IMPACT FACTOR (RESEARCH BIB) – 7,245
MAXSUS SON . VOLUME 5, ISSUE 1, 2023

MORPHOLOGICAL ASSESSMENT OF PATHOLOGY THYROID GLAND

Muallif	[1] **Muxamadiyeva Muxabbat,** [2]**Jo'rayeva Muxlisa,** [3] **Hazratqulov Javlonbek ,** [4] **Kurbanova N.S.**
O'qish yoki ish joyi	[1] **student of medical course 417 group, Samarkand State Medical University ,** [2] **student of medical course 417 group, Samarkand State Medical University** [3] **student of medical course 417 group, Samarkand State Medical University** [4] **Scientific adviser - Assistant of the Department of Endocrinology, Samarkand State Medical University**
Qabul qilindi	**12.09.2023**
Nashr qilindi	**13.09.2023**

Abstract

Undoubted successes in the surgical treatment of thyroid diseases are due to the improvement of technical techniques for performing operations and, to a large extent, the widespread introduction into clinical practice of a complex of modern adequate methods of preoperative mandatory examination and postoperative observation and treatment. Modern view in the study of thyroid pathology[1,2,3]. Pathology associated with disruption of the thyroid gland in the territory Uzbekistan are widespread, since the pathology develops in as a result of an imbalance in the environment of chemical elements, in particular iodine, which is important for the normal functioning of the body, as well as due to discrepancies in the proportions between micro and macroelements found in the soil[4,5]. Clinically, thyrotoxicosis is manifested by depression, emaciation, tremor of the limbs, trunk, tongue, muscle weakness, ophthalmopathy, shortness of breath, increased breathing, tachycardia and restless sleep, enlarged thyroid gland. [6,7,8]. Scientists around the world create new combinations of drugs, but still a problem thyrotoxicosis still remains a global problem that requires further morphopathological studies of internal organs when modeling pathology thyroid gland. [9,10].

Keywords

Thyroid gland, depression, emaciation, tremor, ophthalmopathy, tachycardia, thyrotoxicosis.

Target: Evaluate the results of clinical and morphological diagnosis of thyroid diseases.

Materials and methods: During the period from 2022 to 2023, 340 patients with thyroid diseases were operated on. Of these, thyrotoxicosis (diffuse and nodular) - 105 patients, nodular forms - 235 patients. The complex of diagnostic methods included studies of thyroid hormones, ultrasound examination of the thyroid gland, color Doppler mapping of the thyroid gland, fine-needle aspiration puncture biopsy (FNA) under ultrasound control, scanning of the thyroid gland for thyrotoxicosis, postoperative histological examination of the thyroid gland. All patients underwent surgery for

thyroid diseases. Indications for surgery were thyroid cancer, follicular tumor, compression of the neck organs, and ineffectiveness of conservative therapy for thyrotoxicosis.

Results: There were 240 patients with nodular forms of thyroid disease, carcinoma was detected in 71 patients with TAPB, of which postoperative histological findings confirmed carcinoma in 68, nodular goiter in 2, follicular adenoma in 1 case. In 8 patients, malignancy was established during TAPB; the final histological examination revealed carcinoma in 3 patients, nodular goiter in 3 patients, and follicular adenoma in 2 patients. Follicular neoplasia was detected during FNA in 20 patients; during final testing, adenoma was confirmed in 11 patients, nodulation in 8 cases, and carcinoma in 1 patient. In 6 cases, FNA revealed atypia of the follicular epithelium, the final histological result was nodular goiter in 3 patients, Riedel's goiter in 1, lymphoma in 1 and carcinoma in 1 patient. In 7 cases, FNA revealed cellular metaplasia and B-cell tumor, at the final histoprognosis - carcinoma in 2 patients, nodular goiter in 2, follicular adenoma in 2 patients and C-cell adenoma in 1 case. In FNA with nodulation in 128 patients, histological findings confirmed nodulation in 119 patients and the presence of carcinoma in 9[11,12,13]. Despite the fact that FNA helps to determine the absolute indications for surgical intervention for thyroid cancer, 83 (23.7%) patients. All other indications for surgery are relative, and the surgeon makes the decision individually in each specific case. Despite the fact that FNA helps to determine the absolute indications for surgical intervention for thyroid cancer, 83 (23.7%) patients. [14,15]. All other indications for surgery are relative, and the surgeon makes the decision individually in each specific case. Despite the fact that FNA helps to determine the absolute indications for surgical intervention for thyroid cancer, 83 (23.7%) patients. All other indications for surgery are relative, and the surgeon makes the decision individually in each specific case. [16,17].

Conclusion: The initial study for thyroid nodules is FNA, which determines the extent of surgical intervention.

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