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## QANDLI DIABET BILAN KASALLANGAN BEMORLADAGI NEFROPATIK O‘ZGARISHLAR

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### **Annotatsiya.**

*Ushbu maqolada qandli diabet bilan kasallangan bemorlarda rivojlanadigan nefropatik o‘zgarishlar yoritilgan. Diabetik nefropatiya qandli diabetning asosiy asoratlardan biri bo‘lib, buyrakning filtratsiya qobiliyatining pasayishi, mikroalbuminuriya, proteinuriya va oxir-oqibat surunkali buyrak yetishmovchiligiga olib keladi. Etiologiya, patofiziologiya, klinik ko‘rinishlar, diagnostika va davolash usullari batafsil ko‘rib chiqilgan. Shuningdek, bemorlarda asoratlarning oldini olish va buyrak salomatligini saqlash uchun profilaktik choralar tavsiya etilgan. Ushbu maqola diabetik nefropatiyaning jiddiyligini anglash va samarali boshqarish bo‘yicha muhim ma‘lumotlarni taqdim etadi.*

### **Kalit so‘zlar:**

*Qandli diabet, diabetik nefropatiya, mikroalbuminuriya, proteinuriya, giperglikemiya, arterial gipertenziya, buyrak yetishmovchiligi, glomerulyar filtratsiya tezligi (GFT), glikemiya nazorati, ACE-inhibitorlar, ARB, profilaktika.*

## **KIRISH**

Qandli diabet (QD) dunyo bo‘ylab surunkali metabolik kasalliklar orasida yetakchi o‘rinda turadi. Uning uzoq muddatli asoratlari orasida diabetik nefropatiya muhim o‘rin egallaydi. Diabetik nefropatiya buyraklarning shikastlanishi bilan tavsiflanadi va oxir-oqibat surunkali buyrak yetishmovchiligiga olib kelishi mumkin. Ushbu maqolada diabetik nefropatiyaning rivojlanish sabablari, patofiziologiyasi, klinik ko‘rinishlari va davolash usullari muhokama qilinadi.

### **Etiologiya va xavf omillari**

Diabetik nefropatiyaning rivojlanishiga quyidagilar sabab bo'lishi mumkin:

1. Yuqori glikemiya: Giperglikemiya glyukozaning ortiqcha miqdorda to'planishiga va buyrak to'qimalarida oksidlovchi stressni keltirib chiqaradi.
2. Arterial gipertenziya: Qalqonchalar ichidagi bosimning oshishi glomerulyar shikastlanishiga sabab bo'ladi.
3. Genetik moyillik: Ayrim bemorlarda irsiy omillar diabetik nefropatiya xavfini oshiradi.
4. Sigaret chekish va noto'g'ri ovqatlanish: Bu omillar oksidlovchi stressni kuchaytiradi va mikrotsirkulyatsiyani buzadi.

### **Patofiziologiya**

1. Gipfiltratsiya bosqichi: Qandli diabetning ilk bosqichlarida glomerulyar filtratsiya tezligi (GFT) oshadi.
2. Glomerulyar shikastlanish: Giperglikemiya natijasida glomerulalarda bazal membrana qalinlashadi va podotsitlar shikastlanadi.
3. Proteinuriya: Albumin va boshqa oqsillarning siydik orqali chiqarilishi kuzatiladi.
4. Buyrak funksiyasi pasayishi: Filtratsiya qobiliyatining izchil yomonlashuvi oxir-oqibat surunkali buyrak yetishmovchiligiga olib keladi.

### **Klinik ko'rinishlar**

1. Ilk bosqichlar:

Klinik simptomlar bo'lmaydi.

Mikroalbuminuriya aniqlanadi (30–300 mg/kun).

2. Keyingi bosqichlar:

Proteinuriya (300 mg/kun dan ortiq).

Qon bosimi ko'tarilishi.

Oyoq-qo'llarda shishlar.

Umumiy holsizlik va charchoq.

3. Buyrak yetishmovchiligi:

GFTning pasayishi (<60 ml/min).

Kreatinin va qonda mochevina darajasining oshishi.

Suv-tuz muvozanatining buzilishi.

### **Diagnostika**

1. Laborator tahlillar:

Siydikda mikroalbuminuriya yoki proteinuriya aniqlash.

Qonda kreatinin va mochevina darajasini baholash.

GFTni aniqlash.

2. Instrumental diagnostika:

Buyrak ultratovushi: buyrak hajmi va tuzilmasini baholash.

Doppler tadqiqotlari: buyrak tomirlarining holatini aniqlash.

### **Davolash**

1. Glikemiyaning nazorat qilish:

Insulin va qonda glyukoza darajasini boshqaruvchi dori vositalarini qabul qilish.

HbA1c darajasini 7% dan pastroq darajada saqlash.

2. Arterial bosimni boshqarish:

ACE-inhibitorlar yoki ARB (angiotenzin retseptor blokatorlari) qoʻllash.

Qon bosimini  $\leq 130/80$  mmHg darajasida saqlash.

3. Diyetoterapiya:

Tuz iste'molini cheklash.

Oqsil iste'molini me'yorlashtirish (0,8 g/kg/gacha).

Yod va kaliyning iste'molini nazorat qilish.

4. Siydik chiqarish tizimi monitoringi:

Siydik oqsili darajasini muntazam kuzatish.

Buyrak funksiyasining pasayishini erta aniqlash.

5. Surunkali buyrak yetishmovchiligi bosqichida:

Dializ yoki buyrak transplantatsiyasi.

### **Profilaktika**

1. Qandli diabetni erta aniqlash va davolash.

2. Muntazam ravishda qonda glyukoza va arterial bosimni nazorat qilish.

3. Sogʻlom turmush tarzini olib borish: toʻgʻri ovqatlanish, muntazam jismoniy faollik va chekishni tashlash.

4. Har yili nefrolog va endokrinolog koʻrigidan oʻtish.

### **Xulosa**

Diabetik nefropatiya – qandli diabetning eng jiddiy asoratlardan biri boʻlib, bemorlarning hayot sifatini sezilarli darajada pasaytiradi. Ushbu patologiyani erta aniqlash, glikemiya va arterial bosimni qatʼiy nazorat qilish, shuningdek, hayot tarzini sogʻlomlashtirish orqali asoratlarni oldini olish va bemorlarning uzoq umr koʻrishini taʼminlash mumkin boʻlgan manbalar asosida tuzilgan.

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