

TO EXPLORE THE MOST COMMON TYPES OF BLOOD SYSTEM DISEASES AMONG  
CHILDREN

**Ibragimov S.T, Ochilov Y.S, Qurbonov Sh.T**

*Samarkand State Medical University, Samarkand, Uzbekistan*

*Department of Children Diseases Propaedeutics's docent, candidate of medical sciences: Uralov Shukhrat Mukhratovich*

**The purpose of work.** Nowadays, blood system diseases are the most common disease among young children. According to the World Health Organization 82 per cent of children suffer from various levels of anaemia. Low levels of haemoglobin and causes of iron department various aetiology lead to mental and physical deficiencies in the children. Moreover, This system disease can also be caused by a variety of other diseases, and this can also lead to a decrease in immunity to iron deficiency in a child. Therefore, The purpose of this study is to determine the prevalence and associated factors of blood system diseases among young people.

**Materials and methods.** The study was performed on 60 children who visited the Haematology Department at the Samarkand Regional Multidisciplinary Medical Center. The results of the analysis of general anamnesis, complaints, and subjective and objective examination of patients under 18 ages were observed for 1 month. In addition, a complete blood count of their blood, and blood tests on them based on the patient's condition. Haemoglobin (Hb), Total White Blood Cell (TWBC), Total Red Blood Cell (TRBC), Platelet, Packed Cell Volume (PCV), MCH, MCHC, Differential White Cell (DC), Reticulocytes, Peripheral Blood Film (PBF), Factor Assay, Erythrocytes Sedimentation Rate (ESR), Bone Marrow Staining, G6PD Screening, G6PD Assay, Osmotic Fragility Test (OFT), Haemoglobinopathy Analysis, Haemoglobin Electrophoresis, Neutrophil Alkaline Phosphate (NAP) Score, Molecular Haematology-PCR for Alpha Thalassemia, PCR for Beta Thalassemia and other tests were performed. All general results of selected patients were analyzed and their examination was announced.

**Results.** Of the total 60 patients examined, 12 (20%) had iron deficiency anaemia, 8 (13.33%) had acute myeloid leukaemia, 7 (11.67%) had chronic disease anaemia, and 6 (10%) had idiopathic thrombocytopenia formed the largest part. Of the remaining patients, 4 (6,667%) had aplastic anaemia, sickle cell anaemia, and acquired anaemia, respectively. Two patients (3.33%) were diagnosed with hemolytic anaemia, acute myeloblastic leukaemia, haemophilia B and B12 deficiency anaemia. Appropriately acquired aplastic anaemia, chronic autoimmune hemolytic anaemia, and thrombocytopeny was detected in all other exam patients, respectively.

**Conclusion:** The conclusion is that along with the treatment of growing generations with such diseases, Treating children with pediatric blood and immune disorders is very complex. We put together the most beneficial treatment proposal for

your youngster, customized to their needs and formulated to achieve the increased possible level of achievement. Otherwise, the decrease in immunity will lead to the emergence of other infectious, chronic diseases in infants. Regardless of which therapy we think is best for your kid, all patients benefit from supportive care. This includes medications, enzyme replacement therapies, blood transfusions, lifelong monitoring, and psychosocial support.

**QUESTIONNAIRE:**

1. Ibragimov Sardorbek Tolib ugli

2. Telephone number: +998333112098.

E-mail:

[sardoribragimov388@gmail.com](mailto:sardoribragimov388@gmail.com)

3. Faculty of Pediatrics, 3 — course, the student of 309- group

4 Samarkand State Medical University: Telephone number: 8366-233-55-13

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6. Theses

7 . Scientific supervisor Department of Children Diseases Propaedeutics's docent, candidate of medical sciences: Uralov Shukhrat Mukhratovich