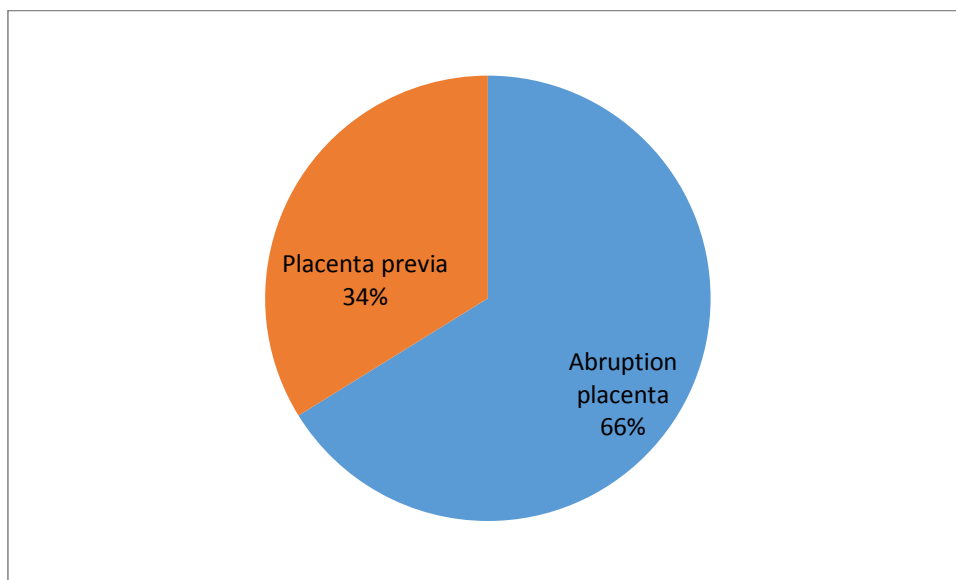


Figure-1 Frequency of abnormal placenta position in study group

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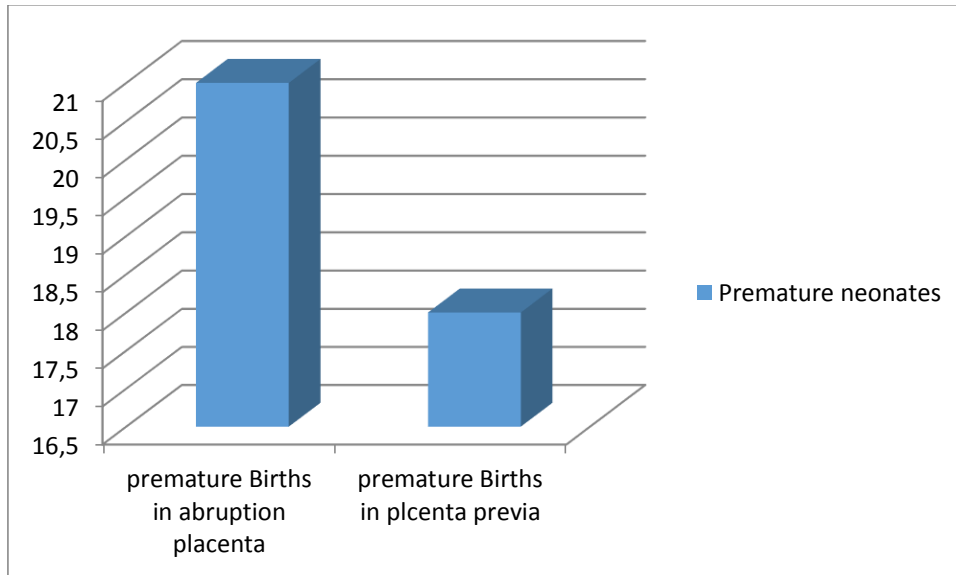


Figure-2 Frequency of premature births in placenta previa and placenta abruption

DISCUSSION

Fetus gets its nutrition from the mother via placental tissue. Placenta in normal position is favourable for gestation but when it is present in abnormal position then it causes complications such as premature birth of baby, immature or underweight newborn, need of cesarean section, increased perinatal morbidity and mortality rate and increased maternal morbidity and mortality rate.⁷ Placenta previa and placenta abruption are two most common abnormal positions of placenta. In these situations cesarean is planned as spontaneous vaginal delivery is risky. More blood loss and intra operative complication rate is high. Due to underdeveloped fetus its survival rate is low. Neonatal ICU care is provided to newborn.⁸ During pregnancy many physiological changes occur in female body making it compatible for fetus. Placenta provides nutrition to the fetus via blood and is a primary tissue on which it is dependent. There are many abnormal positions of placenta making gestational period complicated and associated with cesarean section and poor fetal outcome.⁹⁻¹² There are also many maternal complications associated with abnormal placentation like pre-eclampsia and eclampsia, obstructed delivery, miscarriage and still birth etc. Females with abnormal placentation have spontaneous per vaginal bleeding and lower abdominal pain. Many cases are not diagnosed due to non utilization of antenatal care by females during pregnancy. Patients for this study were selected from the gynae ward of the study institution.^{13,14} An inclusion and exclusion criteria

was developed according to which all patients presenting in the study hospital during study period with placenta previa or abruption placenta were included in this study. During pregnancy many physiological changes occur in female body making it compatible for fetus. Placenta provides nutrition to the fetus via blood and is a primary tissue on which it is dependent.¹⁵ There are many abnormal positions of placenta making gestational period complicated and associated with cesarean section and poor fetal outcome. There were total 39 premature births out of which 53.8% due to placenta abruptia and 46.2% due to placenta previa. Out of total 57 live births 25 were admitted in neonatal ICU. Maternal mortality rate was 5.9% and perinatal mortality rate was 22(56.4%) in placenta abruptia and 17(43.6%) in placenta previa. P-value was less than 0.05. Position of placenta was diagnosed on ultrasound done by consultant radiologist. Mothers having co-morbidities like pre-eclampsia, eclampsia, gestational diabetes, IHD or malignancy or tuberculosis etc were not included in the study.¹⁶⁻¹⁷ Mothers having co-morbidities like pre-eclampsia, eclampsia, gestational diabetes, IHD or malignancy or tuberculosis etc were not included in the study. Only those cases were included which were admitted in the study hospital for delivery. When pregnancy is complicated fetal growth is retarded and immature, Low birth weight, birth asphyxia and poor fetal health are common complications.



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SECTION 20. Medicine

INCIDENCE AND PRESENTATION OF TUBERCULOUS MENINGITIS

Abstract: Objective: This study was conducted to determine incidence and presentation of tuberculous meningitis in male vs female populations.

Design and Duration: This is a cross sectional study of descriptive type. This comprises on 7 months duration from January 2018 to July 2018.

Setting: This study was conducted in Nishter Hospital Multan Pakistan.

Patients and Methods: All patients presented in emergency department or outpatient door of study institution with signs and symptoms of meningitis were evaluated and out of them patients with tuberculous meningitis were selected for study. These cases were belonging to both male and female populations and having different age groups. Proper history was taken, thorough physical examination was done, CT scan was done in all cases and where CT scan was not conclusive, MRI was done. Lumbar Puncture was done and 5 ml CSF taken from all cases and sent for examination to the hospital laboratory. All necessary investigations were done such as CBC with ESR, RFTs, LFTs. A performa was designed containing relevant questions such as age, presenting complaints, durations of disease, family history of tuberculosis or in the patient himself and any associated disease etc. Those cases having any other chronic disease with TBM were not included in the study. Data collected was analyzed using statistical software and Microsoft office version 2017. Results were calculated as frequencies and percentages. Tables and graphs were used to express the results.

Results: There were total 116 cases diagnosed with tuberculous meningitis presenting during study duration. 55.2% were female and 44.8% were male patients. Range of their ages was 15-73 years with mean age of 45±17.8 years. There were 17.2% female and 26.9% male cases between 15-25 years, 20.3% female and 30.8% male cases between 26-35 years, 23.4% female and 17.3% male between 36-45 years, 15.6% female and 11.5% male between 46-55 years and 10.9% female and 5.8% male cases were above 65 years. Presenting complaints were fever in 92.2% females and 88.5% male cases, headache was present in 96.8% female and 92.3% male cases, signs of meningism were present in 79.7% female and 71.2% male cases and 18.7% female and 9.6% male cases presented in coma. Findings on CT scan were hydrocephalus in 67.2% cases, edema in 36.2% and infarction in 11.2% cases. On MRI brain hydrocephalus was seen in 81(69.8%) cases, tuberculomas in 86(74%) and infarcts in 14(12.1%) were seen. Solitary tuberculomas were present in 22% cases and multiple in 64% cases.

Conclusion: Tuberculous meningitis is a common form of meningitis occurring in both genders but frequently occurs in females. CT scan and MRI are very helpful in diagnosing TBM. Most common presenting symptoms were fever, headache and meningism while coma may be present in few cases.

Key words: Tuberculous meningitis, Meningism, presentation of meningitis.

Language: English

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INTRODUCTION

Meningitis is a very common neurological disease in which inflammation of leptomeningis occur.¹ This leads to hydrocephalus of non obstructing type. Intracranial pressure is raised causing headache and cranial nerves palsy, decreased in vision etc. Meningitis may be due to viral or

bacterial infection and trauma.^{2,3} Mycobacterium tuberculosis is a common cause of meningitis. It is common in people having previously tuberculous infection or positive family history of pulmonary tuberculosis. There are various investigations for diagnosing TBM such as CT scan brain, MRI brain and CSF culture and examination. In most of the



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cases mycobacterium is isolated on CSF culture. Suitable antibiotic treatment is very effective against it. Initial management includes airway management, maintaining circulation, assessing GCS and management of fever and broad spectrum antibiotic therapy until unless culture sensitivity is obtained.⁴⁻⁶ All patients presented in emergency department or outpatient door of study institution with signs and symptoms of meningitis were evaluated and out of them patients with tuberculous meningitis were selected for study. These cases were belonging to both male and female populations and having different age groups. Proper history was taken, thorough physical examination was done, CT scan was done in all cases and where CT scan was not conclusive, MRI was done. Lumbar Puncture was done and 5 ml CSF taken from all cases and sent for examination to the hospital laboratory. In CT scan features of TBM reveal clearly such as hydrocephalus, presence of tuberculomas solitary or multiple in number, location of tubercles either above tentorium or below it and brain edema etc.^{7,8} That cases in which CT scan is not conclusive, MRI brain is done more superior to CT scan showing fine details and findings in brain. Normal examination of CSF shows glucose less than 60 mg/dl and protein content more than 45 mg/dl. CSF examination takes much time and in it may be negative in more than 50% cases so it is not much sensitive for TBM. MRI is investigation of choice showing calcifications, inflammation of meningis, tuberculomas and basal meningitis.

Patients and Methods

This is a cross sectional study done in a teaching hospital Nishter Hospital located in Multan, a city of Pakistan. This study was completed in seven months duration. All patients presented in emergency department or outpatient door of study institution with signs and symptoms of meningitis were evaluated and out of them patients with tuberculous meningitis were selected for study. These cases were belonging to both male and female populations and having different age groups. Proper history was taken, thorough physical examination was done, CT scan was done in all cases and where CT scan was not conclusive, MRI was done. Lumbar Puncture was done and 5 ml CSF taken from all cases and sent for examination to the hospital laboratory. All necessary investigations were done such as CBC with ESR, RFTs, LFTs. A performa was designed containing relevant questions such as age, presenting complaints, durations of disease, family history of tuberculosis or in the patient himself and any

associated disease etc. Those cases having any other chronic disease with TBM were not included in the study. Data collected was analyzed using statistical software and Microsoft office version 2017. Results were calculated as frequencies and percentages. Tables and graphs were used to express the results. An inclusion and exclusion criteria was formed according to which patients having meningitis due to infection with mycobacterium tuberculosis either isolated on CSF examination or findings confirmed on CT scan and MRI. Patients with chronic diseases like CLD, IHD, or other pathologies of brain tumors, hydrocephalus due to other diseases or brain abscess were not included in this study. Proper written consent was taken from all the patients in study group and privacy of patients was maintained. Consent was also taken from the ethical committee of the hospital for conducting study.

Results

All patients presented in emergency department or outpatient door of study institution with signs and symptoms of meningitis were evaluated and out of them patients with tuberculous meningitis were selected for study. These cases were belonging to both male and female populations and having different age groups. Proper history was taken, thorough physical examination was done, CT scan was done in all cases and where CT scan was not conclusive, MRI was done. There were total 116 cases diagnosed with tuberculous meningitis presenting during study duration. 64(55.2%) were female and 52(44.8%) were male patients. Range of their ages was 15-73 years with mean age of 45±17.8 years. There were 11(17.2%) female and 14(26.9%) male cases between 15-25 years, 13(20.3%) female and 16(30.8%) male cases between 26-35 years, 15(23.4%) female and 9(17.3%) male between 36-45 years, 10(15.6%) female and 6(11.5%) male between 46-55 years and 7(10.9%) female and 3(5.8%) male cases were above 65 years. Presenting complaints were fever in 59(92.2%) females and 46(88.5%) male cases, headache was present in 62(96.8%) female and 48(92.3%) male cases, signs of meningism were present in 51(79.7%) female and 37(71.2%) male cases and 12(18.7%) female and 5(9.6%) male cases presented in coma. Findings on CT scan were hydrocephalus in 78(67.2%) cases, edema in 42(36.2%) and infarction in 13(11.2%) cases. On MRI brain hydrocephalus was seen in 81(69.8%) cases, tuberculomas in 86(74%) and infarcts in 14(12.1%) were seen. Solitary tuberculomas were present in 22% cases and multiple in 64% cases.



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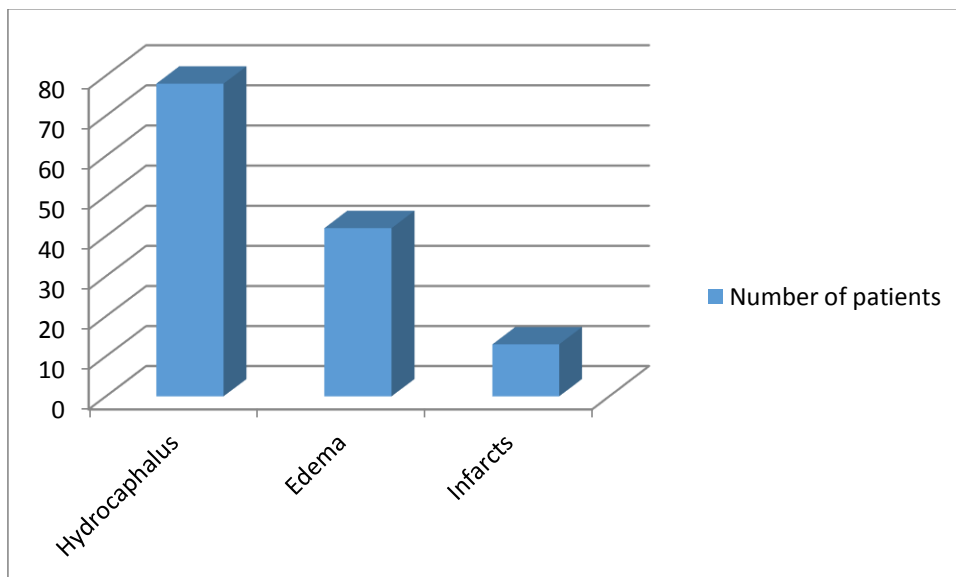


Figure-1 CT scan brain findings in TBM patients (n=116)

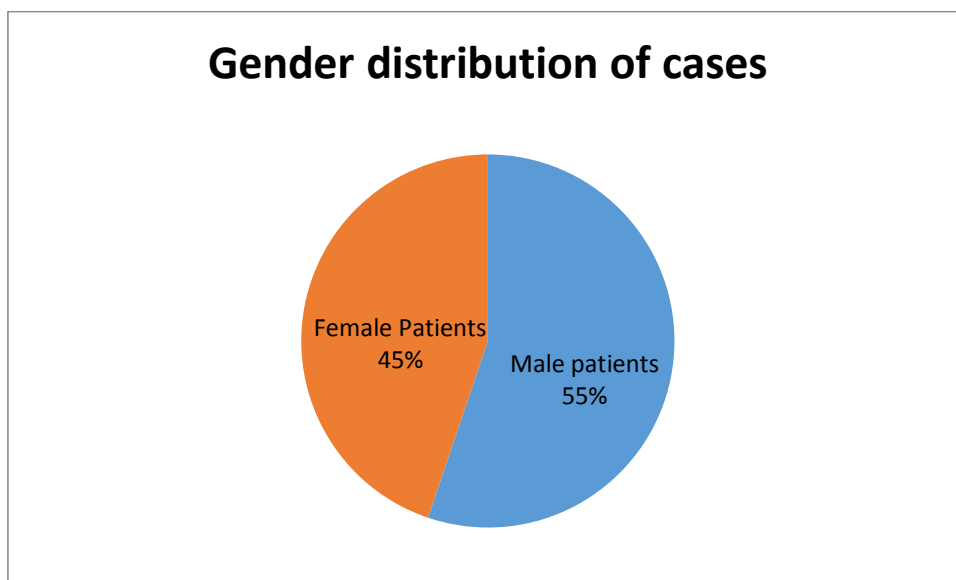


Table-1

Age distribution of cases among male and female patients

Age groups (years)	Female patients		Male Patients	
	N	%	N	%
15-25	11	17.2	14	26.9
26-35	13	20.3	16	30.8
36-45	15	23.4	9	17.3
46-55	10	15.6	6	11.5
56-65	8	12.5	4	7.7
Above 65	7	10.9	3	5.8
Total	64		52	

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Table-2**Frequency of presenting complaints in male and female cases with TBM**

Presenting complaints	Female Patients		Male Patients	
	N	%	N	%
Fever	59	92.2	46	88.5
Headache	62	96.8	48	92.3
Meningism	51	79.7	37	71.2
Coma	12	18.7	5	9.6

DISCUSSION

Meningitis is inflammation of meningism mostly due to infection by virus or bacteria but may also be caused by trauma.^{9,10} In bacterial causes mycobacterium tuberculosis is very common causing tuberculous meningitis. In this disease cranial nerve palsy occurs frequently and involving facial nerve and oculomotor nerve commonly.¹¹ These cases present with signs and symptoms related to CNS. Meningitis is a very common neurological disease in which inflammation of leptomeningis occur. This leads to hydrocephalus of non obstructing type. Intracranial pressure is raised causing headache and cranial nerves palsy, decreased in vision etc.¹² Meningitis may be due to viral or bacterial infection and trauma. Mycobacterium tuberculosis is a common cause of meningitis. It is common in people having previously tuberculous infection or positive family history of pulmonary tuberculosis.¹³ In our study findings on CT scan were hydrocephalus in 78(67.2%) cases, edema in 42(36.2%) and infarction in 13(11.2%) cases. On MRI brain hydrocephalus was seen in 81(69.8%) cases, tuberculomas in 86(74%) and infarcts in 14(12.1%) were seen. Solitary tuberculomas were present in 22% cases and multiple in 64% cases. There are various investigations for diagnosing TBM such as CT scan brain, MRI brain and CSF culture and examination.¹⁴ In most of the cases mycobacterium is isolated on CSF culture. Suitable antibiotic treatment is very effective against it. Initial management includes airway management, maintaining circulation assessing GCS and management of fever and broad spectrum antibiotic therapy until unless culture sensitivity is obtained. According to different studies frequency of hydrocephalus was 11-75% in patients with tuberculous meningitis.¹⁵ This is a cross sectional study done in a teaching hospital Nishter Hospital located in Multan, a city of Pakistan. This study was completed in seven months duration. All patients presented in emergency department or

outpatient door of study institution with signs and symptoms of meningitis were evaluated and out of them patients with tuberculous meningitis were selected for study.¹⁶ These cases were belonging to both male and female populations and having different age groups. Proper history was taken, thorough physical examination was done, CT scan was done in all cases and where CT scan was not conclusive, MRI was done. Lumber Puncture was done and 5 ml CSF taken from all cases and sent for examination to the hospital laboratory. There were total 116 cases diagnosed with tuberculous meningitis presenting during study duration. 64(55.2%) were female and 52(44.8%) were male patients. Range of their ages was 15-73 years with mean age of 45±17.8 years. In CT scan features of TBM reveal clearly such as hydrocephalus, presence of tuberculomas solitary or multiple in number, location of tubercles either above tentorium or below it and brain edema etc. That cases in which CT scan is not conclusive, MRI brain is done more superior to CT scan showing fine details and findings in brain. Early diagnosis of patients and prompt treatment can reduce morbidity and mortality associated with this disease.¹⁷ Definite treatment is to reduce intracranial pressure and complete course of ATT drugs.

Conclusion

Among various causes of meningitis bacterial cause was found common in this study. Tuberculous meningitis is a common form of meningitis occurring in both genders but frequently occurs in females. CT scan and MRI are very helpful in diagnosing TBM. Lumber puncture is not much sensitive for this disease as it is negative in most of cases having disease. Most common presenting symptoms were fever, headache and meningism while coma may be present in few cases. Main line of treatment is to manage vitals and to decrease intracranial pressure.

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SECTION 20. Medicine.

MANAGEMENT OF T.B SPINE WITH ANTERIOR CAGE FIXATION AND OUTCOME

Abstract: Objective: To find out role of anterior cage fixation in management of tuberculosis of dorsal spine and its outcome.

Study Design and Duration: This is a prospective study completed in duration of 12 months from June 2017 to May 2018.

Setting: This study was done in a tertiary care hospital, Khyber Teaching Hospital Peshawar, Pakistan.

Patients and Methods: Patients presented to the study hospital with spinal tuberculosis were included in this study. Diagnosis was established on the basis of history, examination, X-ray and MRI spine. Additional investigations were also done to support diagnosis such as CBC with ESR and histological examination of biopsy after surgery confirmed the diagnosis. Patients were told about the disease severity and its possible management options either conservative or surgical and they were also informed about the outcome of each option. Patients, who refused surgery, were excluded from the study. Such cases were managed conservatively. A written informed consent taken from all patients before surgery and additional consent was also taken for including their data in the study. Permission was taken from ethical committee of the hospital for conducting study. These cases were admitted in the neurosurgical ward of the study hospital. After getting all investigations and anesthesia fitness they were prepared for surgery. Hospital stay of these patients was 7-15 days. In these cases anterior spinal decompression done and internal fixation using cage was performed. All data collected was analyzed and results presented in tabular forms and using graphs.

Results: Total 53 cases were selected for the study initially and 3 cases refused surgical management so they were excluded and 50 cases were operated. Frankle grading system was used for determining severity of disease and deciding management plan accordingly. According to this system 18 cases were having grade-A, 9 cases with grade-B, 10 cases had grade-C, 8 cases with grade-D and 5 cases were having grade-E. Age range was 10-74 years with mean age of 43 years. There were 56% male and 44% female cases. 16% cases were having age 10-20 years, 30% with 21-30 years, 18% with 31-40 years, 8% with 41-50 years, 12% with 51-60 years, 10% between 61-70 years and 6% cases were above 70 years of age. Out of 50 cases 42 were operated having neurological deficit.

Conclusion: Anterior spine decompression and internal fixation with cage is a procedure of choice in the management of dorsal spinal tuberculosis. This procedure is associated with some complications but overall success rate is high.

Key words: Spinal tuberculosis, Internal spinal fixation, Anterior cage fixation, Potts disease, Carries spine.

Language: English

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INTRODUCTION

Tuberculosis is a disease of ancient times. It may involve any body part skin, lungs, brain, bones and intestines. This is considered a disease most prevalent among people with low socioeconomic status and so found mostly in underdeveloped countries. Asian countries being among developing and underdeveloped countries also have high

incidence of this disease. When it involves dorsal spine it is called potts disease. In this disease patients present with kyphosis, back pain, lordosis, and decreased stability of spine, neurological deficit below lesion, fever and weight loss. This is a chronic disease with progressively increasing pathologies. This can be diagnosed by taking history, physical examination, CT scan and MRI spine and



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histological examination of biopsy. Patients presented to the study hospital with spinal tuberculosis were included in this study. Diagnosis was established on the basis of history, examination, X-ray and MRI spine. Additional investigations were also done to support diagnosis such as CBC with ESR and histological examination of biopsy after surgery confirmed the diagnosis. Patients were told about the disease severity and its possible management options either conservative or surgical and they were also informed about the outcome of each option. In this disease erythrocyte sedimentation rate is increased. This may involve anterior and posterior parts of vertebrae but anterior involvement is more complicated and common. As a treatment anterior decompression of vertebrae is done and internal fixation is done by applying cage anteriorly. Complications of procedure may be hemorrhage, improper fixation, and breakage of screws or loosening of screws, instability, and compression fracture of adjacent vertebrae or discitis of adjacent vertebrae. Infectious part of vertebrae is debrided and defect is filled with bone graft from iliac crest or fibula. Cage being used in this operation is made of titanium which is an inert material having much strength. Cage fixation just provides stability to the spine and does not improve neurological deficit. These patients are given treatment with antituberculous drugs for 18 months.

Patients and Methods

This is a prospective study conducted on cases with pots disease presented in neurosurgical outpatient door of the study hospital during study period of one year. These cases presented either directly to the hospital or were referred from other hospitals and some of them were taking some sort of medical treatment from few months already without any relieve. Patients presented to the study hospital with spinal tuberculosis were included in this study. Diagnosis was established on the basis of history, examination, X-ray and MRI spine. Additional investigations were also done to support diagnosis such as CBC with ESR and histological examination of biopsy after surgery confirmed the diagnosis. Patients were told about the disease severity and its possible management options either conservative or surgical and they were also informed about the outcome of each option. Patients, who refused

surgery, were excluded from the study. Such cases were managed conservatively. A written informed consent taken from all patients before surgery and additional consent was also taken for including their data in the study. Permission was taken from ethical committee of the hospital for conducting study. These cases were admitted in the neurosurgical ward of the study hospital. After getting all investigations and anesthesia fitness they were prepared for surgery. Hospital stay of these patients was 7-15 days. In these cases anterior spinal decompression done and internal fixation using cage was performed. All data collected was analyzed and results presented in tabular forms and using graphs. Patients having spinal tumors or spinal tuberculosis involving posterior part of vertebrae were not involved in this study.

Results

Patients presented to the study hospital with spinal tuberculosis were included in this study. Diagnosis was established on the basis of history, examination, X-ray and MRI spine. Additional investigations were also done to support diagnosis such as CBC with ESR and histological examination of biopsy after surgery confirmed the diagnosis. Total 53 cases were selected for the study initially and 3 cases refused surgical management so they were excluded and 50 cases were operated. Frankle grading system was used for determining severity of disease and deciding management plan accordingly. According to this system 18 cases were having grade-A, 9 cases with grade-B, 10 cases had grade-C, 8 cases with grade-D and 5 cases were having grade-E. Age range was 10-74 years with mean age of 43 years. There were 28(56%) male and 22(44%) female cases. 8(16%) cases were having age 10-20 years, 15(30%) with 21-30 years, 9(18%) with 31-40 years, 4(8%) with 41-50 years, 6(12%) with 51-60 years, 5(10%) between 61-70 years and 3(6%) cases were above 70 years of age. Out of 50 cases 42 were operated having neurological deficit. Complications related to the procedure were reported in 9(18%) cases with wound infection in 3(6%) cases, dyspnea in 2(4%) cases, neurodeficit in one case. Compression fracture in 1(2%) and discitis of adjacent vertebrae was reported in 1(2%) cases. While post operative correction loss reported in one (2%) case.



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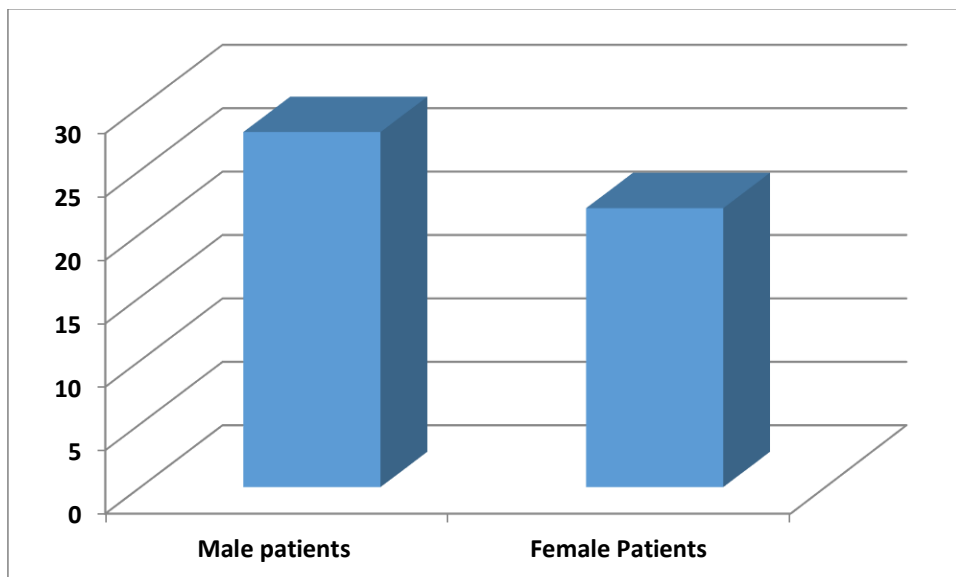
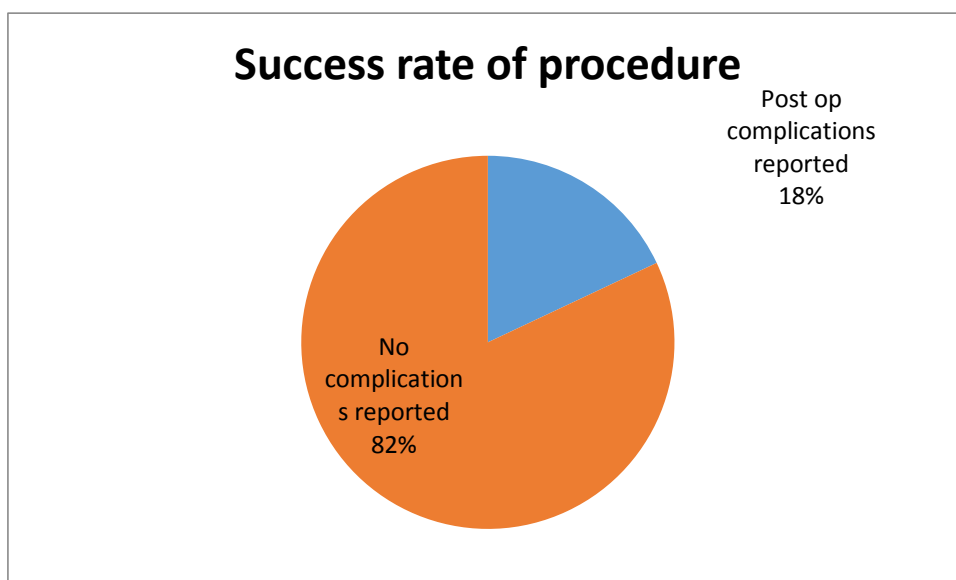


Figure-1 Gender distribution of patients with T.B spine in study group



Post operative complications among patients in study group

Table-1

Post operative complications	N	%
Wound infection	3	6
Dyspnea	2	2.6
Correction loss	1	2
Neurodeficit	1	2
Compression Fx of adjacent vertebrae	1	2
Discitis of adjacent Vetebrae	1	2
Total	9	18

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Table-2

Age distribution of patients in study group

Age of patients (years)	Number of Patients	%
10-20	8	16
21-30	15	30
31-40	9	18
41-50	4	8
51-60	6	12
61-70	5	10
Above 70	3	6
Total	50	100

DISCUSSION

Tuberculosis is a very common chronic disease which may involve any system of the body. In skeletal system it mainly involves vertebrae. Anterior vertebral involvement causes more instability of spine as compared to posterior involvement. Consequences of this are kyphosis and reduced neurological functions below the lesion. Sensory impairment is not major problem but motor functions deficit causes more problem. Tuberculosis is a disease of ancient times. It may involve any body part skin, lungs, brain, bones and intestines. This is considered a disease most prevalent among people with low socioeconomic status and so found mostly in underdeveloped countries. Asian countries being among developing and underdeveloped countries also have high incidence of this disease. When it involves dorsal spine it is called pots disease. In this disease patients present with kyphosis, back pain, lordosis, and decreased stability of spine, neurological deficit below lesion, fever and weight loss. This is a chronic disease with progressively increasing pathologies. Total 53 cases were selected for the study initially and 3 cases refused surgical management so they were excluded and 50 cases were operated. Frankle grading system was used for determining severity of disease and deciding management plan accordingly. According to this system 18 cases were having grade-A, 9 cases with grade-B, 10 cases had grade-C, 8 cases with grade-D and 5 cases were having grade-E. Diagnosis was established on the basis of history, examination, X-ray and MRI spine. Additional investigations were also done to support diagnosis such as CBC with ESR and histological examination of biopsy after surgery confirmed the diagnosis. Patients were told about the disease severity and its possible management options either conservative or surgical and they were also informed about the outcome of each option. Patients, who refused surgery, were

excluded from the study. Such cases were managed conservatively. A written informed consent taken from all patients before surgery and additional consent was also taken for including their data in the study. . Complications related to the procedure were reported in 9(18%) cases with wound infection in 3(6%) cases, dyspnea in 2(4%) cases, neurodeficit in one case. Compression fracture in 1(2%) and discitis of adjacent vertebrae was reported in 1(2%) cases. . Infectious part of vertebrae is debrided and defect is filled with bone graft from iliac crest or fibula. Cage being used in this operation is made of titanium which is an inert material having much strength. Cage fixation just provides stability to the spine and does not improve neurological deficite. These patients are given treatment with antituberculous drugs for 18 months. According to a study done by Gabriel one case reported with post operative brown squared syndrome with sensory neural deficit below lesion.

Conclusion

Tuberculosis of dorsal spine causes more morbidity and associated with neurological deficit below lesion. Anterior spine decompression and internal fixation with cage is a procedure of choice in the management of dorsal spinal tuberculosis. This procedure is associated with some complications but overall success rate is high. Early stabilization of the spine may secure neurological functions and morbidity and disability can be reduced.

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SECTION 20. Medicine.

MISPLACED IUCD, PRESENTATION AND MANAGEMENT

Abstract: *Objective: Purpose of this study was to determine various presentations of females with misplaced intra uterine contraceptive device and its management.*

Design and setting: This is a cross sectional study which was conducted in Gynecology and Obstetrics department of Doctors Trust Teaching Hospital Sargodha, Pakistan.

Duration: This study was started in January 2018 and completed in July 2018 consisted on 7 months duration.

Patients and methods: In this study 30 female patients with complications of misplaced IUCD were included. These cases presented directly to the study hospital or were referred from other hospitals with different presenting complaints due to misplaced IUCD. An inclusion and exclusion criteria was formed for including patients in the study. A questionnaire was formed for documenting all necessary data of study cases such as age, parity, time duration of IUCD placed etc. These cases were admitted in the ward for treatment. After treatment outcome in each patient was observed. Ethical permission for conducting study was taken from ethical committee of the institution. Consent was also taken from patients in study group and privacy of data was maintained. Data was analyzed on Microsoft office and SPSS software, calculated in the form of percentage and frequency and expressed via tables and charts.

Results: Total 30 cases were studied belonging to different age groups. Range of their ages was 30-43 years with mean age of 36.5 years. Mostly cases were above 30 years of age. Common presenting complaints reported were abdominal pain in 8 cases, dysfunctional uterine bleeding in 5 cases, and missing thread of device while 3 females became pregnant with IUCD and recurrent urinary tract infection due to dislodged device was reported in 4 cases. Different sites of misplaced IUCD were reported such as adherent to uterine wall found in 3 cases, in uterine cavity in 15 cases, inside urinary bladder found in 2 cases, in adenexa In one case, in uterovesicle pouch in 3 cases and in pouch of douglas device was found in 2 cases. It was seen that most common site of dislodged device was intra uterine cavity. These cases were managed according to site of device. Dilatation and uterine exploration was done in females having device in uterine cavity. Other procedures performed were Cystoscopy, Laparotomy and hysteroscopic guided exploration of uterus.

Conclusion: Dislodgement of intra uterine contraceptive device is a much common problem. Most common presenting complaint is abdominal pain. Females should be educated about the use of contraceptive devices its insertion and removal so that complications may be avoided.

Key words: *misplaced intra uterine contraceptive device, complications of IUCD, dilatation and curettage.*

Language: English

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INTRODUCTION

There are many methods of contraception but use of contraceptive devices is commonly used worldwide. This is a very successful method. A contraceptive device is placed in the uterus which prevents pregnancy by physiochemical changes. Females having more number of children usually require contraception method for family planning. By this way a female can postpone pregnancy when she

desires and feels herself physically and mentally prepared for it. This is very useful method. There is slight care in its use because if IUCD is misplaced, it may cause complications. Dislodgement of IUCD is much common leading to abdominal pain, dysfunctional uterine bleeding and recurrent urinary tract infection. If it is misplaced then contraception is failed and female may conceive. This study was conducted to find complications related to misplaced



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IUCD and its management. If diagnosed early and managed in time then no serious complication occurs. Heavy uterine bleeding, pain, expulsion and uterine perforation are few main complications associated with it. It is very acceptable method in the community because it is cheap, easy to use and it has no effect on sexual activity. It has very low failure rate of 0.001% so it is very successful method. Using this method mothers can feed their babies safely as there is no harm in it. Intra uterine contraceptive devices are copper devices of A and Nova T type. IUCD has a string outside which is used to remove it if we can't see the string it may indicate expulsion of device, broken ring or misplaced device. Such females present with pelvic pain bleeding and pregnancy due to device failure. In this study female patients with complications of misplaced IUCD were included. These cases presented directly to the study hospital or were referred from other hospitals with different presenting complaints due to misplaced IUCD. An inclusion and exclusion criteria was formed for including patients in the study. A questionnaire was formed for documenting all necessary data of study cases such as age, parity, time duration of IUCD placed etc. Misplaced device can be located by uterine examination or using ultrasound. Misplaced device is removed by surgical way either using laparotomy or dilatation and curettage.

Patients and methods

This is a cross sectional study of observational type. This study was started in January 2018 and completed after 7 months in July 2018. It was conducted in Gynaecology and Obstetrical ward of study institution. In this study female patients with complications of misplaced IUCD were included. These cases presented directly to the study hospital or were referred from other hospitals with different presenting complaints due to misplaced IUCD. An inclusion and exclusion criteria was formed for including patients in the study. A questionnaire was formed for documenting all necessary data of study cases such as age, parity, time duration of IUCD placed etc. These cases were admitted in the ward for treatment. After treatment outcome in each patient was observed. Ethical permission for conducting study was taken from ethical committee of the institution. Consent was also taken from patients in study group and privacy of data was maintained. Data was analyzed on Microsoft office and SPSS software, calculated in the form of percentage and frequency and expressed via tables and charts. According to inclusion criterion those patients were selected who gave history of IUCD use and presented with lower abdominal pain, dysfunctional uterine bleeding and infection of urinary tract or

vagina due to misplaced IUCD. Dislodged device was confirmed by examination or radiological investigations. All those patients were excluded from the study which were having other morbidities and IUCD was not found on investigations and examination, on laparotomy other causes of disease found and which patients were not sure of using intra uterine contraceptive device or they were not willing to give proper history.

Results

During study period 512 cases were admitted in the gynecology ward of study institution and out of them 30 cases were selected with dislodged intra uterine contraceptive device belonging to different age groups. Range of their ages was 20-43 years with mean age of 31.5 years. There were 2(6.7%) cases between ages of 20-25 years, 7(23.3%) were between age of 26-30 years, 6(20%) were between 31-35 years, 9(30%) were between 36-40 years and 6(20%) cases were above 40 years of age. Mostly cases were above 30 years of age. Common presenting complaints reported were abdominal pain in 8(26.7%) cases, dysfunctional uterine bleeding in 5(16%) cases and in 10(33.3%) cases thread of device was missing, while 3(10%) females became pregnant with IUCD and recurrent urinary tract infection due to dislodged device was reported in 4(13.3%) cases. Different sites of misplaced IUCD were reported such as adherent to uterine wall found in 3 cases, in uterine cavity in 15(50%) cases, inside urinary bladder found in 2(6.7%) cases, in adenexa In 1(3.3%) case, in uterovesicle pouch in 3(10%) cases and in pouch of douglas device was found in 2(6.6%) cases. In this study female patients with complications of misplaced IUCD were included. These cases presented directly to the study hospital or were referred from other hospitals with different presenting complaints due to misplaced IUCD. An inclusion and exclusion criteria was formed for including patients in the study. A questionnaire was formed for documenting all necessary data of study cases such as age, parity, time duration of IUCD placed etc. It was seen that most common site of dislodged device was intra uterine cavity. These cases were managed according to site of device. Dilatation and curettage was done in females having device in uterine cavity. Other procedures performed were Cystoscopy, Laparotomy and hysteroscopic guided exploration of uterus. Out of all 33 cases no other disease was found and misplaced IUCD was the primary reason of complications. They all were successfully treated and discharged. Duration of hospital stay was 2-5 days with mean stay was 3.4 days. All operated cases were called for follow up after one week.



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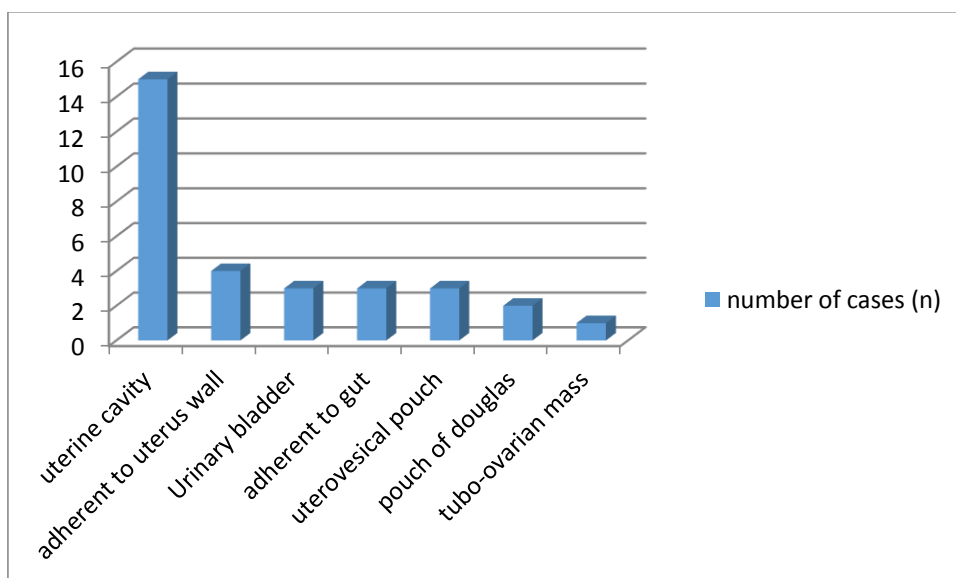


Figure-1 Various sites of misplaced IUCD in study group

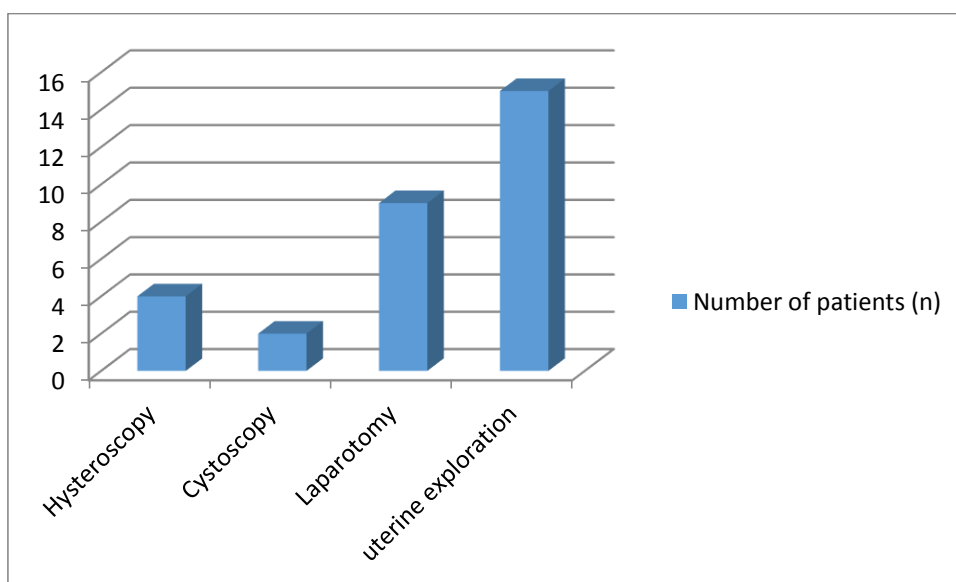


Figure-2 Procedures performed in 30 patients of study group

Table-1

Presenting complaints in cases of study group

Presenting complaints	Number of Patients	%
Lower abdominal pain	8	26.7
IUCD thread not found	10	33.3
Dysfunctional uterine bleeding	5	16
Recurrent UTI	4	13.3
Symptoms of pregnancy with IUCD	3	10

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Table-2**Age distribution of study population**

Age of patients (years)	N	%
20-25	2	6.7
26-30	7	23.3
31-35	6	20
36-40	9	30
Above 40	6	20

Table-3**Distribution of patients according to parity**

Parity	N	%
1-2	5	16.6
3-4	11	36.7
More than 4	14	46.7

DISCUSSION

Intra uterine contraceptive devices are very effective method of contraception with high success rate. It is simple and low effective method. In this study all cases with misplaced IUCD were included which were reported directly to the study institution or were referred from other hospitals. According to a study done by N Elahi et al common presenting complaint of patients was missing thread of device that was 32.4%. In our study 33.3% cases presented with the complaint of lost thread of device. During study period 512 cases were admitted in the gynecology ward of study institution and out of them 30 cases were selected with dislodged intra uterine contraceptive device belonging to different age groups. Range of their ages was 20-43 years with mean age of 31.5 years. This is a cross sectional study of observational type. This study was started in January 2018 and completed after 7 months in July 2018. It was conducted in Gynaecology and Obstetrical ward of study institution. In this study female patients with complications of misplaced IUCD were included. These cases presented directly to the study hospital or were referred from other hospitals with different presenting complaints due to misplaced IUCD. There are many methods of contraception but use of contraceptive devices is commonly used worldwide. This is a very successful

method. A contraceptive device is placed in the uterus which prevents pregnancy by physiochemical changes. Females having more number of children usually require contraception method for family planning. By this way a female can postpone pregnancy when she desires and feels herself physically and mentally prepared for it. This is very useful method. There is slight care in its use because if IUCD is misplaced, it may cause complications. Dislodgement of IUCD is much common leading to abdominal pain, dysfunctional uterine bleeding and recurrent urinary tract infection. If it is misplaced then contraception is failed and female may conceive. According to study done by N Elahi and Barsaul et al 28.5% and 5.5% respectively cases were reported with IUCD dislodged to peritoneal cavity while in our study 10% cases had IUCD in peritoneal cavity. This value is comparable to previous results. Common presenting complaints reported were abdominal pain in 8(26.7%) cases, dysfunctional uterine bleeding in 5(16%) cases and in 10(33.3%) cases thread of device was missing, while 3(10%) females became pregnant with IUCD and recurrent urinary tract infection due to dislodged device was reported in 4(13.3%) cases. If diagnosed early and managed in time then no serious complication occurs. Heavy uterine bleeding, pain, expulsion and uterine perforation are few main

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complications associated with it. It is very acceptable method in the community because it is cheap, easy to use and it has no effect on sexual activity. Different sites of misplaced IUCD were reported such as adherent to uterine wall found in 3 cases, in uterine cavity in 15(50%) cases, inside urinary bladder found in 2(6.7%) cases, in adenexa In 1(3.3%) case, in uterovesicle pouch in 3(10%) cases and in pouch of douglas device was found in 2(6.6%) cases. Similar studies have been done by Betul, Farkhanda and Atakan et al. Uterine perforation is a life threatening complication which is mostly not diagnosed. Such cases should be operated on emergency basis. Early diagnosis and prompt treatment is necessary to avoid complications.

Conclusion

Intra uterine contraceptive device use is very common due to its high success rate and simple to insert and easy to remove. It is associated with few serious complications when device is misplaced. Early diagnosis and proper treatment leads to complete recovery without any serious morbidity. Dislodgement of intra uterine contraceptive device is a much common problem. Most common presenting complaint is abdominal pain. Females should be educated about the use of contraceptive devices its insertion and removal so that complications may be avoided. Females using IUCD should have proper examination with intervals for the care of contraceptive device.

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SECTION 20. Medicine.

MORBIDITY AND MORTALITY ASSOCIATED WITH SPONTANEOUS BACTERIAL PERITONITIS

Abstract: Objective: To find out consequences of spontaneous bacterial peritonitis and its causative organisms and to determine sensitivity of these organisms for antibiotics.

Design and Duration: This is an observational descriptive study completed in duration of 8 months from October 2017 to May 2018.

Setting: This study was conducted in Khyber teaching Hospital Peshawar Pakistan.

Patients and Methods: All The cases presented in emergency ward of the hospital with spontaneous bacterial peritonitis with ascites due to liver cirrhosis, during the study period were selected for study. An inclusion criterion was developed for selecting patients for the study according to that patients with SBP directly presented to the hospital first time for this disease, having no other infective disease other than, having ascites due to liver cirrhosis only, No other cause of ascites, no history of trauma or invasive abdominal procedure leading to peritonitis. Patients from both male and female populations were included in this study. Under aseptic measures ascitic tap done using 10 ml syringe and ascitic fluid sent for examination and culture sensitivity determined for isolated organisms. All cases in study group were admitted in the surgical ward and empirical management was given before culture report came. After culture report antibiotic was given accordingly. Written consent was taken from all study cases and also from the medical superintendant of the hospital. Data was analyzed in SPSS and Microsoft office version 2018.

Results: There were total 90 cases in this study having ascites due to liver cirrhosis and signs and symptoms of peritonitis. Age range of these cases was 32-74 years with mean age of 48±15.5 years. Most of the cases were having age above 45 years. There were 55.6% male and 44.4% female cases. Ascitic fluid culture was positive in 47.8% and negative in 52.2% cases. Out of total cases with positive culture growth 55.8% showed gram negative bacteria, 30.2% gram positive and in 14% cases other organisms were isolated. In 43 culture positive cases 39.5% showed E.coli, 25.6% streptococcus pneumonia, In 11.6% Klebsiella, in 9.3% staphylococcus aureus and in 13.9% cases other organisms were isolated. Confidence level was 95% with P-value less than 0.05.

Conclusion: Gram negative organisms are most common cause of spontaneous bacterial peritonitis in liver cirrhotic patients. E-coli is most common gram negative bacteria responsible for it. It is associated with high morbidity and mortality rate.

Key words: Spontaneous bacterial peritonitis, Liver cirrhosis, Ascitic fluid examination.

Language: English

Citation: Noor S, Iftikhar N, Sabahat A (2018) MORBIDITY AND MORTALITY ASSOCIATED WITH SPONTANEOUS BACTERIAL PERITONITIS. ISJ Theoretical & Applied Science, 09 (65): 149-153.

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INTRODUCTION

Viral Hepatitis is very common in Pakistan causing chronic liver disease and decompensated liver failure and liver cirrhosis. HCV is very common cause of liver cirrhosis.¹ Cirrhosis of liver leads to portal hypertension causing variceal bleeding, ascites and splenomegaly. Ascites often develop to peritonitis due to infection of ascitic fluid. This is a complication of ascites leading to high morbidity and

mortality rate. According to a study HCV prevalence in Pakistan is 4-12.5%. Diagnostic criteria includes TLC more than 500/mm³, PMN above 250/mm³. In initial stages of spontaneous bacterial peritonitis no signs and symptoms develop and it is better to manage this condition before it becomes symptomatic. Its causative factors are Gram positive and gram negative organisms.² Gram negative bacteria especially E coli is most commonly found in



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ascetic fluid culture. Other bacteria involved are Klebsiella, Streptococcus and staphylococcus. Culture and sensitivity of ascetic fluid was done. E Coli was Sensitive for ceftriaxone, cefotaxime, ciprofloxacin, levofloxacin and amikacin. Similarly most of the isolated bacteria showed sensitivity for ceftriaxone, cefotaxime, levofloxacin and ciprofloxacin and amikacin. Ceftazidim was found resistant by most of the causative bacteria. With the passage of time and use of antibiotics for minor daily infections develops resistant to antibiotics.³ All The cases presented in emergency ward of the hospital with spontaneous bacterial peritonitis with ascites due to liver cirrhosis, during the study period were selected for study. An inclusion criterion was developed for selecting patients for the study according to that patients with SBP directly presented to the hospital first time for this disease, having no other infective disease other than, having ascites due to liver cirrhosis only, No other cause of ascites, no history of trauma or invasive abdominal procedure leading to peritonitis. Patients from both male and female populations were included in this study. Use of high potency antibiotics and incomplete dosage makes patient resistant to antibiotics. Gram positive and anerobes were found were rarely causing peritonitis. Peritonitis due to intra abdominal abscess is most commonly caused by anerobes. In this study only those cases were included having ascites due to CLD and no intra abdominal abscess.

Patients and Methods:

This is a descriptive study of observational type carried out in Khyber teaching hospital Peshawar during the period of 7 months. All The cases presented in emergency ward of the hospital with spontaneous bacterial peritonitis with ascites due to liver cirrhosis, during the study period were selected for study. Viral Hepatitis is very common in Pakistan causing chronic liver disease and decompensated liver failure and liver cirrhosis. HCV is very common cause of liver cirrhosis. Cirrhosis of liver leads to portal hypertension causing vericeal bleeding, ascites and splenomegaly. An inclusion criterion was developed for selecting patients for the study according to that patients with SBP directly presented to the hospital first time for this disease, having no other infective disease other than, having ascites due to liver cirrhosis only, No other cause of ascites, no history of trauma or invasive abdominal procedure leading to peritonitis. Patients from both male and female populations were included in this study. Under aseptic measures ascetic tap done using

10 ml syringe and ascitic fluid sent for examination and culture sensitivity determined for isolated organisms. All cases in study group were admitted in the surgical ward and empirical management was given before culture report came. After culture report antibiotic was given accordingly. Written consent was taken from all study cases and also from the medical superintendant of the hospital. Data was analyzed in SPSS and Microsoft office version 2018. Diagnostic criteria includes TLC more than 500/mm³, PMN above 250/mm³. In initial stages of spontaneous bacterial peritonitis no signs and symptoms develop and it is better to manage this condition before it becomes symptomatic. Its causative factors are Gram positive and gram negative organisms. Gram negative bacteria especially E coli is most commonly found in ascetic fluid culture. Patients with ascites and suspected case of spontaneous bacterial peritonitis were selected. Patients taking antibiotic therapy and ascites due to other disease were not included in this study.

Results

In this study 90 cases were included having ascites due to liver cirrhosis and those having signs and symptoms of peritonitis. Age range of these cases was 32-74 years with mean age of 48±15.5 years. There were 9(10%) cases between age30-40 years, 39(43.3%) between 41-50 years, 32(35.6%) between 51-60 years, 6(6.7%) between 61-70 years and 4(4.4%) above 70 years. Most of the cases were having age above 45 years. There were 50(55.6%) male and 40(44.4%) female cases. Ascitic fluid culture was positive in 43(47.8%) and negative in 47(52.2%) cases. Out of total cases with positive culture growth 24(55.8%) showed gram negative bacteria, 13(30.2%) gram positive and in 6(14%) cases other organisms were isolated. In 43 culture positive cases 17(39.5%) showed E.coli, 11(25.6%) streptococcus pneumonia, In 5(11.6%) Klebsiella, in 4(9.3%) staphylococcus aureus and in 6(13.9%) cases other organisms were isolated. Confidence level was 95% with P-value less than 0.05. Data was analyzed in SPSS and Microsoft office version 2018. Diagnostic criteria includes TLC more than 500/mm³, PMN above 250/mm³. In initial stages of spontaneous bacterial peritonitis no signs and symptoms develop and it is better to manage this condition before it becomes symptomatic. Its causative factors are Gram positive and gram negative organisms. Gram negative bacteria especially E coli is most commonly found in ascetic fluid culture.



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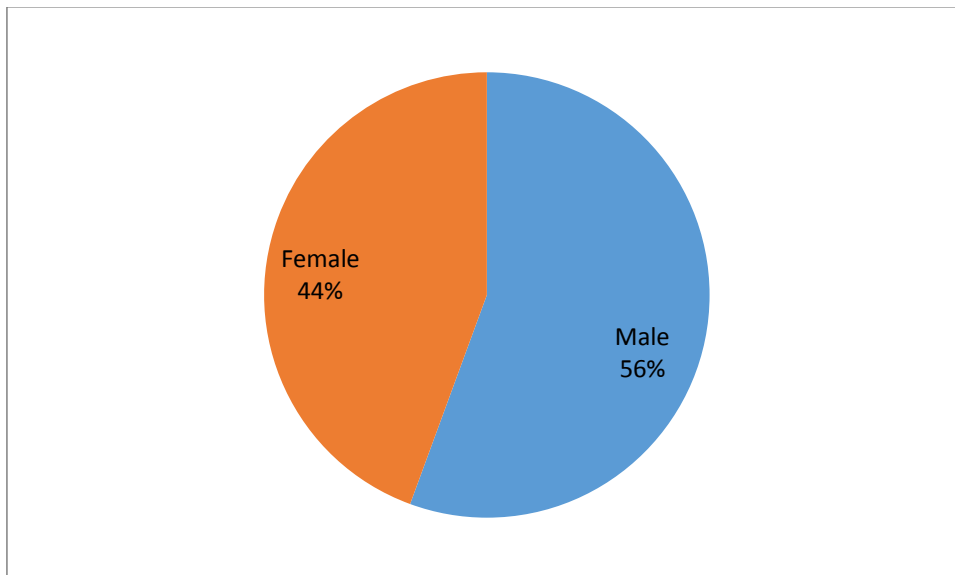


Figure-1 Gender distribution of patients in study group (n=90)

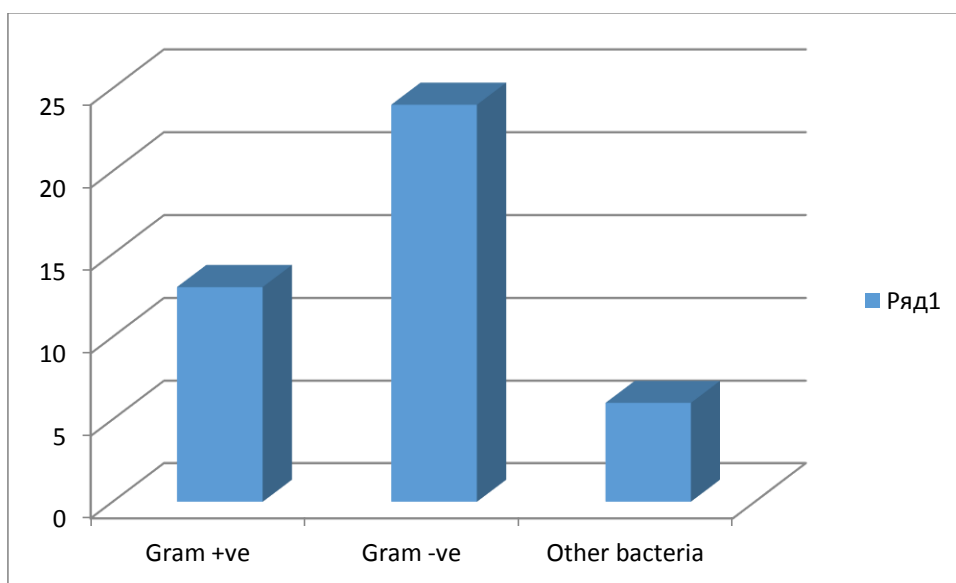


Figure-2 Frequency of gram positive and negative bacteria among culture positive cases

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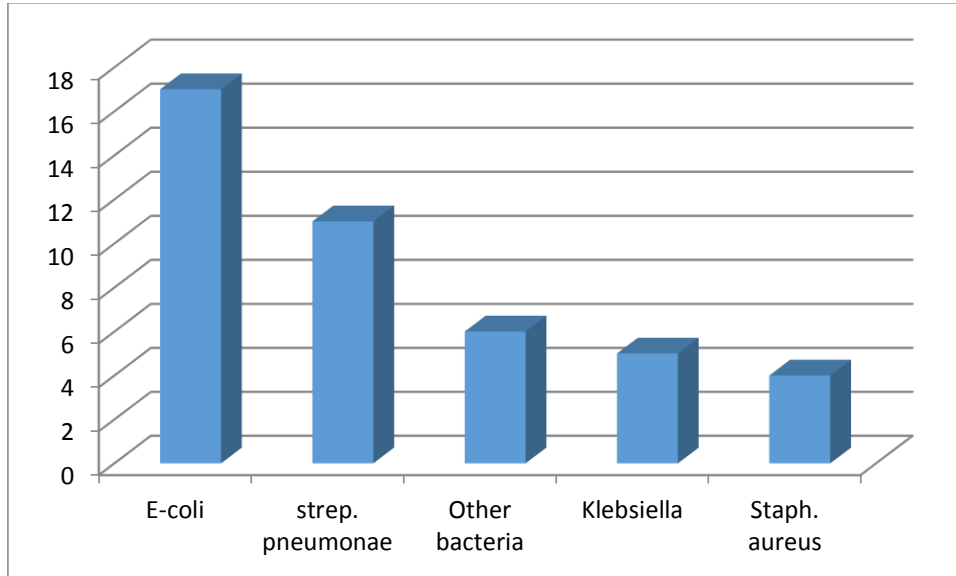


Figure-3 Frequency of organisms found on ascitic fluid culture (n=43)

Table-1

Age distribution of cases among study group

Ages of patients (years)	Number of Patients (n)	%
30-40	9	10
41-50	39	43.3
51-60	32	35.6
61-70	6	6.7
Above 70	4	4.4
Total	90	100

DISCUSSION

Patients with liver cirrhosis develop ascites due to decreased oncotic pressure of blood and intravascular fluid comes out of vessels into peritoneal cavity.⁴ This is due to decreased synthesis of major blood protein albumin due to liver failure. Ascitic fluid can be infected with bacteria and leads to spontaneous bacterial peritonitis which often occurs in the patients of CLD with ascites. There are many other causes of ascites like heart failure, intra abdominal malignancy, peritoneal malignancy, Ovarian cancer etc. This type of peritonitis is managed by giving intravascular fluids and good antibiotic determined on culture and sensitivity of ascetic fluid.⁵ Ascitic tab is done and fluid is sent for culture sensitivity and most sensitive antibiotic is used as treatment. Viral Hepatitis is very common in Pakistan causing chronic liver disease and decompensated liver failure and liver cirrhosis. HCV is very common cause of liver cirrhosis. Cirrhosis of liver leads to portal hypertension causing vericeal

bleeding, ascites and splenomegaly. Ascites often develop to peritonitis due to infection of ascetic fluid.⁶ This is a complication of ascites leading to high morbidity and mortality rate. According to a study HCV prevalence in Pakistan is 4-12.5%. Diagnostic criteria includes TLC more than 500/mm³, PMN above 250/mm³. In initial stages of spontaneous bacterial peritonitis no signs and symptoms develop and it is better to manage this condition before it becomes symptomatic. Its causative factors are Gram positive and gram negative organisms.⁷ Gram negative bacteria especially E coli is most commonly found in ascetic fluid culture. Ascitic fluid culture was positive in 43(47.8%) and negative in 47(52.2%) cases. Out of total cases with positive culture growth 24(55.8%) showed gram negative bacteria, 13(30.2%) gram positive and in 6(14%) cases other organisms were isolated. In 43 culture positive cases 17(39.5%) showed E.coli, 11(25.6%) streptococcus pneumonia, In 5(11.6%) Klebsiella, in 4(9.3%) staphylococcus

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aureus and in 6(13.9%) cases other organisms were isolated. Confidence level was 95% with P-value less than 0.05. Data was analyzed in SPSS and Microsoft office version 2018. Diagnostic criteria includes TLC more than 500/mm³, PMN above 250/mm³. In initial stages of spontaneous bacterial peritonitis no signs and symptoms develop and it is better to manage this condition before it becomes symptomatic.⁸ This is a descriptive study of observational type carried out in Khyber teaching hospital Peshawar during the period of 7 months. All The cases presented in emergency ward of the hospital with spontaneous bacterial peritonitis with ascites due to liver cirrhosis, during the study period were selected for study. Viral Hepatitis is very common in Pakistan causing chronic liver disease and decompensated liver failure and liver cirrhosis. HCV is very common cause of liver cirrhosis. . Its causative factors are Gram positive and gram negative organisms.⁹ Gram negative bacteria especially E coli is most commonly found in ascetic fluid culture. Patients with ascites

and suspected case of spontaneous bacterial peritonitis were selected. Patients taking antibiotic therapy and ascites due to other disease were not included in this study.¹⁰ Many studies have been done in Asian countries on this disease but still more work is required in this aspect. Public awareness about transmission of disease can reduce its incidence.

Conclusion

Ascites occurs in patients with liver cirrhosis. Bacterial infection of ascitic fluid leads to peritonitis. Gram negative organisms are most common cause of spontaneous bacterial peritonitis in liver cirrhotic patients. Among Gram negative bacteria E-coli is mostly responsible for peritonitis in liver cirrhotic patients. It is associated with high morbidity and mortality rate. Proper antibiotic treatment after culture and sensitivity is a treatment of choice.

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SECTION 20. Medicine.

ROLE OF MISOPROSTOL IN PREVENTING COMPLICATIONS AFTER MISCARRIAGE

Abstract: Objective: This study was conducted to determine role of Misoprostol in preventing post miscarriage complications in first trimester of pregnancy.

Design and Setting: This is an observational type of prospective study. This study was carried out in Alkhidmat Mansoorah Hospital Lahore, Pakistan.

Duration of study: Study was started in July 2017 and completed in December 2017 comprising on 7 months duration.

Patients and Methods: In this study all those cases were included which presented with incomplete or missed miscarriage in first trimester of pregnancy. Dosage of 600 mcg misoprostol was given one time for incomplete miscarriage and repeated doses of 600 mcg were given to the females with 4 hours interval with missed miscarriage via sublingual route. Effect of misoprostol was observed in study group for 10-15 days. Only vitally stable patients were included in this study. Patients with excessive vaginal bleeding after miscarriage, abdominal pain, anemia and vitally unstable due to complications of miscarriage were not included in this study. These cases were underwent evacuation and curettage of retained products of conception. A Performa was designed containing all necessary information regarding age, duration of pregnancy, post miscarriage complications, blood loss, dosage of misoprostol, its side effects and satisfaction of patients towards this treatment.

Results: Total 75 cases were studied belonging to different age groups with minimum age of the female 21 years and maximum age of 37 years. Mean age of patients in study group was 34.5 years. Post miscarriage major complication reported was mild blood loss in 13 cases, moderate blood loss in 53 cases and severe bleeding in 12 cases was reported. Single dosage of misoprostol was given in 15 cases, double dosage given in 53 cases and three doses were given in 7 cases. After giving misoprostol its side effect reported were Nausea and vomiting in 4 cases, fever with chills in 8 cases, abdominal pain in 4 cases, diarrhea in 10 cases, flatulence in 9 females and headache was reported in 11 cases. Out of 75 cases 24 cases showed various side effects of this drug while in remaining cases no side effect was seen. In our study group 72 patients successfully responded to this management while 3 cases did not respond and surgery was undertaken in them. So success rate was 96%.

Conclusion: Miscarriage is associated with various complications and out of which hemorrhage is a serious complication leading to death. These complications can be reduced by safe method of miscarriage using misoprostol via sublingual route. It is cheap and successful method.

Key words: Misoprostol uses, first trimester miscarriage, side effects of misoprostol, incomplete miscarriage.

Language: English

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INTRODUCTION

Misoprostol is a widely used drug for inducing miscarriage.¹ It is a safe method of miscarriage which reduced complications after miscarriage. It has very few side effects such as headache, nausea, vomiting and abdominal pain. Headache is a common side effect.² Dose of misoprostol for inducing miscarriage is 600 mcg. It is used as a

single dose in incomplete miscarriage and double dose for missed miscarriage. In first trimester complications occur frequently which lead to miscarriage. This type of spontaneous miscarriage causes complications in females and severe blood loss may happen. This drug is used to prevent such complications and to reduce bleeding.³ In Pakistan, 0.89 million women experience miscarriage



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annually. Such a high prevalence of abortions necessitates proper management to reduce morbidity and mortality. After incomplete or missed abortion retained products of conception causes severe complications such as hemorrhage and septicemia. This is fatal for mothers. Immediately dilatation and curettage is required.⁴ This procedure is most commonly performed in gynecology wards. Inadequate resources in hospital, limitations of surgical skills and lack of skilled surgeons makes medical management most favorable in such situations. Therefore misoprostol is a drug of choice to avoid surgical treatment in many cases. It causes uterine contractions and reduces hemorrhage and causes expulsion of RPOCs. It is prostaglandin analogue easily available and cheap. Patient does not need hospital admission.⁵ There are various routes of its use via oral, sub lingual route, vaginal route and per rectal route. Sub lingual route is much effective. This drug is metabolized in liver and it has hepatic excretion. It is very potent and effects quickly. This drug causes gastrointestinal bleeding, its main side effect. Its efficacy depends on dosage, size of sac and diagnosis. It can be used in various doses via different routes but sublingual route is best for this purpose.⁶ It was seen that this treatment was acceptable by most of the study subjects and they were satisfied by its results. Its widely use is decreasing morbidity and mortality after miscarriage and females living in remote areas far away from well developed medical facilities can be saved using this simple method. Which females have severe hemorrhage and low hemoglobin level and vitally unstable, they should undergo laparotomy because in such patients conservative treatment is not suitable. Blood transfusion is required immediately to build up HB. In severe hemorrhage main line of treatment is to prevent hypotension.⁷ Skilled surgeons are required to operate such cases. In this study mostly females were above 30 years of age. Parity, age, previous cesarean and gestational age determine outcome in female patients after miscarriage. It was seen that in study group most of the females delivered fetus within 24 hours after taking misoprostol while few others took 48 h, 72h and one patient delivered after 86 hours. This denotes it effects quickly. Non surgical management is always accepted by most of the people as they avoid hospital stay and fear of surgery is also a major factor.⁸ Mild and moderate bleeding can be controlled by conservative management but heavy bleeding is indication of surgery.

Patients and Methods

It is an observational study conducted in gynaecology department of a well developed hospital. This study comprises on six months duration. In this study all those cases were included

which presented with incomplete or missed miscarriage in first trimester of pregnancy. Dosage of 600 mcg misoprostol was given one time for incomplete miscarriage and double dosage of 600 mcg was given to the females with 4 hours interval with missed miscarriage via sublingual route. Effect of misoprostol was observed in study group for 10-15 days. Only vitally stable patients were included in this study. Patients with excessive vaginal bleeding after miscarriage, abdominal pain, anemia and vitally unstable due to complications of miscarriage were not included in this study. These cases were underwent laparotomy for evacuation of retained products of conception. Patients were told about the side effects of misoprostol and they were informed that complete expulsion of fetus may happen within one day, a week or two weeks and in that case they will report to the hospital immediately. A proforma was designed containing all necessary information regarding age, duration of pregnancy, post miscarriage complications, blood loss, dosage of misoprostol, its side effects and satisfaction of patients towards this treatment. In this study 75 cases were studied which presented to the hospital emergency due to miscarriage in first trimester either missed or incomplete miscarriage. Informed consent was taken from them. They were informed about non surgical and surgical treatment and then their choice was asked. All females preferred medical management. Diagnosis of missed miscarriage was established when there was no fetal cardiac activity on ultrasonography. In incomplete miscarriage pregnant female gives history of per vaginal bleeding and on examination cervical os is open.

Results

Dose of misoprostol for inducing miscarriage is 600 mcg. It is used as a single dose in incomplete miscarriage and double dose for missed miscarriage. In first trimester complications occur frequently which lead to miscarriage. In this study all those cases were included which presented with incomplete or missed miscarriage in first trimester of pregnancy. Dosage of 600 mcg misoprostol was given one time for incomplete miscarriage and double dosage of 600 mcg was given to the females with 4 hours interval with missed miscarriage via sublingual route. Total 75 cases were studied belonging to different age groups with minimum age of the female 21 years and maximum age of 37 years. Mean age of patients in study group was 34.5 years. Post miscarriage major complication reported was mild blood loss in 13(17.3%) cases, moderate blood loss in 53(66.7%) cases and severe bleeding in 12(16%) cases was reported. Single dosage of Misoprostol was given in 15(20%) cases, double dosage given in 53(70.6%) cases and three doses were given in 7(9.3%) cases. After giving



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misoprostol its side effect reported were Nausea and vomiting in 4(5.3%) cases, fever with chills in 8(10.7/5) cases, abdominal pain in 4(5.3%) cases, diarrhea in 10(13.3%) cases, flatulence in 9(12%) females and headache was reported in 11(14.7%) cases. Out of 75 cases 24(32%) cases showed various

side effects of this drug while in remaining cases no side effect was seen. Out of 75 cases of study group 69(92%) were satisfied with treatment while 6(8%) were not satisfied similarly 70(93.3%) cases showed acceptability while in 5(6.7%) cases it was not acceptable.

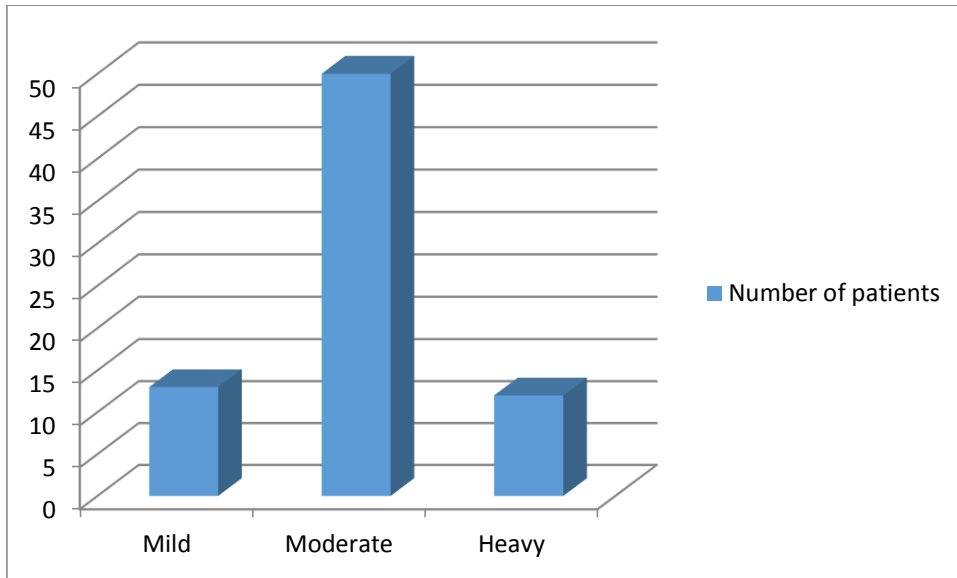


Figure-1 Frequency distribution of patients in study group on the basis of post miscarriage bleeding

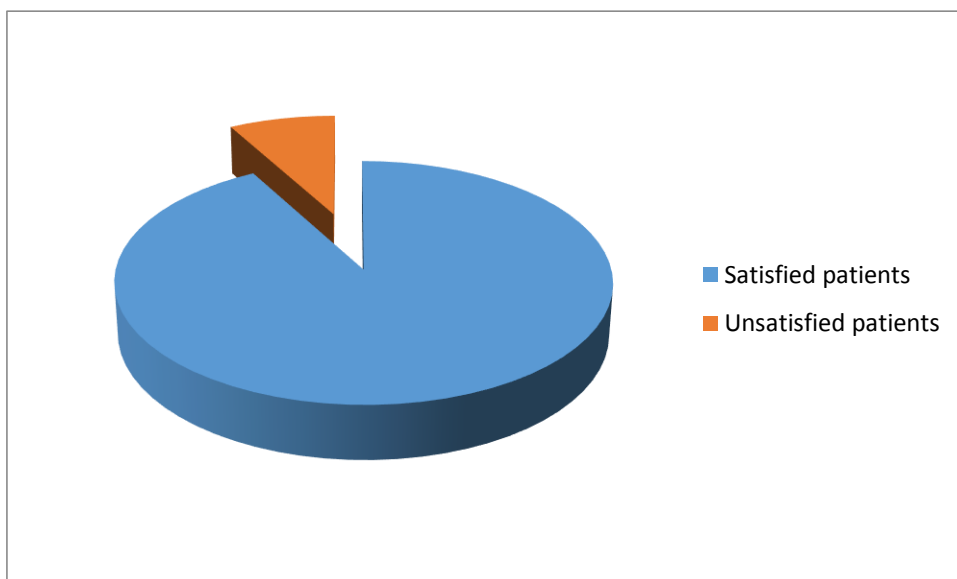


Figure-2 Satisfaction level of patients from misoprostol in study group

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Table-1**Age distribution of females in study group**

Age of patients (years)	Number of Patients	%
20-25	9	12
26-30	22	29.3
31-35	31	41.3
36-40	13	17.3
Total	75	100

Table-2**Estimated blood loss after miscarriage**

Post miscarriage blood loss	Number of Patients (n)	%
Mild	13	17.3
Moderate	50	66.7
Heavy	12	16

Table-3**Side effects of sublingual use of Misoprostol among study subjects**

Side Effects	Number of Patients (n)	%
Nausea/ vomiting	4	5.3
Diarrhea	10	13.3
Fever with Chills	8	10.7
Headache	11	14.6
Abdominal Pain	4	5.3
Flatulence	9	12

DISCUSSION

This study was done to determine role of misoprostol in first trimester miscarriage. Medical management is acceptable by population more than surgical management.⁹ People are afraid of surgery and its outcome. No doubt surgical option should not be used initially rather first of all patient should be given medical treatment and in case of failure of this surgical option should can be used. After operation patient has to face more morbidity and disability for a long period of time. There is physical and financial burden. That's why conservative treatment using

sublingual misoprostol is a treatment of choice. It is given in a dose of 600 mcg.^{10,11} One dose in case of incomplete abortion and two doses are given with the interval of 4 hours in case of missed abortion. This drug is prostaglandin analogue and causes contraction of uterine muscles which expels fetus out and complete abortion occurs. Muscular contraction prevents excessive bleeding which is a serious complication after miscarriage and if not managed may lead to death of female.¹² After taking it delivery may occur in first 24 or 48 hours and may be delayed after 72 hours in some cases. Success rate

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in our study was 96% which proves this treatment highly successful. Another studies done in China showed success rate of 87.5% in which misoprostol was given sublingually and vaginally. According to a study done in India success rate was 86%. Our study showed much higher rate of success.¹³⁻¹⁵ Misoprostol is a widely used drug for inducing miscarriage. It is a safe method of miscarriage which reduced complications after miscarriage. It has very few side effects such as headache, nausea, vomiting and abdominal pain. Headache is a common side effect. Dose of misoprostol for inducing miscarriage is 600 mcg. It is used as a single dose in incomplete miscarriage and double dose for missed miscarriage. In first trimester complications occur frequently which lead to miscarriage. It is an observational study conducted in gynaecology department of a well developed hospital. This study comprises on six months duration.¹⁶ In this study all those cases were included which presented with incomplete or missed miscarriage in first trimester of pregnancy. Mean age of patients in study group was 34.5 years. Post miscarriage major complication reported was mild blood loss in 13(17.3%) cases, moderate blood loss in 53(66.7%) cases and severe bleeding in 12(16%) cases was reported. Single dosage of Misoprostol was given in 15(20%) cases, double dosage given in 53(70.6%) cases and three doses were given in 7(9.3%) cases. After incomplete or missed abortion retained products of conception causes severe complications such as hemorrhage and septicemia. This is fatal for mothers. Immediately dilatation and curettage is required. This procedure is most

commonly performed in gynecology wards.¹⁷ This drug causes gastrointestinal bleeding, its main side effect. Its efficacy depends on dosage, size of sac and diagnosis. It can be used in various doses via different routes but sublingual route is best for this purpose. It was seen that this treatment was acceptable by most of the study subjects and they were satisfied by its results. Its widely use is decreasing morbidity and mortality after miscarriage and females living in remote areas far away from well developed medical facilities can be saved using this simple method.¹⁸⁻²⁰ A study done by Woods and Grazio proved high satisfaction among patients for this treatment. Before giving this treatment to the patient proper counseling should be done and pros and cons should be mentioned as this is a right of the patient to be well informed about the options of treatment and then decision should be left over him freely to choose any option.

CONCLUSION

Miscarriage in first trimester frequently occurs in females which has many complications. A conservative treatment to treat such complications is always on priority than surgical management. Use of misoprostol is very effective for such patients with minimum side effects and high acceptability and success rate. Failure of medical management indicates surgical option. Proper counseling of patients about its side effects is necessary.

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SECTION 30. Philosophy.

THE ORGANIC RELATIONSHIP OF TOLERANCE WITH THE CATEGORIES OF LOVE AND HAPPINESS

Abstract: *The ethnic palette of the population of the Republic of Uzbekistan includes representatives of more than 130 nations and nationalities that have their own distinct culture and centuries of illuminated traditions. In the article the author analyzed the organic connection of tolerance with categories of love and happiness.*

Key words: *tolerance, nation, polytra, confession, enatic culture, pluralism, tolerance.*

Language: *Russian*

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ОРГАНИЧЕСКАЯ СВЯЗЬ ТОЛЕРАНТНОСТИ С КАТЕГОРИЯМИ ЛЮБВИ И СЧАСТЬЯ

Аннотация: *Этническая палитра населения республики Узбекистан включает в себя представителей более 130 наций и народностей, имеющих свою самобытную культуру и веками освещённые традиции. В статье автор анализирует органическую связь толерантности с категориями любви и счастья.*

Ключевые слова: *толерантность, нация, политра, конфессия, этническая культура, плюрализм, терпимость.*

Introduction

История знает немало примеров, когда люди различных национальностей и вероисповеданий на протяжении многих столетий жили как одна семья. Убедительным доказательством тому является Узбекистан, который на протяжении тысячелетий были центром взаимодействия и сосуществования самых различных национальностей, религий, культур и традиций.

Этническая палитра населения республики включает в себя представителей более 130 наций и народностей, имеющих свою самобытную культуру и веками освещённые традиции. На протяжении всей своей истории узбекский народ всегда проявлял терпимость и уважение в отношении представителей других народов и конфессий. Этническая, культурная и религиозная терпимость и открытость стали естественными нормами, характерными чертами узбекского народа. Сохранению межнационального согласия в Узбекистане способствует законодательная база, соответствующая международным принципам,

решающая все проблемы равноправия граждан республики.

Materials and Methods

Как отметил А.Х.Саидов¹ суверенный Узбекистан как страна исторической толерантности и культурного плюрализма характеризуется тем, что:

- основообразующим элементом для всех национальных, этнических и религиозных групп в Узбекистане является осознание Узбекистана как своей Родины;

- представители различных национальных, этнических и конфессиональных групп сосуществуют в обстановке полного согласия и взаимоуважения;

¹ См.: Саидов А.Х. Узбекистан – страна исторической толерантности и культурного плюрализма// Узбекистан – страна толерантности. – Ташкент: Ўзбекистон, 2007.- С.20-21.



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- граждане Узбекистана вне зависимости от национальной принадлежности едины во мнении, что феномен толерантности и межэтнического согласия, имеющих место в суверенном Узбекистане, - это один из факторов стабильности и гражданского мира в нашем государстве;

- поэтапное и последовательное продвижение Узбекистана к демократическому правовому государству и социально ориентированной рыночной экономике непосредственно взаимосвязано с дальнейшим развитием и гармонизацией межэтнических и межконфессиональных отношений, взаимовыгодным партнёрством титульной нации, как лидера и национальных общностей, их социальной солидарностью;

- государством созданы условия для правового равенства, экономической и общественной свободы всех граждан вне зависимости от их национальной принадлежности;

- титульная нация совместно с другими этническими группами составляет мощный потенциал стимулирования и ускорения процессов формирования целостного общественного сознания, а сложившиеся межнациональные отношения являются гарантом обеспечения мира и стабильности, достойной жизни каждой семьи;

- межэтническое и межконфессиональное согласие в Узбекистане в тесном сочетании с ростом национального самосознания и духовного возрождения узбекского народа является мощным импульсом обновления общества, его демократизации и создаёт «благоприятные условия для интеграции республики в мировой сообщество»².

Те рассмотренные выше модели толерантности, которые находятся в русле локковской «технично-функциональной» концепции, при последовательном осмыслении не дающей оснований для критики и неприятия идеократических, в том числе тоталитарных режимов. Строго говоря, такая концепция толерантности, основанная на единственном критерии – безопасности государства, не слишком толерантна и не создаёт возможностей для широкого культурного и политического многообразия. Она может касаться только этнических и религиозных групп. Когда государство терпимо относится к группам, оно зачастую осуществляет насилие над индивидом (это относится и к феномену навязанной

этничности, и к социальному расизму советской модели толерантности). Сегодня любые попытки сместить вектор толерантности в сторону индивида вызывают протест со стороны групп.

Ряд методологических установок (или даже парадигм мышления), характерных для описанных выше моделей толерантности, продолжает сохраняться и сегодня. Россия в эпоху демократизации, некритично перенимая у Запада либеральные идеологемы, наделяя особыми правами те категории граждан, которые их уже имели, «училась терпимости» без разбора, не обходя в таком «перенимании» и тех вопросов, в которых уже были допущены собственные ошибки.

Социологические исследования, проведённые в России, свидетельствуют о том, что для российского общества проблема толерантности – всё ещё актуально³.

И главную роль в преодолении нетерпимости должно сыграть духовное перерождение россиян. Так как «...нельзя излечить Россию одними политическими средствами. Необходимо обратиться к большей глубине. Русскому народу предстоит духовное перерождение... Целое столетие русская интеллигенция жила отрицанием и подрывала основу существования в России. Теперь она должна обратиться к положительным началам абсолютным святыням, чтобы возродить Россию. Но это предполагает перевоспитание русского характера»⁴.

Для концептуально-сущностной интерпретации толерантности как духовно-нравственного феномена и её значимости в социально-нравственном развитии молодёжи важное значение имеет выявление места толерантности в системе важнейших этических категорий и понятий. Выявление общих особенностей и принципов включённости толерантности как духовно-нравственного явления в систему этических категорий и ценностей призвано более углублённо понять её как фактор социально-нравственного развития молодёжи.

При исследовании роли толерантности в развитии этики, этических учений толерантность предстаёт, на наш взгляд, с одной стороны, как принцип подхода к их изучению, а с другой – как важный нравственный феномен, культурный компонент системы этических ценностей и

² Каримов И.А. Узбекистан на пороге XXI века: угрозы безопасности, условия и гарантии прогресса. - Ташкент: Ўзбекистон, 1997.- С.69.

³ См.: Капустин Б.Г., Клямкин И.М. Либеральные ценности в сознании россиян// Политические исследования. – М., 1994. – С.57-58.

⁴ Бердяев Н.А. Судьба России. Опыты по психологии войны и национальности. – М., 1994. – С.5-6.



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категорий. Толерантность как принцип изучения этических учений означает готовность проявить научный подход к тому множеству этических концепций, который сложился в мире, в том числе на Востоке. Толерантность во втором её значении указывает на необходимость выявить её категориальный статус и особенности как определённые нравственные явления.

В свою очередь, толерантность как структурный элемент этики, на наш взгляд, также имеет двойной статус. С одной стороны, он по существу пронизывает почти все позитивные этические категории и понятия, а с другой – сама выступает как самостоятельная этическая ценность и этическая категория.

Обратимся к первому аспекту значимости толерантности, т.е. её отношения с отдельными этическими категориями. Одна из основных категорий этики – категория добра. Существует множество определений данной категории. Фараби в своём определении добра исходит из понятия «счастья», которое есть «абсолютное благо»⁵.

Э.У.Умаров и Ф.Б.Загыртдинова, обобщая существующую интерпретацию добра приводят следующую таблицу. Добро выступает, как наслаждение, удовольствие (гедонизм); польза (утилитаризм); целесообразность (национализм); выгода (прагматизм); норма; то, что способствует жизни, «благоговение перед жизнью (по А.Швейцеру); то, что всегда направлено на перспективу развития»⁶.

На наш взгляд, наиболее удачно и правомерно является следующая дефиниция добра: «...оно есть бескорыстное следование принципам гуманности во всех поступках»⁶. Не углубляясь в эту проблему, поскольку это не является нашей задачей, отметим, лишь, что общим для всех интерпретаций является следование принципам толерантности, которые у них выступают своего рода необходимым условием или даже больше, необходимым компонентом добра, как этической ценности, категории и нормы.

Ярким примером такого соотношения является органическая связь толерантности с категориями любви и счастья. Как бы не толковались конкретно эти категории они предполагают определённые субъект-объектные толерантные соотношения. Особенно чётко это проявляется в законе, открытом С.Кьеркегором (датский философ XIX в.). Это означает, что счастье по своей природе предполагает

нравственную соотнесённость с внешним миром, обществом, его отдельными представителями. Подлинное счастье возможно, лишь при толерантном отношении к объекту, выступающим как определённая мера активно-позитивного его восприятия, хотя и не исчерпывающаяся этим.

В раннесредневековый период история общественно-философской мысли народов Центральной Азии, в том числе и Узбекистана, проблема счастья поднимается до статуса философской парадигмы. Свою последовательно-концептуальную разработку она получила в трудах Фараби и выступает в них не только как общественно-социальное, но и как этическая категория и ценность. Согласно ему, «Счастье – это добро, искомое ради самого себя». И далее поясняя нравственную природу как счастье в этой интерпретации, добавляет: «Добровольное действие, помогающее достижению счастья, – это прекрасное действие. Нравы и привычки, которые производят их – это добродетели»⁷.

Во все времена счастье и любовь в толковании мыслителей представляли в определённой совмещённости, в неразрывной взаимосвязи. Что касается толерантности, то любовь оказывалась ещё более соотнесённой с ней, поскольку в ней субъект-объектные отношения получали своё сущностное воплощение. Известно, что любовь означает некое высокое духовное отношение и чувство субъекта к определённому объекту. Конечно, последнее, т.е. субъект и объект любви толковались по-разному, однако общим для них было то, что все они предполагали высочайшую исходную толерантность. Проблема любви свою специальную и глубокую разработку получила в трудах Ибн Сины, прежде всего в его «Трактате о любви». Давая общее определение любви, Ибн Сина пишет: «... любовь в действительности есть ничто иное, как одобрение прекрасного и подобающего»⁸. Любовь в толковании Ибн Сины предстаёт в нескольких проявлениях в зависимости от того, что является её субъектом и объектом, т.е. начиная от человеческой вплоть до божественной. Однако, общим для его понимания является то, что любовь присуща всему сущему, начиная от простых природных вещей вплоть до божественного начала. Согласно Ибн Сине, «... ни одна индивидуальная субстанция не лишена любви»⁹. Эта космоизация любви по существу придаёт и толерантности космический характер.

⁵ Аль-Фараби. Социально-этические трактаты. Алма-Ата; Наука, 1973. С.113.

⁶ Умаров Э.У., Загыртдинова Ф.Б. Этика. Т.: Чулпон, 2005 С.60-61.

⁷ Аль-Фараби Философские трактаты. – Алма-Ата: Наука, 1979.- С.289.

⁸ Серебряков С.Б. Трактат Ибн Сины (Авиценны) о любви. – Тбилиси: Мецниереба, 1976.- С.49.



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Conclusion

В общественно-духовном развитии человечества, в частности её нравственной эволюции, большую роль играли такие категории, как справедливость, долг, совесть. Общим для них являлась глубокая, социально-нравственная содержательность и насыщенность. Все эти категории выражают обращённость индивидуального человеческого сознания на внешние объекты, такие как, общество, природа или отдельный человек. Если, например, исходить из того, что справедливость «состоит в том, чтобы быть справедливым по отношению к чужой личности как таковой, уважать её и не вторгаться в сферу её свободы, чтобы сохранить её свободу действий и не препятствовать

созданию культурных ценностей»[10], то здесь из самого определения видно, насколько тесно данная этическая категория содержательно совмещена с понятием толерантности. Конечно, можно было бы здесь спорить о точности данного определения справедливости, однако интересующий нас аспект, т.е. её соотнесённость с толерантностью, в любом определении найдёт своё аналогичное выражение. На наш взгляд, также обстоит и с этическими категориями долга и совести, которые столь же тесно связаны с толерантностью, правда в контексте особенностей своего содержания и сущности.

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SECTION 30. Philosophy.

THE ROLE OF NAQSHBANDI IN SHAPING THE SPIRITUAL AND MORAL OUTLOOK IN YOUNGER GENERATION

Abstract: This article covers the essence of the teaching of mysticism, the founder Baha-ud-Din Naqshband, naqshbandi, its role and importance of the education of young people in society.

Key words: Mysticism, sufism, Baha-ud-Din Naqshband Bukhari, Naqshbandi, Alone at the Conference, Hearts to God, hands to work.

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Introduction

In our country, accepted the new edition of the main directions of the state youth policy¹ consist of a set of concession, such as young people's rights, freedom and legitimate interests, supply young people's life and health, help to find young people a sense of patriotism, nurturing young people from spiritual, intellectual, physical perspectives in order to bring young people to perfection, cultivating in young generation a sense of citizenship, tolerance, law and to foster them in the spirit of national and secular values as well as a strong belief in life and vision of education. In this sense, the use of heritage resources in the past and explain the importance of the heritage civilization of the youth through the formation of a sense of patriotism in minds of their education and the guarantee of being humanist has been becoming a crucial issue of these days. This world is rapidly changing, the environment, culture, education, ethnic, the importance of youth education, the President of the Republic of Uzbekistan SH. M. Mirziyoyev highlights in his speech ,at the 43rd session of the Organization of Islamic Cooperation,² the importance of attention to the role of striving.

Materials and Methods

Learnt the spiritual heritage of national ideology, spiritual, moral, humanitarian values and give them the opportunity to reach the younger generation, it should be analyzed the connection between the religious as well as philosophical views of thinkers and scholars and current ideology and the idea of national independence. This is the source of valuable ancient rich cultural heritage, priceless treasure, requiring to be entered into consumption of the current scientific thinking.

Nowadays around the world religious zealots are growing and political violence in the use of force as means of sorting out problems, advocating a dominative ideas over social or religious ideas, terrorism and religious extremism in the intellectual and spiritual basis. In order to fight against them our youth should be the children of the advanced thinkers as well as rich, social, philosophical and an integral part of our heritage to serve as an instrument in the ideas of imagination.³ Because all principles of Sufism is to reach God, Besides, efforts which are aimed at growing their teaching to help others, to work fairly, the ideas of injustice and violence

¹ Explanation.15, September, 2016 comes into law "On state Youth Policy" of the Republic of Uzbekistan

² Look at. Sh. M. Mirziyoyev's 43 rd session speech "The Cooperation on the way of Peace, Education

and Construction". "The word of Nation" newspaper. 19, October,2016, 206 volume.

³Сафарова Нигора. Терроризм: тарихий-фалсафий таҳлил; Toshkent: "Noshir", 2009. 162 p.



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against fraud to achieve the perfect level of humanism.

Sufism of Islam, in the time of their formation, appears to be closely linked to the development process of a long path of development. The early teaching of this education related to IX-X centuries of Islamic world, appeared as response to the social and spiritual needs of that time. The representatives of this religious education condemned the ideas such as inequality, increasing among people, injustice and unfairness.

The important feature of representatives, Central Asian Sufism educators, fighting against national heritage religious proportionality and threats of unhuman action is to follow consistently the requirements of Islam accompanied by humanitarian values. From this point of view, the main feature of Naqshbandi Sufism is "Alone at the Conference", Hearts to God, hands to Work" educational and social importance, the followers in the movement will be free in society, they feel their duty in front of parents and relatives, accomplish them.⁴

Baha-ud-Din Naqshband's Sufism based on guarantee, plays an essential role in education and social life, and blame surviving on behalf of others hardwork, sponginess and social injustice.

The difference from previous Sufism, he is against only believe in his own hands, challenge to work honestly in order to survive. The followers of Naqshbandi challenged people to be engaged in useful and serviceable works such as farming, handcraft, literature, music, science, calligraphy, engravement and construction.⁵

It is said about specific humanitarian and esthetic features of Naqshbandi Sufism, religious tolerance, international peace and compatible ideas are strictly followed, means of power which serve to strengthen the mutual solidarity of nations, living in that society. Such values influenced on nations who has been living in Central Asia for many, as well as absorbed in their spiritual life, enable them to be union, being close neighbor, relative, friend and shaping as a nation.

A profound apprehension of Baha-ud-Din Naqshband's Sufism, using effectively his educational-ethical features in nurturing person, lead to enriching the system of education. Implying the pedagogical and psychological opportunities such as cultivating ethical skills in young people, honesty,

trustworthiness, a sense of affection, humanitarian, patriotism are the reasons of a spiritual prospering of society.

Today the century of information and new technology, implied the advanced technology in all social developmental aspect of society, I point out that person should be nurtured according to Naqshbandi Sufism:

- first of all, it is acknowledged from experience of developed countries, economically developing countries coverage the relationship of market, can lead to increasing the value of things in social relations.

- secondly, national independence enables young people to be fostered by national minds, pride, enriched in the spirit of spiritual values.

- thirdly, modern person should be work out in the fastest and the strongest information flow, his physical and spiritual tiredness, influencing negatively on his behavior and mood, enhance his dependence on outer support. In this case in terms of nurturing, humanitarian features of Naqshbandi Sufism as social unity, patriotism and hardworking will be absorbed in the soul of young generation, it can contribute to the spiritual and ethical striving of society⁶.

Conclusion

In general, many nation have been praying for many years, in their moral and ethical values go with humanitarian features of Sufism, typical for nationality, local and daily life for any person can serve as a important mean of shaping national idea and ideology.

⁴ Safarova Nigora, Aslanov Nigina. New Research Approach: Cognitive Abilities of a person.// - International Journal of Health Sciences. Vol_1_No_1_December_2013/5.

⁵ Buxoriy Sadridin Salim. Bahouddin Naqshband yoki etti pir. - Buxoro, 2006. 56-b. (Bukhariy Sadridin Salim. Bahauddin Naqshband or seven saint- Bukhara, 2006. 51p)

⁶ N.O. Safarova. Terrorism as a political phenomenon.// International Journal of Academic Research, 2010



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SECTION 30. Philosophy.

SOCIAL AND PHILOSOPHICAL ANALYSIS OF WOMEN IN THE CONTEMPORARY SPIRITUAL AND CULTURAL DEVELOPMENT OF RESPONSIBILITY FOR IMPROVEMENT OF UZBEKISTAN

Abstract: The article gives an analysis of the role of women in society. The author focuses on the factors that influence the increase of women's activity and responsibility for the future of the country.

Key words: activity, responsibility, family, mahalla, development, future, culture, reform, education, education.

Language: English

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Introduction

High values are based on a true patriot, political culture that leads to social combination of processes, politics and values in public life and higher human values, justice, freedom, equality, friendship, happiness, peace, such as the concept of men is eternal also is a symbol of noble aspirations. "We want to built not only a democratic society but also a fair one. Justice aspiration for truth is the most important aspect of our intend..It was stated on the basis of price and demand, to determine, based on the rules and criteria of the Islamic Shariat. Without considering the history, we cannot build a democratic state" 1. [p.10-11.] Today, values, self-awareness are very important for the development of democratic values and human rights. "Reliance on the sustainability of any society is closely linked to the principles of social justice." Justice, honesty, truth for all times, that the dream of understanding the meaning and observance of the principles of humanity, noble idea, politics, spirituality, morality and law, rules, category, community which play an important role in human social and political values .

Materials and Methods

Justice is a manifestation of great human values and a symbol of human noble aspirations, such as happiness, freedom, equality, friendship, peace. The first episodes of this message began a long time ago.

Ancient philosophers interpreted it as universal. In the 18th century, justice was included in the agenda of social equality 2. [p.10-11.]. In modern philosophical literature, justice is defined as the category of all social relations in society. This is a social criticism, because this is the main criterion of the relationship between people. This is a social value that plays a vital role in the community. For this reason, the term "social justice" is used. "Social justice" is the concept of democracy in society, human security, equality of the rights , as well as people's employment, medical care, housing, education, cultural values. Social justice is a real value, and today it is an integral part of civil society. World experience shows that the right of the people of each country to choose their own development path is a guarantee of universal security and social stability. 3. [p.213].

The evolutionary and gradual development of the country contributes to harmonizing the interests of our compatriots, strengthening the foundations of civil society. In such circumstances, the principle of justice has become an important spiritual and legal norm for the community. Particular attention is paid to ensuring the rights and interests of each person in our country. Today, justice means equality of the rights and equal access to justice for all. In the light of the principle of "justice - in the rule of law" the legal basis of social relations is the essence of all



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changes and reforms aimed at building a fair society in our country. There is an equality and freedom in a rightful society. 4. [p. 35]. "Equality" is a concept based on the fact that people everywhere are the same regardless of place in society and the conditions of their life, moral and ethical requirements. Equality is one of the fundamental value of spirituality in the social and legal sphere, means the full responsibility and ability of all people in society, layers, parties and others. In social movements it is important that all professions have a positive development of the functional nature of the activity. "The instinct of saving life itself, in accordance with the principle of social activity of man as a species, is the preservation of the most important things, the creation of products. News, as a condition for the development of creative processes aimed at all people to live a comfortable life ... in the same time to protect the environment, nature protection, the future generations of all the material and spiritual, educational, cultural, political and philosophical aspects, leading a healthy environment of delivery nature, culture, politics, civilization, etc. . 5. [p. 35]. They are manifestations of human interests and human essence. All of them are connected to human nature and essence. The main value of this industry is the creator and creator of human-social relations. Political values are important in this respect, while the society, in which this person lives, is regulated by the state and its policies. "Today 72 percent of working class in the spheres of science, education, health protection, culture and art, take into consideration 72 percent are women ... the most important characteristic of which is mutual respect, kindness and patience and compassion, gratitude, devotion to the family".

Shavkat Mirziyoyev's "We will continue our national development way with a new level" Tashkent P. "Uzbekistan" 2017 pp344-345, role of women in the development of our society is that young people choose the right choice of profession, the vital knowledge, skills and expertise in their work, in achieving practical results at their work, The contribution of women in the upbringing and education of the younger generation is being adjusted easily. Women's contribution to society, the development of young people in the correct choice of profession, to their knowledge, life skills and work skills they achieve practical results the role of the woman, mothers are supported by their great efforts to preserve their well-being in the family, in the neighborhood, and in the country's well-being. It is always good that women are respected. They have a great sense of well-being in family, All the positive features of their work, such as their ambition, their patience, their steadfastness, have earned the respect of their work and their experiences in the development of the society.

Education of harmonious generation is necessary to protect teenagers from various negative influences and to embody it with humanity. It is a culture that will bring glory to the nation. In each family, raising a child's feelings of love for the family, parents, Homeland, and the use of the mother's well-being, beauty and moral well-being in the family, wise, loving, and loyalty. She is a mournful woman, and she is not infinite, inflexible, and inexhaustible. In moments when a mother forgets herself, she will never forget her children.

The saying of our nation: "even if the world is narrow, but mother's love is limitless", we see philosophy of life, a deep knowledge of the inner world of women associated with the wisdom. Mothers' kindness is not only related to individual, but also to all saints' spirituality. No one can describe god's gift given to women which is so pure and beautiful. Today our society needs leading experts in every field, and such individuals can be brought up in stable families. If we look back to our nation's history, Uzbek women such as Nodirabegim, Uvaysiy, Zulfiyakhonim and others' courage, devotion to their families, loyalty has become an example of Western women's features which has been noted all over the world.

Today, every individual needs to be both academic and craftsman at the same time. From the earliest times, Uzbek women amazed the world's societies with their handicrafts. Today, respect for women, their financial and spiritual development is consolidated by our President Sh. Mirziyoyev in his strategy of actions with the decree PD-4947 from 7th February, 2017, "... women's socio-political improvement, strengthening their role in governmental and social control, providing women's business, their involvement in entrepreneurship.6. [P-23-25.] In the future, Uzbekistan should astonish world not only with highly developed economy, but also with intelligent, spiritually-developed, highly appreciative generation, so Uzbekistan aimed to this, it can come to the achievement with simultaneous development of economy, politics, spirituality and education. Well-bred, intelligent, honorable people can be politically-educated while creating their wealth with their fare labor, being ambitious, hard-working, entrepreneurial, and patriotic at the same time. Harmony between politics and cultural heritage describes the urgency of mutual relationship as main component of social life, their connection and relation in social processes.

When such harmony appears, it leads to political and social development based on cultural inheritance and provides stability. Unfair way of governing, without any traditions and valiances is provision of administering exact groups or forces that controvert national favor and protecting interests of minority in this belief.



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Historically, such a policy of society and country domination, violation of human rights, looting of material and moral values, violence, ignorance, abusive treatment, abuse in office, bribery, indicates the emergence of forms of mental retardation. The policy based on high values is primarily aimed at promoting human values, protecting its material and spiritual interests, and promoting peace and stability in the country. The policy aimed at the development of science, education, culture, technology, and the wide-ranging access to modern knowledge and care for citizens is based on the highest spiritual values. The valued aspect of this policy is that it helps to prevent any kind of unlawful acts and barbarism in solving existing problems, and resolve the most complex issues by negotiation, through the consensus of the parties. The highest value in politics has its own positive impact on progress and sustainability. Any kind of policy reflects the cultural, spiritual, and motivational aspirations of the society, the nation and the people, which is supported by the people.

Conclusion

The policy pursued by the state in this regard indicates that when the value of the country is raised to a high level, care about its state policy. If there is peace and stability in that country, we can see incredible development of science, education and culture. This, in turn, helps solve various complex problems facing the country by means of enlightenment. The harmony of politics and values is evident in practical work on the development of culture and enlightenment in society, science, literature and art. In turn, the high culture and enlightenment of citizens has a positive impact on the country's comprehensive development. This fact of history, that is, the harmony of the values with political processes is one of the most important factors in the development of human, nation, society and state, which is reflected in the present stage of our society's development.

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SECTION 30. Philosophy.

MUSEUMS AS A FACTOR OF LIFELONG EDUCATION IN THE FORMATION OF HISTORICAL CONSCIOUSNESS

Abstract: The article is based on the promotion of cultural, spiritual, historical and architectural heritage of Uzbekistan, the issues of education of the younger generation. The Cultural policy of the state on preservation and restoration of unique historical monuments, improvement of places of worship is analyzed. Creative work in this direction, initiated by the President of Uzbekistan, has received international recognition

Key words: Monument, cultural heritage, patriotism, artifact, architecture, archaeology, sculpture, monumental work, climatic factors, anthropogeny, Museum of Temurids history.

Language: Russian

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МУЗЕИ КАК ФАКТОР НЕПРЕРЫВНОГО ОБРАЗОВАНИЯ В ФОРМИРОВАНИИ ИСТОРИЧЕСКОГО СОЗНАНИЯ

Аннотация: В статье на основе пропаганды культурно-духовного и историко-архитектурного наследия Узбекистана, рассмотрены вопросы воспитания молодого поколения. Анализируется Культурная политика государства по сохранению и реставрации уникальных исторических памятников, благоустройству мест поклонений. Созидательная работа в данном направлении, инициированная Президентом Узбекистана, получила международное признание.

Ключевые слова: Памятник, культурное наследие, патриотизм, артефакт, архитектурна, археология, скульптура, монументальное произведение, природно-климатические факторы, антропогены, музей истории Темуридов.

Introduction

Культурная политика государства неразрывно связана еще с одной важной проблемой – использования национального культурного наследия в духовно-нравственном воспитании. По справедливому замечанию российского исследователя Д.С. Лихачева: «Памятники прошлого – это обширный и неумолкающий лекторий, учащий патриотизму, способствующий эстетическому воспитанию. Памятник, являющийся важной частью историко-культурной среды, в которой живет и развивается человек, оказывает серьезное влияние на формирование его мировоззрения». [1] Следовательно, на первый план выходит проблема их физического сохранения.

Materials and Methods

За многие века исторического развития на территории Узбекистана накопилось огромное число памятников культурного наследия. Это наследие, включающее в себя широкий круг объектов от находок отдельных артефактов до руин огромных столичных городов, по последним данным руководства Главного научно-производственного управления по охране и использованию объектов культурного наследия при Министерстве по делам культуры и спорта Узбекистана, в республике имеется более 10 тысяч объектов материального культурного наследия, 7570 из них находятся под охраной государства, это 2330 архитектурных, 3945 археологических, 1138 скульптурных, монументальных произведений искусства, 157



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достопримечательных мест и более 700 тысяч передвижных объектов материального культурного наследия. [2]

Немалую долю в числе памятников культурного наследия занимают архитектурные сооружения. Архитектура служит неотъемлемым маркером уровня развития цивилизации и урбанизации, как одного из ее проявлений. Сохранившиеся на территории Узбекистана монументальные памятники архитектуры представлены культовыми, государственными (в виде дворцов правителей, крепостей и т. д.), общественными, производственными и жилыми объектами. [3]

К сожалению, к концу XX века большая часть сооружений эпохи средневековья, а тем более доисламского времени, в результате развернувшейся атеистической пропаганды привела к варварскому использованию и уничтожению, а также под влиянием природно-климатических факторов и антропогенного воздействия лежит в руинах.

В условиях суверенного развития особое значение приобрела политика по сохранению и реставрации уникальных исторических памятников, благоустройству мест поклонений. Созидательная работа в данном направлении, инициированная Президентом Узбекистана, получила международное признание. [4]

Помимо проведения юбилейных торжеств таких древних городов как Бухара, Самарканд, Хива и Шахрисабз, исторические центры многих из них были внесены в «Список всемирного культурного наследия» ЮНЕСКО. Фактически эти города являются музеями под открытым небом.

Динамичные тренды национально-культурного возрождения тесно взаимосвязаны с преобразовательными процессами в системе образования и подготовки кадров. Богатое культурное наследие нашло свое отражение в содержательной части программ всех ее этапов. В процессе духовно-нравственного воспитания и всестороннего развития молодежи наряду с исконными традициями и обычаями, немаловажную роль играют сохранившиеся и отреставрированные образцы монументальной архитектуры.

Значительный вклад в пропаганду векового воспитания культурно-духовного наследия вносят, кроме музеев под открытым небом, стационарные музеи. Невзирая на сложные условия переходного периода в Узбекистане проделана большая работа по развитию, реставрации, переоснащению существующих или возведению новых музеев. Среди таких сооружений, построенных в годы независимости, особое место занимают Государственный музей истории Темуридов, Музей памяти жертв

репрессий. Возведенные в традициях национального зодчества, оснащенные современной технологией они включены в места поклонения и в туристические маршруты. [5]

Кроме этого, одним из современных музеев республики является Музей олимпийской славы в Узбекистане, в котором собраны редкие экспонаты из США, Испании, Швейцарии и многих других зарубежных стран. В музейной экспозиции отражена история не только узбекистанского спорта, но и история международного олимпийского движения.

Наряду с новыми, значительно укрепилась материально-техническая составляющая существующих, таких как Музей истории Узбекистана, Ташкентский государственный музей искусств, Ташкентский музей прикладного искусства, Музей медицины и т.д.

В последнее время особое внимание уделяется на организацию внешкольной, внеаудиторной работы с молодым поколением в социально-культурных учреждениях – библиотеках, театрах, музеях, выставочных залах и других, которые призваны формировать в человеке, прежде всего у подрастающего поколения, высокую культуру и образованность. И особое место в этом процессе занимает историческая наука. Одним из важных направлений исторической науки, а также пропаганды ее достижений являются исторические музеи, которые одновременно являются и средством духовного воспитания молодого поколения. Основными музеями исторического профиля, в которых ведется исследовательская работа, являются Государственный музей истории Узбекистана, Музей истории Темуридов и Музей памяти жертв репрессий.

Естественно, надо отдать должное трудотерапии хранителей и тех лиц, которые проводят исследования в этой области. Выполняя значительную общественно-просветительскую работу музеи, являясь частью неформального сектора образования, добавляют особую ценность системе высшего образования. Они расширяют источники образования, предлагают различные способы обучения. Их работа направлена на воспитание чувства гордости за культуру нации и общемировое наследие, а также на то, чтобы коллекции музеев стали известны широкой публике, людям всех возрастов и уровней образования, чтобы они могли почувствовать свою сопричастность к знаниям и культуре.

Музеи могут предложить непрерывное образование для людей всех возрастов: от детей до людей, старшего поколения. Отдельные лица получают удовольствие от возможности открытого неформального посещения и общения с другими людьми в музеях чего не дает театр



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или посещение концерта. Образовательная просветительская работа музеев также усиливает и дополняет понимание чувства прекрасного, патриотизма от созерцания коллекций и экспонатов. Сегодня, в период беспрецедентно быстрых перемен, люди часто готовы забыть или пренебречь собственной историей и культурными традициями, не говоря уже о мировом наследии. Музей является идеальным местом для стимулирования и популяризации знаний о природном, культурном и художественном наследии через свою научно-исследовательскую работу посредством сохранения материальной и духовной культуры, просвещение посетителей. [6]

Являясь учреждением общественного интереса, музей должен занимать особое место в интеллектуальной жизни общества. Музейные работники играют большую роль в формулировании целей, политики и программы музея. Следовательно, преподавателям общественно-гуманитарных предметов, особенно историкам образовательных учреждений средних, средне-специальных и высших учебных заведений, важно тесно сотрудничать со специалистами музеев для проведения внеаудиторных и практических занятий. В свою очередь, взаимосвязь теории и практики послужит более глубокому освоению преподавателями музейно-экспозиционного материала, для последующего пополнения учебно-тематических программ, и др. методических материалов.

Признавая достоинства теоретической части учебного процесса, необходимо особо поощрять, интерес студентов на практических занятиях в

данном случае при проведении занятий в музеях, для последующего закрепления нового материала. В случае, можно использовать целый спектр методов обучения. Некоторые методы и средства рассчитаны на пассивного получателя информации. И тогда процесс изучения развивается через размышление, восприятие, осознание. Другие методы поощряют активное участие посетителя путем исследования коллекций, выставок или отдельных культурных памятников через эстетическую, техническую, социальную или исследовательскую деятельность. [7]

Conclusion

Во многих музеях республики, особенно связанных с историей народа имеется чрезвычайно широкий диапазон предметов наследия местных традиций и региональной культуры, которые в объеме дополняют знания, полученных в учебных заведениях. Они выражаются в самом артефакте или образцах естественной истории, дополняемыми текстовыми панелями и подписями под отдельными экспонатами с более полной информацией об экспонируемом объекте и контакте отдельных экспонатов или группы экспонатов. В том числе, почти в каждом музее республики проводятся временные тематические выставки и экспозиции учебно-образовательного характера. В целом, необходимо отметить, что музеи занимают особое место в развитии и пропаганде исторических знаний и требует широкого применения в образовательной системе республики, особенно при проведении уроков по истории Узбекистана.

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SECTION 30. Philosophy.

THE INTELLECTUAL AND COLLABORATE ISSUES IN THE PHILOSOPHICAL PROPOSALS OF JALOLIDDIN

Abstract: This article analyzes philosophical views of the great thinker Jaloliddin Rumi about the issues of consensus, religious tolerance and interethnic harmony. It also contemplates the social concepts of mutawatir on the universe and Adam.

Key words: peace, humanism, solidarity, religious tolerance, interethnic harmony, solidarity.

Language: English

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Introduction

From the beginning of humanity, the issue of perfection and spiritual perfection is of paramount importance to all at once. In the age of rapidly developing globalization, this issue has not lost its value. The essence of human perfection and spiritual perfection is based on the principles of direct tolerance and unity. It is no secret that respect for universal values, inter-ethnic harmony and tolerance are one of the main political ideas of the Republic of Uzbekistan today. In particular, one of the great figures of the medieval Muslim East, Jalaluddin Rumi's spiritual heritage, the mystical-philosophical views, inspired mankind for a healthy faith, high spirituality, strong contemplation, solidarity, harmony and tolerance. The rumor of this rumor has so far been widely acknowledged by his study of her spiritual heritage that she has lost her dignity.

Materials and Methods

If we read and analyze any of the mystic manuscripts, we will be convinced that their main idea is to encourage Rumi to live in harmony with the human and its principles of peace, harmony and religious tolerance. This, in turn, is the main reason Jaloliddin Rumi is a favorite for all nations and peoples. As Bake Muan said, "Rumi's life itself is a symbolic meaning: it unites the Afghans, the Persians, the Turks, and has united these nations with other nations. How do you say? They all think that Rumi is ours".

Jalaliddin Rumi says:

Майлига, ким бўлмагил, кел бари бир,
Дахрию оташпарастсен – бари бир.
Неча бор паймоншикастсен – бари бир.
Ноумид қўймас сени остонамиз.¹
Майлига ким бўлмагил, кел бари бир...²

Jalaliddin's ideas about tolerance and solidarity have not lost their significance in today's rapidly developing information age. Rumi's ideas of patriotism, humanism, religious tolerance and mutual peace are the same for all peoples today. In particular, the role of mutual consultation in the positive solution of various religious issues arising around the Islamic world at the moment when current social and political changes are taking place in the Muslim world. Taking into account the socio-political trends, ideological struggle against the negative ideological factors of religious fundamentalism and extremism is our main goal today. The philosophical and mystical views of Jaloliddin Rumi reveal that the main essence of the Islamic religion is enlightenment and philosophical reasoning, with both scientific and philosophical insight deeply explained.

¹ Жалолитдин Румий. “Маснавий маънавий”. Ж. Камол тарж. Т.: 2005 й., 123 – б.

Жалолитдин Румий. “Маснавий маънавий”. Ж. Камол тарж. Т.: 2005 й., 1140 – б.

² Жалолитдин Румий. “Маснавий маънавий”. Ж. Камол тарж. Т.: 2005 й., 122 – б.



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It is not surprising that the basis for which Rumi is a nation, a community, or a place that has not been for a time, is that it is valuable to everyone and to all the time, not because of the attributes and signs, but on the essence - the essence of human nature. Because, when you look at the outward appearance, people are different, their essence, their roots, their nature, their needs, and the place of destination. Therefore, when a person is explicitly interpreted in any matter regardless of the nationality, the society, the group, or the age, he / she is gathered around Rumi as his / her children. To do that, a person needs a certain preparation, a high spiritual - moral level. That is, it is very important for Rumi to understand that a burning flamethrower sparks at least a reader. And when he becomes aware of the essence of the essence, he can feel himself human!

"In the 1st book of Masnavi Spiritual Rumi, Rumi has completed the following lines:

Ҳинду турк, боксанг, гаҳи парвонадек,

Икки турк, боксанг, гаҳи бегонадек.

Ўзгадир махрам тили рӯзи азал,

Ҳамқўнгиллик ҳамзабонликдин гўзал.³

(1214-1215 байт)

If we analyze these lines from a philosophical point of view, people are more likely to look at each other as a kind of lover, but seemingly alien to each other. Because all human beings are similar in appearance, but their inner world is fundamentally different. The inner world, that is, the people closest to one another can be mutually reinforcing. It is true humanity, when people speak the same language, but live together in peace and harmony with one another, rather than quarreling, contravening one another or disputing rather than quarreling. Rumi instructs us to live in a good, wealthy life. Because Jaloliddin Rumi has always honored the idea of universalism and humanity - humanism.

It is known that Friday is the holy day of Muslims, Sunday Christians. But for the poet, it is all religion and sect. He is addressing all people, regardless of race, religion, nationality, or sect. "Keep me in the jungle, and enjoy the rest, so that we can overcome differences only in the church. We are all the branches of a single tree, the nobles of the only army. "

The rhetoric of Rumi on the unity of humanity was an exceptional feat during that time. The poet demanded courage from his followers, both in emotion and in thinking.

Jalaluddin Rumi is a great pioneer in the heart and soul of the world. His greatest aspect of human history is that, as well as the soul of men, their

desire, their thoughts, desires and desires, is completely absorbed in all the burning souls.

In rhetoric, tolerance, including religious tolerance, is interpreted as one of the highest levels of spiritual enrichment. Mutasavvif promotes tolerance in its ideas and the importance of peace and harmony in pluralistic mood. As you know, in the history of philosophy there are many discussions around the concept of "tolerance", "religious tolerance" and have a comprehensive social essence. In the history of Sufism, these concepts are common and well-known. In the philosophical and philosophical views of Jaloliddin Rumi, these concepts are defined as a social factor that promotes peace in the society - peace, stability, equality among people, and interethnic harmony.

According to Jalaluddin Rumi, all religions and sects in the world are different, but their purpose is one. That is why he says, "The paths are different, but the goal is one." It does not mean that people do not understand each other, firstly, to judge according to names, terms, appearances, and secondly, to love God and not to believe in him without discrimination, but rather to deal with the interests, rather, instead of fulfilling his wicked intentions The reason for this is that it is considered as an assistant.

Jaloliddin Rumi states this way. Everyone looks at the crock of the craftsman. Someone says it is necessary to wash the inside of the bowl, someone says that it is necessary to wash one's face and everyone else. And the essence is to purify one's body by means of water. Likewise, all human beings in the world are eager to live. Someone is a weapon of violence, someone is knowledge, someone is disrespectful, and someone else is grateful. The nature is one - full and full. The grass originally sprouting from the ground does not have the shape - it does not have the appearance. But after its enlargement, it has qualities such as sympathetic or invisible, useful or harmful. The same is true of all human beings. But they differ in their nationality, way of life, traditions, and language. But their purpose is to be willing together with their desire to live freely and freely, lively and prosperous.

Jalaluddin Rumi tomb, ie to the walls of Hazraj Mosque

The famous calligrapher of the sixteenth century was a crooked and smoother part of the line, which was translated into the Uzbek language by People's Poet Mirtemir of Uzbekistan. Specifically:

Яна кел, яна...

Ким бўлсанг – ўша бўл,

Хоҳ кофир, хоҳ мажусий, хоҳи бутпараст.

Майли, юз карра тавба қилган бўл,

Майли, юз карра бузган бўл тавбани.

Умидсизлик даргоҳи эмас бу даргоҳ,

Қандай бўлсанг – шундайича келавер. [2]

³Жалолитдин Румий. "Маснавийи маънавий". Ж. Камол тарж. Т.: 2005 й., 123 – б.

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JIF	= 1.500	SJIF (Morocco)	= 2.031		

Conclusion

That is, these rows can be described as Mevlana's call to humanity. No matter whether he is a disbeliever or a pagan, a pagan, or a Muslim, he is primarily a perfect human being. In a family of different genres and different births, as well as the birth of a whole family, as a single family, it is a lifelong endearment of the whole family of different people. Someone strives to commit a sin and then repent and realize that someone is misled by someone who is fraudulent and mischief, while someone else is doing good deeds, and others try to

mislead people around him and poison his life. But everyone's last visit is a destination. Rumi has always encouraged people of different backgrounds to be vigilant and healthy in faith and to encourage people to be desperate.

Jaloliddin Rumi is a great person. The great Indian poet and thinker, Muhammad Iqbol, says, "There is another Rumi who needs this world to get rid of despair and to make people happy." A person who is away from Rumi is desperate, and a person who does not read Rumi is absorbed in him.

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SECTION 30. Philosophy.

THE VIEWPOINTS OF ABDULKADIG GILONI ABOUT THE "HUMAN" AND MAN CONCEPTIONS

Abstract: In the article the author shows the swarm of Abdulkarida Gilonius in the development of Muslim philosophy. Gilon's views on the world, being and man are relevant from the point of view of altruism and humanism in the modern world. in Philosophy Giloni has a great influence on the development of Sufism in Asia.

Key words: Muslim philosophy, Sufism, being, man, perfect man, person, comel inson, tahid, mysticism.

Language: English

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Introduction

"The human is a biped creature with no feathers", Diogenes, having heard this statement said by Plato, went and plucked a rooster's feathers, brought it to the Academy and exclaimed, "Here is the human of Plato!"

Afterwards, one more saying was added to the descriptions of human, "Fleshy creature with nails!"

The viewpoints about "human" and "man" which caused a dispute between two prominent philosophers, Diogenes and Plato who lived in early centuries B.C. though talk about a single object – the human, the fact that "human" and "man" by its core root tell different meanings also caused many arguments in the History of anthropology. However, while discussing the innermost implication of the question one-sided attitude has always been observed. As a result, the studies such as biology, sociology and psychology which most independently from each other try to investigate the human being have developed.

Materials and Methods

Its soil is productive. The soul that quenched the rain of dignity from the clouds of favour, nourishes you with knowledge".

By these four statements Giloni describes his anthropologic concepts, since, there's an evidence in this statement, it almost ruined the arguments which supported the idea in the history of philosophy that "human" and "man" are identical creatures, in the

As we presume, the studying of the human being can be implemented by four approaches:

ontologic - studies the nature (and relations) of human being;

gnoseologic - practices human's esoteric knowledge; acseologic - studies the human himself and valuable things and occurrences that he regards;

prognostic - foretells human's future through scientific evidences;

On that account, we address some articles in order to interpret the basic distinctions between "human" and "man" in sufism. Regarding that, we'd like to talk about soul matters which are considered as acseologic items.

The founder of Kadiriya order shaikh Sayyid Muhyiddin Abdulkadir Giloni emphasizing on this point in his works exposed the differences between "human" and "man", "A true soul is heart that makes you speak as a human and a living individual, its field is wide.

In this article we referred the expression "man" as a human with moral and spiritual identity, while the human" is expressed as a biological and mortal creature.

whole harmony with Giloni's standpoints, Vernadski, the philosopher and scientist states the similarities and differences between "human" and "man": as well as similarities between "human" and "man"/it's important to learn that there are solemn distinctions between them. And these are important for teaching and education.



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If a biological factor is a leader in "human", while in "man" moral principles prevail, in the process of struggling for life in accordance with society and culture's values a "man" identifies his routine in life and follows the standards of ethics and behavior which formed in social life. Yet if only he breaks them under outer influences he never forgives himself, in this sense, the entire conscious creatures which have the same physique formation come from human family; nonetheless, there are some kind of people of human race who can barely evade such bad qualities like hostility and aggressiveness. For instance, robber, cheating, mean, grafter, murderer, prostitute and those who have been blind from passion are also "human" but we can hardly put them in a range of "man".

In a "human" turning into "man" faith evolves through religious and scientific path. The subject of faithfulness is the ongoing of the "word" and "action". Under these terms conscience, righteousness, forthrightness, favor and dualities like living with affection to people and home develop. Because at any rate they remain loyal to their brothers, sisters and friends, they don't betray their faith.¹

Thus, the essential conclusion of the philosopher says that it all depends on becoming faithful and moral. However, how should he act in society in order to become faithful? How can he find the right path? There are witted metaphors in Giloni's standpoints on this issue: "If you brighten your soul with lights, you are able to see it in this world. Try to adorn your soul with *zikrulloh* and know its price. Protect it from all bad things, for there is one *hadis* about it, "I have no place in, the sky, on the earth or in the mountains but I can be sheltered by my men's heart!"

"If you own such soul what do you want else? Yet it's almost difficult to possess such soul, maybe too difficult". By these opinions the power that controls men says Giloni, is inner self and putting forward this theory he interrogates whether people can ever realize that they own one. In order to know this comprehend it the eye of soul must be open, otherwise no one can determine his or her way in life, in order that soul lived and glowed, science is considered to be a basic element. While studying science soul acts by two sides, in other words by seeing and hearing.

The power of seeing and hearing belongs to the eye of soul. But the eye of soul must be open, too. It also can be blind through ignorance. Giloni divides it into two parts in his work "The Secret of Secrets" ("*Sirrul asror*")

"The appeal of names is discussed with the help of transcendental quality and the small eye of soul. This discourse is extended as long as other world comes about, in the shades of *tavhid* and *ahadiyat* lights and in closeness certain circumstances are disputed in *lohut*" The reason that soul becomes blind says Giloni, is through falling into ignorance. The reason of ignorance is not knowing the essence of occult order, it comes from some vicious traits like vanity, greediness, envy, rebuke, gossip, delude and so on. These qualities push people to mean (base) to ignorance, in order to get rid of these qualities it's vital to keep the mirror of soul pure. This purity can be obtained through *tavhid*, education, and virtue and rebelling against passion. It's important to point the ear of soul as well. Giloni said the following about this, "There is a certain ear of soul. However it has nothing to do with mundane and interim things of this world. But it yearns for hearing the voices of overwhelming and divine power from far away expanses, without those voices are you convinced to get hold of a good doing? First of all, be aware of the spots marked on your soul. After rubbing those spots out of your soul, learn that you'll begin to near the voice coming from divinity and submassing the orders you'll heed".

In the ear and eye proceedings of the soul Giloni emphasizes purity and freshness. So the mirror of soul which navigates the human is honesty and purity. A person in his lifetime earns a living through his fair trade and while bringing up his children, his family, he himself too proceeds towards perfectness.²

Conclusion

In conclusion, Giloni displayed the similarities and differences between "human" and "man" it's possible to examine the similarities by anatomy;

If heart is superior in "human", the state of inner self takes priority in "man";

the human soul has the power of seeing and hearing, in other words there are the eye and the ear of soul;

the morality and faith in his soul makes a "human" a man while heart is mundane inside a "human", soul as spiritual incident turns "human" into a "man". A "human" becomes perfect by virtue of soul.

Thus, for the perfect man carrying the meaning of our independence ideology the foremost item is faithful soul.

Zikrulloh - the state of recalling Allah;

Tavhid - believing that He is One and there's no power greater than Him;

¹ Bukhariy Sadridin Salim. Baha-ud-Din Naqshband or seven saint- Bukhara, 2006. 51 p

² Сафарова Нигора. Терроризм: тарихий-фалсафий тахлил; Toshkent: "Noshir", 2009. 162 p.



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Had is - the saying of Mohammed;
Ahadiyat - the undivided matter, notion;
Lohut - other world where only spirits of people exist;

In our country, accepted the new edition of the main directions of the state youth policy[5] consist of a set of concession, such as young people's rights,

freedom and legitimate interests, supply young people's life and health, help to find young people a sense of patriotism, nurturing young people from spiritual, intellectual, physical perspectives in order to bring young people to perfection, cultivating in young generation a sense of citizenship

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SECTION 32. Jurisprudence.

INDUSTRIAL SOVIET KYRGYZSTAN

Abstract: The machine building of the Kyrgyz Soviet Socialist Republic produced more than 200 types of products. Among the Central Asian Soviet socialist republics, Soviet Kyrgyzstan occupied the second place after Uzbekistan.

Key words: Osh Pumping Plant, economic region, subject of all - Union specialization, territorial division of labor, territorial - production complex.

Language: Russian

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ИНДУСТРИАЛЬНЫЙ СОВЕТСКИЙ КИРГИЗСТАН

Аннотация: Машиностроение Киргизской Советской Социалистической Республики производило более 200 видов продукции. Среди среднеазиатских советских социалистических республик Советский Киргизстан занимал второе место после Узбекистана.

Ключевые слова: Ошский насосный завод, экономический регион, субъект общесоюзной специализации, территориальное разделение труда, территориально – производственный комплекс.

Introduction

Машиностроение Советского Социалистического Киргизстана производила грузовые автомобили, насосы, газовые плиты. Были введены в действие специализированные заводы: Кайындынский кабельный, «Кыргызэлектродвигатель», «Тяжэлектромаш», Иссык-Кульское объединение электротехнических заводов, Майлуу-Сууский электроламповый завод. В отрасли автомобилестроения было построено 2 завода: «Кыргызавтомаш» и Фрунзенский (Бишкекский) автосборочный. Были введены в действие высокоспециализированные заводы: Ошский насосный и «Кыргызкабель» [2].

Машиностроение и металлообработка являлись субъектами общесоюзной специализации республики в межреспубликанском разделении труда. В системе общесоюзного территориального разделения труда Киргизская ССР специализировалась на развитии и производстве продукции цветной металлургии, машиностроения, электроэнергетики, хлопководстве [9].

Materials and Methods

Развитие экономики Киргизской ССР органически было связано с созданием эффективной системы территориального разделения труда и установлением рациональных хозяйственных связей Киргизии со всеми республиками СССР. Подавляющая часть промышленной продукции шла на удовлетворение потребностей всего СССР [3]. Их нормальное функционирование базировалось на поставках комплектующих деталей из других республик, на поставках продукции чёрной металлургии.

Причинами постепенного развития являлись следующие признака:

- экономическим районированием страны;
- рациональным размещением производительных сил;
- развитием экономики различных районов Союза ССР [4].

Так, территория СССР была подразделена на 19 экономических районов [10]. Каждый регион представляет собой мощный народнохозяйственный комплекс.

В Киргизской ССР выделялось 2



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экономических района – Северная Киргизия (районы республиканского подчинения Чуйской долины, Иссык – Кульская, Таласская и Нарынская области) и Южная Киргизия (Ошская область). Каждый из них выполняла определенную производственную функцию в хозяйственном строительстве.

На юге Киргизской Советской Социалистической Республики выделялось три экономических района: Ош-Джалал-Абадский, Нижне – Нарынский и Кадамжай – Хайдаркенский.

Ош-Джалал-Абадский район представлял собой сложный по своей производственной структуре территориально – производственный комплекс, где ведущее значение имела легкая и пищевая промышленность, машиностроение, промышленность строительных материалов, хлопководство, табаководство и животноводство.

Ошский насосный завод находился в составе Министерства химического и нефтяного машиностроения СССР. Здание Ошского насосного завода находилось в городе Ош по улице Киргизстана 44. Ошский насосный завод был основан как артель «*Металлист*» в 1939 году. Количество работающих составляло около 900 человек. На заводе работало 14 бригад, 8 отделов.

В 1946 г. – 1947 г. артель «*Металлист*» была преобразована в литейно-механическое предприятие.

В 1959 г. артель «*Металлист*» была объединена с мотороремонтным заводом (1947г.), В результате объединения образован электромеханический завод, выпускавший погружные скважинные насосы для воды.

Первая партия насосов типа АПВ была изготовлена в 1960 г.

В 1965г. насосный завод был передан Министерству химического и нефтяного машиностроения СССР и получил название *Ошский насосный завод*.

В 1968 г. была произведена первая реконструкция насосного завода. Так, на реконструкцию *Ошского насосного завода* в 1977 – 1978 годы Министерству химического и нефтяного машиностроения СССР предусматривалось выделение 3,7 млн. рублей капитальных вложений. Однако, Гос план Союза ССР реконструкцию завода исключил из плана 1977 года.

14 декабря 1977 году первый секретарь Ошского обкома партии *Ибраимов Султан Ибраимович* (Султан Ибраимович Ибраимов - советский государственный и партийный деятель, Председатель Совета Министров Киргизской ССР (1978—80 гг.) [1]. Первый секретарь Ошского обкома КПСС.) написал *Докладную записку* [5] в ЦК КП Киргизии с ходатайством.

Ошский обком КП Киргизии убедительно просил ЦК КП Киргизии ходатайствовать перед Госпланом СССР, Минхиммашем по выделению средств на реконструкцию *Ошского насосного завода* в 1977г. – 1978 г.

Согласно Приказа № 248 от 24 ноября 1975 года Минхиммашем Ошскому насосному заводу предусматривалось выделение капитальных вложений в объеме 3,7 млн. рублей на реконструкцию в 1977 – 1978 годах [5, с. 158].

Во исполнение данного приказа институтом Гипрохимаш г. Алма – Ата была разработана проектно - сметная документация, которая была передана разработчику. Дополнительно была произведена подготовка площадки под строительство и снос жилых строений. На эти цели уже было израсходовано 243 тыс. рублей капитальных вложений.

К сожалению, Государственный план Союза ССР реконструкцию Ошского насосного завода исключил из плана 1977 года, а Управление капитального строительства Минхиммаша не выделено средств на капитальное строительство [8].

Участок *Ошского насосного завода* резинотехнических изделий и пластмасс, а также кузнечнопрессовый цех и инструментальный участок завода уже в 1976 году по использованию производственных площадей достиг своего предела и нуждался в реконструкции. Ошский обком КП Киргизии убедительно просил выделить токарные автоматы 1265 М в количестве трех штук и рулонную электротехническую сталь марки 30 – 100 в количестве 300 тонн [5, с. 159].

Ошский насосный завод специализировался на выпуске насосов центробежных скважинных для воды с погружным электродвигателем типа ЭЦВ (более 42 тыс. шт. в год). Насосы были рассчитаны на работу в неагрессивной воде при температуре до 25°С с содержанием механических примесей не более 0,01% по весу. Насосы также применялись для городского, поселкового и сельскохозяйственного водоснабжения и для понижения уровня грунтовых вод [6].

Продукция *Ошского насосного завода* экспортировалась в Монголию, Ирак, Афганистан, Вьетнам, Лаос, Югославию, Мали, Алжир, Ливию и др. страны.

Кроме основной продукции, *Ошский насосный завод* производил товары народного потребления: бытовой насос «Ак-Буура», запчасти к насосам, алюминиевые казаны ёмкостью от 2 до 100 л, бытовые изделия из пластмассы - годовой объём выпуска этих товаров составляет (на 1 января 1986г.) 560 тыс. руб. или 5,5% от общего объёма производства, который составляет около 10,9 млн. руб. в год [7].

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Первый секретарь Ошского обкома партии **Ибраимов Султан Ибраимович** написал письмо – обращение Министру Химического и нефтяного машиностроения СССР Брехову Константину Ивановичу с просьбой выделить токарные автоматы 1265М в количестве трех штук и рулонную электро-техническую сталь марки 30-100 в количестве 300 тонн [5, с. 160].

Conclusion

После распада СССР все хозяйственные связи были потеряны. Многие предприятия были ликвидированы или разрушены. Ошский насосный завод был разрушен, все техническое оборудование было распродано.

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SECTION 32. Jurisprudence.

HYDROENERGY RESOURCES OF THE KIRGIS SOVIET SOCIALIST REPUBLIC ON THE EXAMPLE OF THE OSH REGION: HISTORY AND PROSPECTS

Abstract: Hydropower resources are the strategic potential of the Kyrgyz Republic. Rational and effective use depends on the prospects for the development of domestic industry and the role and place of the country in the global economic system. Research and study of experience in the development of hydro resources, in particular the construction of reservoirs, are necessary for solving the tasks of the national development of the Kyrgyz Republic. All this contributes to creating conditions for industrial progress in the Central Asian region.

Key words: hydropower, reservoir, protection, water, resource, perspective, industry.

Language: Russian

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ГИДРОЭНЕРГЕТИЧЕСКИЕ РЕСУРСЫ КИРГИЗСКОЙ СОВЕТСКОЙ СОЦИАЛИСТИЧЕСКОЙ РЕСПУБЛИКИ НА ПРИМЕРЕ ОШСКОЙ ОБЛАСТИ: ИСТОРИЯ И ПЕРСПЕКТИВЫ

Аннотация: Гидроэнергетические ресурсы это стратегический потенциал Кыргызской Республики. Рациональное и эффективное использование зависит от перспектив развития отечественной промышленности и роли и места страны в глобальной экономической системе. Исследование и изучение опыта освоения гидроресурсов, в частности строительство водохранилищ, необходимы для решения задач национального развития Кыргызской Республики. Все это способствует созданию условий для промышленного прогресса в Среднеазиатском регионе.

Ключевые слова: гидроэнергетика, водохранилище, охрана, вода, ресурс, перспектива, промышленность.

Introduction

Советская Социалистическая Киргизия располагала огромными гидроэнергетическими ресурсами. По гидроэнергетическим ресурсам Киргизия в составе СССР занимала третье место, после РСФСР и ТССР.

Экономико-хозяйственное значение гидроэнергетического строительства и развитие гидроэнергетики является основой промышленности Кыргызской Республики.

Гидроэлектростанции занимают центральное место в национальной энергосистеме Кыргызской Республики. «Важнейшей экономической особенностью гидроэнергетических ресурсов является

возобновляемость, не требующая в дальнейшем дополнительных капиталовложений, в результате чего электроэнергия, вырабатываемая на ГЭС, в несколько раз дешевле электроэнергии, получаемой на тепловых электростанциях» [2].

Гидроэнергетика независимой и суверенной Кыргызской Республики является необходимой базой для развития промышленности.

Materials and Methods

Ошская область самая крупная административная единица Кыргызской Республики, занимает важное положение в социально-экономической жизни страны и обладает промышленным потенциалом.



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Научное исследование гидроэнергетических ресурсов Ошской области было проведено в 1910 г. - 1915г. экспедицией инженера Н.Н. Епанчина [8].

В 1913 году вступила в строй оросительная система первая ГЭС, мощностью 55 кВт на арыке Як-Калик Ак-Бууринской.

В следующем 1914 году была построена вторая Ошская ГЭС, мощностью 65 кВт.

В 1929 году ГЭС ввелась в эксплуатацию в селе Уч – Коргон, мощность составляла 28 кВт.

В 1933 году ГЭС ввелась в эксплуатацию в селе Акчи-Кара-Суу, мощность 18 кВт.

Вторая Ферганская экспедиция проводила гидроэнергетическое обследование рек Ошской области в 1934 году. По материалам научных исследований Среднеазиатский отдел (САО) института «Гидропроект» составил в 1935 году гидроэнергетическую схему использования гидроэнергетических ресурсов юга Кыргызской ССР.

Более крупная ГЭС стала действовать в 1936 году на реке Ак-Буура [10], вблизи города Ош. Мощность первого агрегата составляла 600 кВт.

В 1939 году была введена в эксплуатацию первая сельская ГЭС в селе Базар - Коргон с мощностью 57,5кВт., а в 1940 году – вторая сельская ГЭС в селе Ноокат с мощностью 90 кВт.

За годы Великой Отечественной войны был построен ряд сельских ГЭС небольшой мощности. В начале 1941 года было завершено строительство двух ГЭС: в селе Караван (75 кВт.) и в селе Куриаб (105 кВт.). В 1943 году для электроснабжения Ошского шелкокомбината была построена ГЭС с мощностью 500 кВт.

Строительство сельских ГЭС широко развернулось в послевоенный период. В 1947г. – 1948 г. в колхозах и совхозах были введены в эксплуатацию двенадцать (12) ГЭС. Начинаясь сооружение межколхозных и государственных сельских ГЭС. В 1950 году была введена в строй Араванская ГЭС (544 кВт.), в 1951 году – Узгенская ГЭС (352 кВт.)

В 1947 г. – 1951 г. работу по подсчёту гидроэнергетических ресурсов Советского Союза, в т. ч. и Ошской области, выполнил институт «Гидроэнергопроект».

В последующие годы начинают действовать более крупные ГЭС, в 1949 году Джалал-Абадская ГЭС, мощностью 512 кВт.

В 1956 году Ошская ГЭС №5 мощность составляла 1020 кВт.

В 1958 году ГЭС «1 Мая» мощностью 1000 кВт. и Моюнская ГЭС, мощностью 1300 кВт.

Через несколько лет в 1957г. - 1958г. уточнением данных занимался Институт водного хозяйства и энергетики Академии Наук Кыргызской ССР. Потенциальные запасы

гидроэнергетических ресурсов были определены в 35 млн. кВт по мощности и 30,85 млрд. кВт-ч по энергии [1].

По данным САО «Гидропроект», на реках юга Кыргызской ССР возможно было сооружение девятисто семь (97) ГЭС мощностью 966 тыс. кВт и среднегодовой выработкой электроэнергии 5,5 млрд. кВт-ч.

На Ош-Кара-Суёйской ГЭС в 1961 году был установлен второй гидроагрегат мощностью 400 кВт.

Первые попытки использовать богатейшие запасы гидроэнергии относятся к началу второго десятилетия XX века. «На строительство Токтогульского, Курпсайского, Таш-Кумырского, Шамалды-Сайского и Уч-Курганского гидроэнергетических и ирригационных узлов было затрачено 900 млн. рублей из союзного бюджета» [3].

Были построены также водохранилища, как Андиджанское, Папанское, Киркидонское, Касансайское, Кировское и Орто-Токойское. Общий объём воды всех вышеназванных крупных ирригационных сооружений составляет 22, 978 куб. км.

Папанское водохранилище на реке Ак-Буура было построено в 1980 году по проекту Среднеазиатского

отделения Гидропроект (г.Ташкент). Папанское водохранилище расположено в 20 км южнее города Оша. Площадь зеркала воды при полном наполнении составляет 710 га. Сооружение способно выдержать землетрясение силой в 9 баллов. «Папанский гидроузел построен на реке Ак-Буура на 40 млн. рублей (по ценам 1989 года)» [3].

Основным назначением Папанского водохранилища является регулирование стока реки для ирригации земель на юге Кыргызской Республики, на прилегающей территории Узбекистана (общая площадь орошаемых земель 35,9 тысяч га, в том числе в Кыргызской Республики 28,2 тысячи га, в Республики Узбекистан – 7,7 тысяч га), а также для питьевого водоснабжения города Ош.

В 02.06.1976 году первый секретарь Ошского областного комитета Компартии Коммунистической Партии Киргизии **Султан Ибраимович Ибраимов** [6] написал Докладную Записку Министру Энергетики и Электрофикации Союза ССР Непорожному П.С. [5], где было отмечено «Ошский областной комитет Компартии Киргизии придает большое значение вводу в эксплуатацию Папанского водохранилища поддерживая инициативу коллектива «Нарынгидроэнергострой» о досрочном вводе первой очереди Курпсайской ГЭС в 1980 году и убедительно просит оказать помощь» [4].

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В *Докладной Записке* было отмечено, что у коллектива «*Нарынгидроэнергострой*» сложилась крайне сложная обстановка в связи с завершением работ по Токтогульскому гидроузлу и необходимостью одновременно освоить строительные площадки в створе Курпсайской ГЭС и Папанской плотины.

«На строительство Курпсайской ГЭС и Папанского водохранилища необходимо было выполнить объём земляных работ 2,5 млн.м³. Выполнение этих работ обеспечило бы перекрытие реки Нарын в створе Курпсайской ГЭС в IV квартале 1977 года и завершение строительства стройбазы Папанского гидроузла в 1977 года. Для успешного решения этой проблемы строительному управлению «*Нарынгидроэнергострой*» необходимо дополнительно выделить 10 бульдозеров марки С -100 и С-130, три экскаватора с емкостью ковша 1,0 м³ и 1000 тонн металлопроката на второе полугодие 1976 года» [4, с. 112].

Строительство Папанского водохранилища на реке Ак – Буура было начато в 1976 году. Технический проект Папанского водохранилища был утвержден в конце 1975 года, к составлению рабочих чертежей проектная организация «*Средагидропроект*» приступила только с января 1976 года.

16 июля 1976 года в ЦК КП Киргизии Совет Министров Киргизской ССР поступило письменное указание за подписями Первого секретаря Ошского обкома КП Киргизии С.Ибраимова и Председателя Ошского облисполкома Т.Кошоева [7] где было указано, что «В связи с большим отставанием в выдаче рабочих чертежей для строительства в 1976 году и необходимостью выдать проектно – сметную документацию для строительно– монтажных работ 1976г – 1977 г. и на 1978 г. выделенных на проектные работы не хватало в размере 255 тыс. рублей. Для обеспечения выпуска проектно – сметной документации по строительству Папанского водохранилища Ошский обком КП Киргизии и областной исполком просит выдать дополнительный лимит и финансирование на проектно – изыскательные работы на 1976 г ещё 45 тыс. рублей» [4].

Согласно распоряжению Совета Министров Киргизской № 280 – Р от 17 августа 1973 года строительство ЛЭП – 35 кв. Ош- Папан было поручено Главному производственному управлению энергетики и электрификации Киргизской ССР.

«Просим выделить тресту «*Киргизэлектросетьстрой*» лимит на окончание строительства ЛЭП – 35 кв. в сумме 236 тыс. рублей и потребовать от Главного Киргизской ССР окончания строительства ЛЭП к 1 октября 1975 года» [9].

На строительство Папанского гидроузла предстояло выполнение большого объема земляных планировочных работ, для чего потребовалось привлечение дополнительного количества землеройной техники.

«Просим обязать Министерство мелиорации и водного хозяйства Киргизской ССР выдать с июля до конца 1976 года управлению «*Нарынгидроэнергострой*» два бульдозера марки С-100. Учитывая, что на зоны затопления Папанского водохранилища необходимо переселять население, просим ходатайствовать по распространению на переселение населения положения, предусмотренного в распоряжение Совета Министерства СССР от 28 августа 1968 года № 1805-Р «О подготовке лома водохранилища Токтогульской ГЭС» [4].

Строительство жилых домов в городе Ош для работающих на строительстве Папанского водохранилища входило в сметно-финансовый расчет водохранилища, где генеральным подрядчиком выступало управление «*Нарынгидроэнергострой*». Это управление являлось специализированным по строительству гидроэнергетических объектов и не имело в городе Ош производственной базы по строительству жилых домов, а также были чрезвычайно загружены по строительству гидроэнергетических объектов.

Первый секретарь Ошского областного комитета Компартии Коммунистической Партии Киргизии **Султан Ибраимович Ибраимов** и Председатель Ошского облисполкома **Темирбек Кудайбергеневич Кошоев** в *Докладной Записке* отметили «Просим на 1977 год определить генеральным подрядчиком по строительству жилья в городе Ош для строителей Папанского водохранилища Министерство строительства Киргизской ССР и предусмотреть, начиная с января 1977 года лимиты подрядных работ на эти цели» [4].

Генеральным подрядчиком по строительству Папанского водохранилища определено управление строительства «*Нарынгидроэнергострой*». Начальником строительства «*Нарынгидроэнергострой*» был Сергей Зосим Львович [5], секретарь парткома Чынгышов Турсунбек Чынгышевич [7]. Объем строительно-монтажных работ составлял 2 миллиона рублей.

Роль и место Папанского водохранилища трудно переоценить в развитии комплексного использования водных ресурсов Ошской области. Строительство Папанского водохранилища было завершено в 1980 году. Объем составил 260 млн. м³, полезный объем составил 240 млн. м³ Папанское водохранилище стал результатом научной инженерной мысли, внедрения

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технических разработок и результатом работы интернационального коллектива строителей.

Conclusion

Реализация огромного потенциала Папанского водохранилища послужило развитию сельскохозяйственного хозяйства и регуляции орошения плодородных земель не только Киргизии, но и Узбекистана.

Развитие гидроэнергетики, строительство гидроузлов является обязательным условием сохранения промышленного потенциала Кыргызской Республики.

В перспективе гидроузлы становятся инструментами регулирования водонакопления, водопотребления и водоснабжения Средней Азии и организации сельскохозяйственных работ в Ферганской долине.

Особо надо отметить, что для Кыргызской Республики поддержание в рабочем состоянии существующего Папанского гидросооружения и продолжение гидроэнергетического строительства имеет особое значение.

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PRIORITIES OF INCREASE OF IMPORT-SUBSTITUTING FOOD PRODUCTION

Abstract: Priorities of increase of import-substituting food production are investigated in the article. The main components and criteria of food security as important element of national security are analyzed for this purpose. Activization of investment and innovative activities for ensuring increase in productivity in agriculture and the agrarian sector and on increase in volume of food production is considered too. Problems of ensuring needs of the population and formation of necessary level of food stocks are investigated. The world practice on increase of import-substituting food production is considered. Experience of the southern American countries, in particular, of Brazil and a number of the Post-Soviet republics is analyzed. The essence of strategy of import-substitution and the importance of carrying out the import-substitution program in the Post-Soviet republics - Belarus and Kazakhstan - is disclosed. The works on decrease in level of dependence of important types of food on import in Azerbaijan are analyzed. The attention to intensifications of development of agriculture and the agrarian sector, expansion of the international cooperation and geography of foreign economic relations of Azerbaijan with the countries export producers of main types of food production is given. The balance of import and export of agricultural production in Azerbaijan is given too. A number of offers and recommendations about priorities of increase of import-substituting food production is generalized in the end of the article.

Key words: global food problems, food security of the country, import policy of the country, mechanisms of import-substitution of food production, balance of import-export of food production, priorities and criteria of food security, increase of import-substituting food production.

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ПРИОРИТЕТЫ ПОВЫШЕНИЯ ПРОИЗВОДСТВА ИМПОРТОЗАМЕЩАЮЩЕЙ ПРОДОВОЛЬСТВЕННОЙ ПРОДУКЦИИ

Аннотация: В статье исследованы приоритеты повышения производства импортозамещающей продовольственной продукции. С этой целью анализированы основные компоненты и критерии продовольственной безопасности как важного элемента национальной безопасности. Рассмотрена активизация инвестиционно-инновационной деятельности по обеспечению повышения производительности в сельском хозяйстве и аграрном секторе и по повышению объема продовольственной продукции. Исследованы проблемы обеспечения потребностей населения и формирования необходимого уровня продовольственных запасов. Рассмотрена мировая практика по увеличению производства импортозамещающей продовольственной продукции. Анализирован опыт южно-американских стран, в частности, Бразилии и ряда постсоветских республик. Раскрыта сущность стратегии импортозамещения и значимость проведения программы импортозамещения в постсоветских республиках - Беларуси и Казахстане. Анализированы проводимые работы по снижению уровня зависимости важных видов продовольствия от импорта в Азербайджане. Акцентировано внимание на интенсификации развития сельского хозяйства и аграрного сектора, расширении международного сотрудничества и географии внешнеэкономических связей Азербайджана со странами производителями-экспортерами основных видов продовольственной продукции. Дан импортно-экспортный баланс сельскохозяйственной



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продукции в Азербайджане. Обобщен и дан ряд предложений и рекомендаций по приоритетам повышения производства импортозамещающей продовольственной продукции.

Ключевые слова: глобальные продовольственные проблемы, продовольственная безопасность страны, импортная политика страны, механизмы импортозамещения продовольственной продукции, баланс импорта-экспорта продовольственной продукции, приоритеты и критерии продовольственной безопасности, повышение производства импортозамещающей продовольственной продукции.

Introduction

Вопросы и приоритеты повышения производства импортозамещающей продовольственной продукции являются одними из ключевых компонентов обеспечения продовольственной безопасности страны. Продовольственная безопасность страны, в свою очередь, считается стратегическим направлением деятельности страны в условиях роста влияния глобальных экономических угроз и продовольственных проблем. Главная цель обеспечения продовольственной безопасности страны заключается в создании стабильных условий и механизмов по развитию сельского хозяйства и аграрного сектора для производства важных видов продовольствия и всей пищевой продукции. Продовольственная безопасность страны выступает важным компонентом государственной национальной безопасности, которая отражает способность государства максимально удовлетворить потребности граждан в продовольствии в количестве, достаточном для нормальной жизнедеятельности, главным образом, за счет собственного производства, и оценивает ее экономическую устойчивость и политическую независимость [1]. Вот почему так необходимо обеспечить надежность системы обеспечения продовольственной безопасности страны за счет внутренних ресурсов и минимизации импорта основных видов продовольствия и пищевой продукции. Требуется расширить сеть производства и сферу деятельности, в которых успешно и рационально можно производить замену импортируемой пищевой продукции с учетом развития внутренней сети конкурентоспособных предприятий, производящих стратегические виды продовольствия. С этой целью нужно провести системные и последовательные работы для стимулирования производителей импортозамещающих сфер производства продовольственной продукции путем оказания государственной поддержки и создания более благоприятных условий для привлечения внутренних ресурсов в хозяйственный оборот, в первую очередь, ресурсов регионов страны, которые, в результате, могут положительно повлиять на расширение перечня производимых видов продовольствия и роста их объема, а так же на усиление занятости, обеспечение повышения доходов населения, снижение уровня бедности и,

в целом, на усиления продовольственной доступности для уязвимой части населения страны. Государство должно выявить и устранить проблемы, мешающие развитию предприятий, фермерских хозяйств, частных предприятий, субъектов малого и среднего бизнеса в сфере создания и развития импортозамещающей деятельности, а если конкретно рассмотреть на примере Азербайджана, то производства пшеницы, разные виды растениеводства, животноводства и прочее. Успешный исход реализации концепций импортозамещения в сфере обеспечения продовольственной продукцией страну и достижение поставленных целей определяются масштабами и глубиной модернизации производственных фондов предприятий, ориентированностью бизнеса на инновационный путь развития и стимулированием их инвестиционной активности со стороны государства [2]. Кроме того, необходимо активизировать инвестиционно-инновационную деятельность по обеспечению повышения производительности в процессах выращивания продукции растениеводства и в производстве продукции животноводства, повысить эффективность механизмов сбора, хранения, формирования их запасов, доставки конечным потребителям и распределения в сети коммерческих структур, а так же на продовольственных рынках [3;4;5;6]. Н.А.Сучкова считает, что государство должно рассматривать даже производство той продовольственной продукции, которая зависит от импорта и производство которой считается убыточным [с. 3, 7]. Кроме того, для стимулирования импортозамещающих сфер деятельности по производству важных видов продовольственной продукции государство должно активно использовать фискальные и тарифные инструменты для регулирования экспортно-импортных операций по этим позициям, то есть путем применения НДС и пошлины на импортируемые товары можно снизить их конкурентоспособность на внутреннем рынке [8;9;10;11].

Materials and Methods

История развития политики импортозамещения начинается с середины XIX века, а начиная с середины XX века, механизмы политики импортозамещения уже активно использовались в странах Южной Америки,



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далее в странах Азии и Африки. Суть данной политики заключалась в том, чтобы путем развития внутренних производств в сфере продовольствия, обеспечить потребности населения и сформировать более сильный потенциал экспорта, тем самым не допуская усиление диспропорций в платежном балансе страны и отток валютных ресурсов за рубеж для оплаты важных видов импортируемой продовольственной продукции. Благодаря успешной реализации данной политики, самой крупной стране Южной Америки - Бразилии - удалось существенно модернизировать основные фонды и материально-техническую базу сельскохозяйственного и аграрного сектора страны, добиться огромных успехов по достижению увеличения перечня и объема производства стратегических видов пищевой продукции и превратиться в один из крупнейших экспортеров продовольственной продукции в мире.

Отметим, что в исследованиях проблем развития политики импортозамещения особо выделяются труды и научные работы следующих ученых: Р.Пребиш, Р.Нурске, Д.Сиирс, А.О.Хиршман, Х.Б.Чинери и др. [12;13;14]. Аргентинский экономист, академик Р.Пребиш отметил, что в XX веке внешняя торговля не стала преимущественным средством для роста экономики развивающихся стран, они и далее сталкивались с серьезными проблемами в операциях торговли с развитыми странами [15]. Дело в том, что с ухудшением уровня торговых операций, развивающиеся страны лишились своих валютных доходов, тем самым, они не смогли сформировать достаточный капитал в реальных секторах экономики для дальнейшего развития экономических процессов. А развитые страны за счет углубления технологических и научных введений в разные сферы экономики, получили важные конкурентные преимущества и дополнительную мотивацию для развития существующих экономических механизмов. Кроме того, в результате развития индустриализации и расширения применения высоких технологий в основных секторах экономики страны, процессы импортозамещения становятся ключевыми факторами обеспечения роста экономики в целом. Если обобщить подходы ученых, то можно отметить, что тенденции развития импорта могут развиваться с помощью следующих факторов:

- высокий уровень заработной платы;
- высокий уровень внутренних затрат на импорт;
- неравномерность распределения доходов и склонность фирмы и компании с высокими уровнями дохода к наращиванию импорта;

- нехватка важных видов продовольственной продукции;
- отток людей из регионов в большие города и т.д.

Отметим, что аналогичные проблемы свойственны и для нашей страны. Так за последнее десятилетие, в связи с интенсификацией процессов «строительного бума» в Баку и других крупных городах страны, отток людей из сельских местностей в сторону столицы и в другие города страны усилился. К большому сожалению, на окраинах города Баку, Сумгаита и Гянджи за счет этого оттока людей из разных регионов страны образовались хаотичные жилищные массивы, здесь люди проживают практически в антисанитарных условиях и, в большинстве случаев, на имеют соответствующих документов о принадлежности имущества. Кроме того, активный поток людей из сельских местностей снижает эффективность продуктивного использования существующих производительных сил и трудовых ресурсов, потенциала сырьевых ресурсов в регионах страны. Этому способствовали существенные диспропорции в уровне доходов людей, проживающих в сельских и городских местностях. Несмотря на то, что в сельском хозяйстве работа на собственном предприятии и в хозяйстве может приносить неплохие доходы, и люди имеют возможность свободно владеть этими доходами, но эти доходы, как мы отметили, существенно отличаются от тех, которые люди получают, работая на предприятиях в крупных городах. Такое развитие событий привело к превращению производителей продукции в потребителей, а этот фактор, в свою очередь, обусловил рост импорта. Поэтому считаем, что в самом начале процесса импортозамещения следует запретить импорт потребительских товаров, так как с точки зрения затрат выбор сектора потребительских товаров считается наиболее целесообразным. Так, спрос на потребительские товары обычно обеспечивается за счет роста населения, а процессы импортозамещения способствуют развитию местного производства. Таким образом, страны, которые предпочитают стратегию импортозамещения, получают дополнительные возможности для расширения производственных мощностей экономики страны, то есть происходит «раннее расширение» производительного сектора [16].

Основные аргументы для предпочтения стратегии импортозамещения сводятся к следующим:

- рост внутренней занятости и снижение уровня безработицы;

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- повышение иммунитета и устойчивости противодействиям глобальных экономических угроз и воздействий;
- снижение уровня затрат, в том числе транспортных затрат, так как для транспортировки требуется краткий путь и т.д.

В число отрицательных факторов стратегии импортозамещения можно отнести предположение о неэффективном управлении созданных новых промышленных мощностей и об уменьшении внимания к производителям, находящимся в сельских местностях. Отметим, что в числе стран СНГ по позитивному опыту проведения программы импортозамещения особо отличаются Беларусь и Казахстан - правительства этих стран уделяют особое внимание разработке и осуществлению крупных целевых программ по импортозамещению. В Беларуси даже разработаны и утверждены специальные системы государственного контроля с приложением приоритетного перечня проектов и форм отчетности по ним. Данный подход способствует формированию соответствующих фондов накопления средств и освобождению от затрат на иностранные валюты, тем самым, создавая возможности к высвобождению средств на развитие разных сфер экономики, открытие новых рабочих мест и др. Каждый год Кабинет Министров Республики Беларусь утверждают перечень и объем импортозамещающих потребительских товаров. Таким образом, правительство распределяет импортозамещающие потребительские товары между разными Министерствами и государственными концернами, в том числе, между региональными исполнительными структурами. Согласно подобным распределениям, государственные структуры готовят соответствующие планы и программы по импортозамещению важных видов товаров и продукции. Главная цель правительства Беларуси заключается в том, чтобы уровень импортозамещения довести минимум до 60 % [17].

Следует подчеркнуть, что за последние годы в Азербайджане проводятся целенаправленные работы по снижению уровня зависимости от импорта важных видов продовольствия и прочей продукции. С этой целью разрабатывается и осуществляется ряд государственных программ по предотвращению уменьшения уровня производства сельскохозяйственной продукции, а стратегические направления деятельности в этой сфере заложены в Стратегических Дорожных картах по основным видам национальной экономики, которые утверждены указом Президента Азербайджанской Республики от 6 декабря 2016 года [18]. В стратегических

дорожных картах рассмотрена реализация ряда важных стратегических целей относительно производства и переработки сельскохозяйственной продукции в Азербайджанской Республике, в том числе, относительно реализации существующего потенциала импортозамещения сельского хозяйства и перерабатывающей промышленности в аграрной сфере. В качестве приоритетных направлений деятельности в сфере животноводства определены: производство мяса, мяса птицы и молока, а в сфере растениеводства: производство пшеницы, кукурузы, товаров промышленного назначения, в том числе: хлопок, табак, сахарная свекла, чай, лекарственные растения, шелк, шерсть и т.д. [19]. По мнению специалистов и по результатам проводимых исследований, сформировано твердое мнение о том, что Азербайджан по производству продукции животноводства и продукции промышленного назначения способен реализовать и осуществить рост приоритетных направлений импортозамещения и может превратиться в экспортера этой продукции. Для этого необходимо интенсивно развивать сельское хозяйство и аграрный сектор, расширять международное сотрудничество и географию внешнеэкономических связей:

- Азербайджану необходимо разработать и осуществить долгосрочную программу и запланировать крупные проекты по повышению конкурентоспособности страны на международной арене, обеспечить многовекторность экономических отношений, внешнеэкономических связей со странами Европы, Азии, Америки и африканского континента;
- Нужно формировать новые направления развития сельского хозяйства и аграрного сектора с учетом углубления инновационных подходов и повышения эффективности сфер переработки продукции данных секторов;
- С целью диверсификации экономики и структуры производства продовольственной продукции, имеется необходимость в формировании экономических сфер и направлений, оснащенных новшествами научно-технического прогресса, основанных на экономике знаний и др.

Отметим, что долгосрочные стратегические цели правительства Азербайджана в сфере производства продовольствия заключаются в развитии потенциала в направлении импортозамещения, с этой целью рассматривается реализация комплексных мер в рамках совершенствования государственной аграрной политики:

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- обеспечить непрерывность и адекватность уровня производства и формирования запасов важных видов продовольственной продукции для населения страны;
- существенно повысить уровень конкурентоспособности сельскохозяйственного сектора и аграрного комплекса Азербайджана в контексте глобальных экономических вызовов и продовольственных проблем в мире;
- обеспечить рациональный импорт на рынке продукции животноводства и создать развитую сферу деятельности по наращиванию экспортного потенциала аграрного сектора и пр.

Для реализации вышеприведенных стратегических целей и мероприятий в ближайшей перспективе в Азербайджане, необходимо совершенствовать существующие механизмы государственной политики в сфере сельского хозяйства и аграрного сектора, ускорить модернизацию основных сфер деятельности по расширению ассортимента и объема важных видов продовольственной продукции, усилить рост экспортного потенциала, обеспечить создание и выход на внешний рынок новых продуктов под национальным брендом. Но для этого требуется углубление институциональных и структурных реформ в сельском хозяйстве и аграрном секторе. Более того, Азербайджану необходимо ускорить процессы вступления во Всемирную Торговую Организацию с учетом обеспечения интересов отечественных производителей важных видов продовольственной продукции. В целом, Азербайджану следует интенсифицировать целевые работы по активному вхождению на мировые продовольственные рынки и укрепиться на них в качестве экспортера в ближайшей перспективе. Такое развитие событий может существенно повлиять на формирование избытка продовольственной продукции на внутреннем рынке страны и повысить

экспортный потенциал, тем самым, значительно снизить зависимость от импорта.

С целью устранения барьеров и решения накопившихся проблем по развитию сельского хозяйства и аграрного сектора в производстве, сборе, хранении и формировании запасов продовольственной продукции, необходимо осуществить ряд действенных мер:

- устранить неравенство ценовых индексов и неадекватность ценовой политики в сельском хозяйстве и на рынке продовольственной продукции;
- совершенствовать существующие механизмы государственной поддержки сельского хозяйства и аграрного сектора с доведением их до уровня развивающихся стран;
- обеспечить доступность к кредитным ресурсам и финансовым средствам с повышением инвестиционной активности и улучшением инвестиционного климата;
- повысить уровень обеспеченности материально-технической базы путем расширения земельных участков, эффективного использования трудовых ресурсов и производительных сил с концентрацией их на интенсивное развитие сельского хозяйства, расширение перечня и объема продукции сельского хозяйства;
- обеспечить повышение производительности выпускаемой сельскохозяйственной и аграрной продовольственной продукции, а так же повышение уровня заработной платы занятого в этих сферах населения;
- принять комплексные и долгосрочные меры по снижению диспропорций между жизненным уровнем населения, проживающего в сельской и городской местностях и т.д.

Отметим, что в Азербайджане особое внимание уделено импортно-экспортному балансу сельскохозяйственной продукцией в последние годы, который отражен в Таблице 1.

Таблица 1
Импортно-экспортной баланс сельскохозяйственной продовольственной продукции в Азербайджане за 2014-2016 гг. (тыс. тон).

	2015			2016			2017		
	экспорт	импорт	+/-	экспорт	импорт	+/-	экспорт	импорт	+/-
Пшеница	-	1353,1	-1353,1	-	1599,6	-1599,6	-	1274,4	1274,4
Картофель	36,7	139,2	-102,5	38,2	191,2	-153,0	57,7	168,8	-111,1
Овощи всех видов	84,1	42,0	+42,1	125,9	61,2	+64,6	231,5	45,9	+185,6
Фрукты и ягоды	182,0	74,7	+107,3	219,7	95,2	+124,5	273,8	98,7	+175,1
Мясо всех видов крупного рогатого скота и птиц, в том	0,8	17,6	-16,8	0,1	41,7	-41,6	0,7	58,0	-57,3

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числе:									
- мясо крупного рогатого скота	0,8	12,4	-11,6	0,1	9,2	-9,1	0,1	21,2	-21,1
- баранина и мясо коз	-	0,5	-0,5	0,002	1,0	-0,998	0,3	2,0	-1,7
- мясо птиц	-	1,4	-1,4	-	25,3	-25,3	0,2	26,8	-26,6
Молоко и молочная продукция	6,3	366,0	359,7	5,7	288,5	282,8	16,0	344,0	-318,0
Яйца (тыс.шт)	-	5,3	-5,3	-	19,1	-19,1	9,2	0,1	+9,1
Рыба и рыбная продукция	-	14,8	-14,8	0,2	13,8	-13,6	0,5	15,3	-14,8

Примечание: Таблица составлена на основе материалов Государственного Статистического Комитета Азербайджанской Республики. <https://www.stat.gov.az>.

Как видно из Таблицы 1, объем экспорта по ряду такой продукции, как овощи (особенно помидоры и фрукты) превышает импорт. По итогам 2017 года, положительное сальдо отмечается так же в производстве яиц, где объем экспорта составил на 9,1 тыс. штук больше, чем импорта. К большому сожалению, в других видах продукции преобладает импорт по сравнению с экспортом. Еще хуже обстановка со сферой формирования запасов качественных и продуктивных семян, уровень обеспеченности внутренними ресурсами которой составляет лишь 2 %, - это свидетельствует о зависимости производства сельскохозяйственной продукции от импортного фактора. Для влияния на эту ситуацию и на обеспечение снижения уровня зависимости от импортных факторов, требуются комплексные мероприятия к реализации стратегических подходов. Требуется углубление проводимых реформ в данных направлениях и главными целями их должно быть повышение конкурентоспособности сельскохозяйственной продукции и диверсификация структуры аграрного сектора страны. Тем более, как мы отметили ранее, в рамках стратегических дорожных карт определены стратегические цели по вышеприведенным проблемам и масштабным шагом, систематизирующим направления реформ по развитию экономики, является разработка Стратегических Дорожных Карт по национальной экономике и основным секторам экономики. В качестве одного из приоритетов экономики выдвинуто развитие сельского хозяйства страны: предполагается создание Фонда аграрного страхования и специальных

агроинкубаторов в каждом из экономических районов [20]. Кроме того, необходимо совершенствование государственной политики в сфере развития секторов сельского хозяйства и аграрной промышленности с учетом трансформаций мирохозяйственной системы. То есть, импортозамещение должно быть адекватно глобальным вызовам. В Азербайджане импортозамещение трактуется как возможность снизить зависимость национальной экономики от влияния внешнеэкономической конъюнктуры и повысить безопасность страны. На наш взгляд, при разработке стратегии импортозамещения необходимо учитывать зарубежный опыт. Многие вопросы импортозамещения лежат в плоскости регулирования рынков [21].

Conclusion

На наш взгляд, Азербайджан в состоянии существенно повысить имеющиеся механизмы и эффективно применяемые инструменты по производству и формированию запасов важных видов продовольственной продукции. Страна в состоянии полностью обеспечить себя продовольственной продукцией в современных условиях [22]. Но для этого требуется существенная модернизация основных механизмов развития сельского хозяйства и аграрного сектора в сфере обеспечения интенсивного роста производства важных видов продукции пищевой промышленности с учетом расширения производства импортозамещающей продовольственной продукции в стране на долгосрочной основе и т.д.

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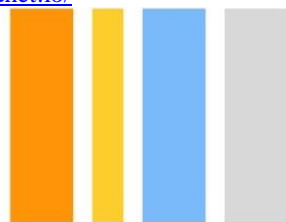
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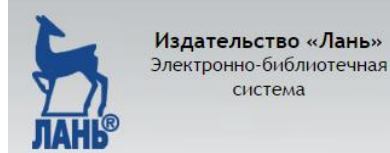
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