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MORPHOLOGICAL DIAGNOSTICS OF REACTIVE CHANGES IN LYMPH NODES

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Relevance: Morphological diagnostics of reactive changes in lymph nodes is based on the principle of identifying various types of morphological reactions and correlating the spectrum of reactions of morphofunctional zones of lymph nodes and stages of the immune response in lymphadenopathies of various etiologies. The issue of activation of extrafollicular B-cells is considered. It is proposed to differentiate granulomatous lymphadenitis with microabscesses by the type of activation of B- or T-lymphocytes. The article provides recommendations on the formation of a pathological response to reactive changes in lymph nodes, which can further serve as the basis for creating a clinical algorithm for identifying a possible etiological factor of lymphadenopathy.

Objective: To assess the morphological diagnostic status of reactive changes in the lymph nodes.

Objective of the study: To analyze the morphological diagnostic status of reactive changes in the lymph nodes during inflammation using literature data.

Results of the study: Lymphadenopathy (lymph nodes larger than 1.0–1.5 cm, inguinal lymph nodes larger than 2.0 cm) are a clinical sign that requires a comprehensive examination, including the collection of clinical data. Anamnestic data, localization and spread of the process (local, regional, geographic, nonspecific lymphadenopathy), physical characteristics, laboratory and instrumental research methods. Enlargement of the lymph nodes can be caused by various factors: 1) B- and/or T-cells with a reaction of the corresponding morphological and functional zones of the immune response. Morphological examination of a biopsy of the axillary lymph node - reactive nature of the changes; 2) infections: viral, bacterial, fungal. Morphological examination - the nature of changes in the reactive lymph node; 3) the presence of a tumor substrate of lymphoid and hematopoietic tissues (non-Hodgkin's lymphoma, Hodgkin's lymphoma, antigen-presenting fibroblastic interstitial cell sarcoma); 4) metastatic lesion.

Pathological and differential features of reactive changes in lymph nodes in response to antigenic stimuli of various etiologies, expressed in a wide range of morphological reactions. The first stage of morphological diagnostics is cytological examination. Thus, bacteriological examination is indicated when obtaining purulent material from a fine-needle biopsy of the lymph node (most often, streptococcal and tuberculosis infections are detected with purulent material). If there is an etiologic suspicion of a neoplasm/lymphoproliferative disorder or persistent or progressive

lymphadenopathy or marked enlargement of lymph nodes, taking into account their location, physical characteristics and relevant clinical data, excision or incisional biopsy should be performed for morphologic, immunohistochemical and possibly PCR diagnostics. is carried out using studies. Differential diagnosis of lymphomas is a complex pathomorphologic problem. The morphologic conclusion of the pathologist is taken as a basis.

Conclusion: Thus, the correlation of the severity of a particular reaction with other morphofunctional zones of the lymph node and the type of immune response, cellular composition and immunophenotype of cellular elements participating in the immune response are the main factors in the differential diagnosis of reactive changes in the lymph nodes. Conclusion: Thus, the correlation of the severity of a particular reaction with other morphofunctional zones of the lymph node and the type of immune response, cellular composition and immunophenotype of cellular elements participating in the immune response are the main factors in the differential diagnosis of reactive changes in the lymph nodes.

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