

BUYRAK USTI BEZI YETISHMOVCHILIGI; FIZIOLOGIYASI, KLINIK KO'RINISHI VA DIAGNOSTIKA MUAMMOLARI

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ANNOTATSIYA

Buyrak usti bezi yetishmovchiligi jiddiy holat bo'lib, buyrak usti bezining o'ziga ta'sir qiluvchi patologiya (birlamchi buyrak usti etishmovchiligi), gipotalamus yoki gipofiz patologiyasi (ikkilamchi buyrak usti etishmovchiligi) yoki gipotalamus-pituitaryadrenal o'qini ekzogen glyukokortikoid terapiyasi bilan bostirish natijasida paydo bo'lishi mumkin (uchlamchi buyrak usti etishmovchiligi). Buyrak usti bezi yetishmovchiligi bilan kasallanish va o'limning ko'payishi va hayot sifatining pasayishi bilan bog'liq. Bundan tashqari, Buyrak usti bezi yetishmovchiligi ning eng keng tarqalgan sababi, autoimmun adrenalit, boshqa turli xil autoimmun kasalliklar bilan bog'liq bo'lishi mumkin. Davolanmagan Adrenal yetishmovchilik surunkali charchoq, vazn yo'qotish va infektsiyaga qarshi zaiflik bilan namoyon bo'lishi mumkin. O'tkir kasallik yoki infektsiyani yengish mumkin emasligi hayot uchun xavfli buyrak yetishmovchiligini keltirib chiqarishi mumkin. Shuning uchun surunkali kasalliklarni bartaraf etish, o'tkir yetishmovchiliklarning oldini olish va hayot sifatini tiklashga qaratilgan tegishli boshqaruvni o'rnatish uchun o'z vaqtida tashxis qo'yish juda muhimdir.

Kalit so'zlar: Buyrak ustu bezi yetishmovchiligi; kortizol; Giponatriumiya; Birlamchi adrenal yetishmovchilik; Ikkilamchi adrenal yetishmovchilik; Uchinchi darajali adrenal yetishmovchilik, Adrenokortikotrop gormon.

ABSTRACT

Adrenal insufficiency is a serious condition characterized by pathology affecting the adrenal gland itself (primary adrenal insufficiency), pathology of the hypothalamus or pituitary gland (secondary adrenal insufficiency), or suppression of the hypothalamic-pituitary-adrenal axis by exogenous glucocorticoid therapy. Adrenal insufficiency). Adrenal insufficiency is associated with increased morbidity and mortality and decreased quality of life. Additionally, the most common cause of adrenal insufficiency, autoimmune adrenalitis, can be associated with a variety of

other autoimmune diseases. Untreated adrenal insufficiency can result in chronic fatigue, weight loss, and vulnerability to infections. Failure to overcome acute illness or infection can lead to life-threatening kidney failure. Therefore, it is very important to make a timely diagnosis in order to exclude chronic diseases, prevent acute deficits and establish appropriate tactics aimed at restoring quality of life.

Key words: Adrenal insufficiency; cortisol; Hyponatremia; Primary adrenal insufficiency; Secondary adrenal insufficiency; Adrenal insufficiency of the third degree, Adrenocorticotrophic hormone.

KIRISH

Buyrak usti bezi yetishmovchiligi buyrak usti bezlari po'stlog'ida kortizol sintezi va undan sekretsiya buzilishi natijasida yuzaga keladigan klinik holat. Adrenal yetishmovchilik buyrak usti bezining patologiyasi (birlamchi buyrak usti bezi yetishmovchiligi), gipotalamus yoki gipofiz patologiyasi (ikkilamchi buyrak usti bezi yetishmovchiligi) yoki gipotalamus-gipofizaradrenal o'qini ekzogen glyukoza bilan bostirish natijasida paydo bo'lishi mumkin (uchinchi darajali adrenal etishmovchilik). Shuningdek, mineralokortikoid yetishmovchilik bilan tavsiflanadi. Biroq, aldosteron sekretsiyasi asosan renin-angiotensin tizimi tomonidan tartibga solinishi sababli, ikkilamchi buyrak usti yetishmovchiligi va uchinchi darajali adrenal yetishmovchilikda aldosteron sekretsiyasi saqlanadi. Bu birlamchi buyrak usti bezin yetishmovchiligining biokimyoviy va klinik ko'rinishida sezilarli farqlarga olib keladi, biz ushbu sharhda muhokama qilamiz.

Birlamchi buyrak usti bezi yetishmovchiligi va ikkilamchi buyrak usti bezi yetishmovchiligi nisbatan kam uchraydi va odatda ixtisoslashgan endokrin xizmatlar dispanserida ko'rib chiqiladi. Aksincha, so'nggi ma'lumotlar ekzogen glyukokortikoidlar natijasida uchinchi darajali adrenal yetishmovchilik nisbatan keng tarqalganligini ko'rsatdi. Astma uchun steroidlar bilan davolangan bemorlarning katta qismi uchinchi darajali adrenal yetishmovchilikga ega; uchinchi darajali adrenal yetishmovchilikka ko'pincha tashxis qo'yilmaydi va bemorlar odatda endokrin klinikalardan tashqariga boshqariladi. Natijada, uchinchi darajali adrenal yetishmovchilik bilan og'rigan bemorlar ko'pincha o'zlarining tashxisini bilishmaydi va shuning uchun yashirin kasallik paytida o'tkir adrenal inqirozga moyil.

Adrenal yetishmovchilik charchoq va hayot sifatining pasayishidan hayotga tahdid soladigan buyrak usti bezlari yetishmovchiligidagi bo'lgan klinik belgilar spektri sifatida namoyon bo'lishi mumkin. Shuning uchun tashxis qo'yilmagan adrenal yetishmovchilik sezilarli kasallanishga olib keladi. Bundan tashqari, adrenal yetishmovchilikning barcha shakllari bilan bog'liq bo'lgan o'limning ortib

borayotganini ta'kidlaydigan nashr etilgan ma'lumotlar ushbu xavfli holatni aniq tashxislash va tegishli davolash zarurligini tasdiqlovchi dalillarni taqdim etadi.

Ushbu sharhda biz Gipofiz fiziologiyasini va adrenal yetishmovchilik bilan kasallangan bemorlarga etiologiyasi, taqdimoti va diagnostika yondashuvini umumlashtiramiz.

Gipotalamus-gipofiz buyrak usti va buyrak usti bezining fiziologiyasi.

Gipofiz kortizolning fiziologik sekretsiyasini tartibga soluvchi anatomik va fiziologik birlikdir. Gipotalamus va ikkita ichki sekretsiya bezlari o'rtasidagi o'zaro ta'sir, shu jumladan kortizolning gipotalamus va gipofizga ta'sir qiladigan salbiy qayta aloqa mexanizmi plazma kortizol gomeostazini saqlaydi. Bu qon bosimi va metabolizmni normal glyukokortikoidlar bilan tartibga solish imkonini beradi.

Adrenal yetishmovchilik etiologiyasi. Adrenal yetishmovchilik ni, asosan, buyrak usti bezlari korteksiga ta'sir qiladigan kasalliklar tufayli birlamchi buyrak usti bezi yetishmovchiligi, gipotalamus-gipofiz kasalliklari bilan bog'liq Adrenokortikotrop gormon sekretsiyasini yetishmovchiligi tufayli ikkilamchi buyrak usti bezi yetishmovchiligi va Adrenokortikotrop gormon sekretsiyasini bostiradigan ortiqcha ekzogen glyukokortikoid ta'siri tufayli uchinchi darajali adrenal yetishmovchilikga tasniflanishi mumkin.

Og'ir kasallikkagi Adrenal yetishmovchilik. Og'ir tibbiy yordamdagagi oldindan adrenal yetishmovchilik bo'lgan bemorlarda yoki o'tkir kasallikning bevosita natijasi sifatida paydo bo'lishi mumkin. Masalan, ikki tomonlama adrenal qon ketish, travmatik miya shikastlanishi yoki subaraxnoid qon ketish Bundan tashqari, steroidogenezga salbiy ta'sir ko'rsatadigan dorilar, masalan, ketokonazol yoki etomidat vaqtı-vaqtı bilan kasal bemorlarda qo'llaniladi. Nihoyat, jiddiy kasallikdan kelib chiqadigan kortikosteroid etishmovchiligi, bu atama Gipofizning stress reaktsiyasining buzilishini tavsiflash uchun ishlatiladi.

Laboratoriya anomaliyalari. Klinik biokimyoiy tadqiqotlarda klinisyenga birlamchi buyrak usti bezi yetishmovchiliginı ikkilamchi buyrak usti bezi yetishmovchiligi / Uchinchi darajali adrenal yetishmovchilikdan ajratishda yordam beradigan farqlar mavjud. Bu farqlar asosan Adrenokortikotrop gormon va aldosteronning mavjudligi yoki yo'qligi bilan izohlanadi. Birlamchi buyrak usti bezi yetishmovchiligidagi aldosteron etishmovchiligi gipovolemik giponatriimiya, giperkalemiya, gipoglikemiya, giperkalsemiya va qonda karbamid va qon zardobida kreatininning ko'payishi bilan, ayniqsa o'tkir buyrak usti bezi yetishmovchiligi sharoitida namoyon bo'lishi mumkin.

Adrenal yetishmovchilik diagnostikasi. Adrenal yetishmovchilik diagnostikasi past tasodifiy plazmada kortizol kontsentratsiyasi tufayli shubhalanishi mumkin,

ammo klinik jihatdan to'g'ri bo'lganda tashxis qo'yish uchun dinamik stimulyator testini o'tkazish kerak. Ammo, agar bemor o'tkir adrenal yetishmovchilikka shubha qilsa, tashxis hech qachon davolanishni kechiktirmasligi kerak va darhol parenteral gidrokortizonni boshlash kerak.

XULOSA

Birlamchi buyrak usti bezi yetishmovchiligi, Ikkilamchi buyrak usti bezi yetishmovchiligi va Uchinchi darajali adrenal yetishmovchilikning patofiziologiyasi va turli etiologiyalarini tushunish adrenal yetishmovchilik bilan og'igan bemorlar uchun terapiyani optimallashtirish uchun kalit hisoblanadi. Adrenal yetishmovchilik ko'pincha o'ziga xos bo'lmanган alomatlar bilan namoyon bo'lganligi sababli, klinisyenlar tashxis uchun yuqori shubha indeksiga ega bo'lishi va kerak bo'lganda tasdiqlovchi testlarni o'tkazishi kerak. Diagnostik testlarni kutayotganda adrenal yetishmovchilikni davolashni kechiktirmaslik kerak.

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