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## ENDEMIK BUQOQ BILAN KASALLANGAN BEMORLARDA REPRODUKTIV TIZIMDA O‘ZGARISHLAR

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***Annotatsiya.** Ushbu maqolada endemik buqoq bilan kasallangan bemorlarda reproduktiv tizimidagi o‘zgarishlar tahlil qilinadi. Yod yetishmovchiligi natijasida rivojlanadigan endemic buqoq gipotireoz va gipertireoz kabi kasalliklarni keltirib chiqaradi, bu ayollarda menstrual siklning buzilishi, ovulyatsiyaning susayishi, homiladorlikdagi xavflar va bepushtlikka sabba bo‘ladi. Erkaklarda testosterone darajasining pasayishi, spermatogenez jarayoning buzilishi va jinsiy faoliyatning pasayishi kuzatiladi. Patofiziologik jarayonlar, diagnostika usullari va davolash choralariga alohida e‘tibor qaratilgan. Shuningdek profilaktika jarayonlarini ahamiyati ta‘kidlangan. Ushbu maqola endemik buqoqning reproduktiv salomatlikka ta‘sirini chuqur tushunishga yordam beradi va kasallikning boshqarishning muhim tomonlarini yoritadi.*

***Kalit so‘zlar:** Endemik buqoq, yod yetishmovchiligi, qalqonsimon bez, gipotireoz, gipertireoz, reproduktiv tizim, bepushtlik, hayz sikli buzilishi, ovulyatsiya, bepushtlik, spermatogenez, testosteron, gormonal disbalans, homiladorlikdagi xavflar, gormonal terapiya, profilaktika.*

### KIRISH

Endemik buqoq qalqonsimon bezning yod yetishmovchiligi natijasida kattalashishi bilan tavsiflanadi. Bu holat asosan yod yetishmovchilik hududlarida yashovchi odamlarda uchraydi va ko‘pincha qalqonsimon bezning gormon ishlab chiqarish faoliyatiga ta‘sir qiladi. Qalqonsimon bez gormonlari organizmning ko‘plab tizimlari, jumladan reproduktiv tizim faoliyati uchun muhimdir. Ushbu maqolada

endimik buqoqning erkaklar va ayollarning reproduktiv salomatligiga tasiri tahlil qilinadi.

### **Endimik buqoq va qalqonsimon bezning desfunktsiyasi**

Endimik buqoq asosan yod yetishmovchikigi tufayli yuzaga keladi. bu holat quyidagilarga olib kelishi mumkin:

**1. Gipoterioz-** qalqonsimon bezning gormon ishlab chiqarishining pasayishi

**2. Gipertierioz-** kamdan-kam hollarda, qalqonsimon bez faoliyatining ortishi

Qalqonsimon bezning fiziologik hajmi kattaashishi va uning gormon ishlab chiqarish jarayoniga mexanik tasir ko'rsatishi.

Qalqonsimon bez gormonlari (T3 va T4) gipo yoki gipersekretsiyasi jinsiy gormonlarining ishlab chiqarilishi, follikulalar rivojlanishi, menstrual sikl va urug'lanish jarayonlariga bevosita ta'sir ko'rsatadi.

### **Reproduktiv tizimdagi o'zgarishlar**

#### **Ayollarda**

##### **1. Menstrual siklning buzilishi**

Gipoterioz natijasida **oligomenoriya** (Hayz ko'rishi kam vaqtda yoki kam miqdorda bo'lishi) yoki **aminoreya** (hayzning yo'qligi) rivojlanishi mumkin.

Gipertierioz esa hayz ko'rishning tezlashishi va ko'p qon ketishiga olib kelishi mumkin.

##### **2. Ovulyatsiyaning buzilishi**

Qalqonsimon bezning disfunktsiyasi ovulyatsiyaning to'liq bo'lmasligiga olib keladi. Bu esa bepushtlikka sabab bo'lishi mumkin.

##### **3. Homiladorlikdagi xavflar**

Endemik buqoq bo'lgan ayollarda homiladorlikning tabiiy kechishi xavf ostida bo'ladi: erta tushish, homilaning rivojlanishida kechikish, go'dakning kam vaznda tug'ilishi va hatto o'lim hollari kuzatiladi. Homiladorlik paytida yod yetishmovchiligi homilada aqliy rivojlanishning sustlashishiga olib keladi.

##### **4. Prolaktin darajasining oshishi**

Gipotireozda giperprolaktinemiya rivojlanishi mumkin, bu esa sut bezlarining faoliyatini buzadi va ovulyatsiyani susaytiradi.

#### **Erkaklarda**

##### **1. Testosteron darajasining pasayishi**

Gipotireoz erkaklarda testosteron ishlab chiqarilishini kamaytiradi, bu esa jinsiy istakning susayishiga olib keladi.

## **2. Spermatogenezning buzilishi**

Endemik buqoq spermatozoidlarning soni va sifatini pasaytiradi, bu esa erkaklar bepushtligiga sabab bo'lishi mumkin. Gipertireoz esa spermatozoidlarning harakatchanligini kamaytiradi.

## **3. Jinsiy funktsiya buzilishi**

Jinsiy quvvatning pasayishi, erektil disfunktsiya va jinsiy qoniqarsizlik.

## **Patofiziologik mexanizmlar**

### **1. Qalqonsimon bez va gipotalamo-gipofizar tizim**

Qalqonsimon bez gormonlari gipotalamus va gipofiz bilan bog'liq bo'lgan murakkab mexanizmlar orqali jinsiy gormonlar ishlab chiqarilishini boshqaradi. Gipotireoz yoki gipertireoz bu mexanizmlarni buzadi.

### **2. Yod yetishmovchiligi va jinsiy gormonlar**

Yod yetishmovchiligi estrogenlar va progesteronlar darajasini pasaytiradi.

Erkaklarda testosteron ishlab chiqarilishi pasayadi va bu jinsiy tizimning buzilishiga olib keladi.

### **3. Metabolik o'zgarishlar**

Qalqonsimon bez gormonlarining disbalansi reproduktiv tizimda metabolizm va hujayralar bo'linishini buzadi.

## **Davolash va oldini olish**

**1. Yod yetishmovchiligini bartaraf etish:** Ratsionga yodlangan tuz, dengiz mahsulotlari va yodga boy oziq-ovqat mahsulotlarini kiritish.

### **2. Qalqonsimon bez gormonlarini muvozanatlashtirish:**

Gipotireozda levotiroksin buyuriladi.

Gipertireozda tireostatik dorilar qo'llaniladi.

### **3. Reprodukativ funktsiyani tiklash:**

Ayollarda ovulyatsiya va hayz siklini tiklash uchun gormonal terapiya.

Erkaklarda testosteron terapiyasi va spermatogenezni yaxshilash usullari qo'llaniladi.

#### 4. Muntazam tibbiy ko'rik:

Homiladorlikni rejalashtirayotgan yoki reproduktiv muammolari bor bemorlar endokrinolog va ginekolog/urolog ko'rigidan o'tishlari zarur.

#### Xulosa

Endemik buqoq bemorlarda reproduktiv tizim faoliyatining buzilishi qalqonsimon bez gormonlarining disbalansi va yod yetishmovchiligi bilan bog'liq. O'z vaqtida tashxis qo'yish va davolash reproduktiv salomatlikni tiklashga yordam beradi. Profilaktika choralari orqali yod yetishmovchiligi va uning oqibatlarini sezilarli darajada kamaytirish mumkin.

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