

PECULIARITIES OF GENDER IN IDA IN CHILDREN IN THE ARAL SEA REGION

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Anemia is a pathological condition characterized by a decrease in the number of red blood cells and hemoglobin per unit volume of blood[1]. It has been established that IDA is the most common disease. According to WHO, about 2 billion people on the globe have iron deficiency (ID), and half of them have it in its extreme form – IDA, which accounts for approximately 80% of all types of anemia [3]. The most vulnerable groups of the population to the development of IDA are young children (under 3 years old), adolescents (mostly girls). It has been shown that the frequency of IDA depends on the geographical, social, and socio-domestic conditions of the population [2]. The most significant causes of iron deficiency in young children are considered to be the increased need of the body for iron due to rapid growth rates and insufficient iron intake from food. A negative iron balance over a long period of time leads to the development of its deficiency in the body, which is accompanied by microcytic, hypochromic, and normoregenerative anemia.

Thus, in connection with the developing environmental problems of the region, an increase in the total number of anemia cases in children in the Aral Sea region is observed, exceeding the national average.

Purpose of the study: based on the study features of clinical and laboratory characteristics of iron deficiency anemia in children of the Aral Sea region, improve the criteria for early diagnosis, prognosis of the severity of the disease and treatment.



Materials and methods of research: The clinical study involved 54 sick children with IDA from 1 year to 18 years of age, those who applied for diagnosis and treatment in the hematology department of the Multidisciplinary Children's Medical Center, Republic of Karakalpakstan and the Laboratory Department of the Republican Polyclinic named after U. Khalmuratov, in the period from 2023-2024.

Results: Analysis of the results of the distribution of patients depending on gender showed that among patients in the IDA group, there was a predominance of girls (72.6% versus 27.4%, respectively) (see Table 2.3).

Table 2.3

Floor	patients, n=54	
	A	
	Abs.	%
Boys	18	27.4%
Girls	36	72.6%
Total	54	100

The objectives of our study were to examine the clinical manifestations and course of IDA (n=54) at the time of initial consultation. Among the examined patients with IDA (72.6% versus 27.4%), the highest percentage were females (the ratio of boys to girls was 1:1.8 and 1:2.6, respectively, for the diseases). The ratio of patients with IDA by gender in our observations did not differ from the values given in the literature.

Conclusion: Summarizing the obtained results of the conducted study, aimed at a comprehensive study of the main pathogenetic mechanisms of the formation of pathological processes that play an important role in the development of IDA, it is possible to highlight the disturbances observed in red blood cells and biochemistry. Consequently, on the basis of the conducted assessment of clinical manifestations of iron deficiency condition, predictors of the severity of the disease were determined. In the database of the studied laboratory tests, we established manifestations of iron deficiency condition depending on the severity of the disease and improved the criteria for early diagnosis and prognosis of the disease.

