

RISK FACTORS FOR THE REJUVENATION OF DIABETES AND THE RETINA

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ANNOTATION

The science of Sahib diabetic diabetic diabetics retinathy, risk of reflex and diagnosis of problemsmol, textured results. Diabetic retinatinopathy group trunk bilan can be group diabetic retinopathy.

Keywords: diabetes mellitus, retinopathy, proliferation, fundus chamber.

INTRODUCTION

One of the nonspecific complications of severe widespread mining with diabetes is diabetic retinopathy. Patients with diabetes mellitus of Type 1 have a disability in terms of seeing cocktail –worthy patients and KD of KD-significantly 2 types of cocktail-worthy patients. According to the statistics of the dacha, with diabetes mellitus in 15% of the Earth's water is in pain, and the disease has a year-round increase in the concentration of rejuvenation. On the type of complication that gives diabetes mellitus with vascular cavities, patients are advised to drink a cocktail of carob to the of the disease,the okibati of the disease and life expectancy. With diabetes, the vessels of the retina of the eye, kidneys, brain and heart are damaged. The ophthalmologist first sees changes in the bottom of the eye, characteristic of candied diabetes. Patients complain of blurred vision, the appearance of spots and spots in front of the eyes, while they themselves do not know that they have diabetes. In diabetes mellitus with Candida, the rash from retinopathy gives complications in the sense of the eye: cataracts, secondary neovascular glaucoma, damage to the mucous membrane in the form of nocturnal keratopathy, trophic ulcers, endothelial dystrophy, blepharitis, blepharokon'yunktivitis, Yachmen, iridocyclitis, in some cases, damage to the nerve that causes the fall .

The development of diabetic retinopathy is growing by 50%. (Viscose epidemiological tests WESDR SSHA from 1984 to 1992.). Risk factors for candida diabetes - increased risk of glycosylated hemoglobin HbA1c by 1%, Systolic AD by 10 mm rt. st. ga rise, increase in the amount of sugar exceeds 3 years. Diabetic retinopathy develops 2 years earlier than in male children in cases when the disease is due to the factors of origin of the disease,the age of the patient, hyperlipidemia ,xomiladorlik, alcohol,tobacco products,excess weight in the body, the sex of the patient,physical cocktails,other diseases of the eyes,diabetes mellitus insulin.

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OBJECTIVE OF THE TOPIC

Profilactic examination of maxillary axillary from carrying out scientific research work and full examination of the medical examination of the maxillary health as a result of the full

examination of the retina and internal pressure of the eye in a healthy body to make a diagnosis by examining the disease in a latent state and the possible

MATERIAL AND METHODS

Hospital 2019 - 2021 yil Denis kelgan hospital 2643 Tassi diagnosis appointment birlamchi ophthalmologikushdan shtkazildi. patient of the worker of alkalinity ontkirigi, the streets of ichchii bosimi kontaktli and kontaktiz, bir and ikki shlchamlm echometer, metry, autorefractrometry tecuchandan suchingry Tapicamide 1% molkisi tomizilib 30 dakik seyngra "mantuzvilm echometer, bandages, Diafly Kurgid intra-guadall yIn 2643 patients, various level changes were made in the eye depths. In addition, patients with developmental biological and social problems, diabetes mellitus, haphacon disease, collogenosis, tuberculosis, AIDS were included in the study. Various changes were made while the patient did not perceive the "Fundus" camera at the bottom of the eyes..

RESULT:

The result of the study showed that new and old mining burns were observed in different volumes on the retina in 484 of 2643 patients undergoing a profilactic examination with the camera spine" fundus". The intraocular pressure of the non-contact eye was measured in the axol under the age of 30 years. As a result of the examination, the same thing was revealed, in 1497 out of 214 axles, the eye exerted an internal pressure load, and the visual acuity was an eccentric narrowing

1st Group - Of the patients who came to the primary examination in the 1st Group, 26 tests revealed various changes in the retina, 5 patients had blood transfusions in the giant volume of the retina and yellow spot. In the remaining 94 patients, the net curtain remained unchanged.

2-Group. Diseases that cause severe complications of vision activity – (diabetic retinopathy, neuroretinopathy, hypertension, atrophy of the CND, mining burns on the retina, migration of the retina) - 245 PCs;

3-group. Diseases of clinical refraction and binocular vision impairment - (myopia, hypermetropia. AIDS, taxoplasmosis) - 85 pieces

In patients of the second group, various changes in the retina were caused, mainly as a complication of General diseases. Basically, 76 patients with all stages of diabetes underwent changes in the retina. In 24 patients with diabetic neuroretinopathy, different levels of blood are burned in the retina.

Neproliferative - microaneurysms minor intraretinal mining rashes, lace curtain edema, cysts and soft exudative foci. Maculopathy (exudative, ischemic, edema). Preproliferative -venous mining vascular anomalies (vascular wear-out), an increase in soft and cattic exudates, intrathecal anomalies of capillary vessels (Irma) and large retinal hemorrhages.

Proliferative -neovascular, retinal, preretinal and intravitreal mining burns of the anterior disc or retina of the retina of the larynx./ hemodynamics, be dressing fibrosis spill around neovascularization.

DRESSING WITH TERMINAL BAND

vitreoretinal Schwartz traction leads to the migration of lace curtains. Neovascularization of the anterior partition leads to secondary scarring glaucoma.

Neovascular glaucoma – this is a secondary glaucoma, characterised by the fact that the new mining vessels grow into a colorful curtain, the angle of the front section and imparts the angle of the front section as a result of scarring dressing piss off. As a result of this, the internal pressure of the eye rises and the treatment begins to wear off. Diabetic maculopathy-damage to the yellow spot in candied diabetes maculopathy develops in the case of those who have diabetes mellitus and causes a decrease in visual acuity. boskich-neovascular, retinal, preretinal and intravitreal mining burns of the anterior disc or retina of the retina of the larynx./ hemodynamics, be dressing fibrosis spill around neovascularization. Dressing with terminal band - vitreoretinal Schwartz traction leads to the migration of lace curtains. Neovascularization of the anterior partition leads to secondary scarring glaucoma.

Thus, weight loss is the 3 main cause of a decrease in visual acuity in diabetic retinopathy. Maculopathy, various types of mining burns on the retina and traction migration of the retina. In 27 patients with hypertensive disease, changes of varying degrees in the retina were made. 8 patients one blood was poured into the retina of the eye for no reason. 6 patients had corneal border furnace in different volume and 4 patients had corneal curtain migration.

Diseases of clinical refraction and binocular vision impairment - (Myopia, hypermetropia. AIDS, taxoplasmosis) - 85 PCs. In these 46 patients, myopic chorioretinitis was detected in different cases, exudative choriopathy in 9 patients, degenerative migraines in 10 patients. During the examination, 6 patients who came with complaints of tears in the eyes, redness, because they deserve the most attention, when examined, there are various blood clots in the area around the retina of the eye, the optic nerve disk, but the visual acuity has not changed

CONCLUSION

A-V scan, "fundus" camera examination in the diagnosis and profilactic examination Max, based on the complaints of patients during the ophthalmologist examination, gives the best effect and preserves the activity of the members of the examination and prevents various complications. Due to the above, constant monitoring of changes in the visual nerve disc is a must for maxad to take control of patients with kandli diabetes, whiplash disease, collagen diseases, TBS and AIDS.

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