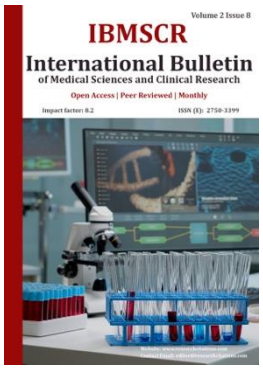

RELEVANCE OF APS SYNDROME

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Antiphospholipid syndrome (synonyms: antiphospholipid antibody syndrome, lupus antibody syndrome, Hughes syndrome) is a systemic autoimmune disease associated with hypercoagulation and caused by the synthesis of antiphospholipid antibodies (aPL): anticardiolipin antibodies (aCL, lupus anticoagulant (LA), antibodies to b2-glycoprotein I (anti-b2-GP Despite the fact that APS is most often considered in the context of gynecological pathologies, as one of the causes of abortion, defining it as exclusively gynecological is incorrect: the disease occurs in any population group and has a blurred clinical picture. The vigilance of a doctor of any specialization regarding this condition is especially important, since timely prescribed therapy improves the quality of life of patients and long-term prognosis, preventing the development of life-threatening complications.

Key words: AFS syndrome, hypercoagulation, thrombosis, obstetric complications, autoimmune

Some estimates place the incidence of APS at about 5 new cases per 100,000 people per year, and the prevalence at about 40–50 cases per 100,000 people. APS is most often diagnosed at a young age: the number of patients over the age of 50 years is only 12.5%.

Antiphospholipid antibodies are detected in 17% of patients with stroke under 50 years of age, 11% of patients with myocardial infarction, 9.5% of patients with deep vein thrombosis and 6% of patients with pregnancy pathologies [2].

In healthy blood donors, anticardiolipin antibodies are detected in 10%, lupus anticoagulant in 1%, but when retested a year later, less than 1% remain positive. In this case, the transient appearance of APA may be a consequence of previous infection or inflammation.

The underlying causes of antiphospholipid syndrome are unknown. Meanwhile, factors predisposing to increased levels of antibodies to phospholipids have been studied and identified. Thus, a high titer of antiphospholipid antibodies is observed against the background of:

viral and bacterial infections (hepatitis C, HIV, infectious mononucleosis, malaria, infective endocarditis, etc.)

autoimmune diseases (systemic lupus erythematosus, rheumatoid arthritis, Sjogren's disease, periarteritis nodosa, autoimmune thrombocytopenic purpura);

malignant neoplasms; taking medications (psychotropic drugs, hormonal contraceptives, etc.), discontinuing anticoagulants.

There is information about a genetic predisposition to increased synthesis of antibodies to phospholipids in individuals who carry the HLA DR4, DR7, DRw53 antigens and in relatives of patients with antiphospholipid syndrome.

Venous thrombosis is the most common manifestation of APS. Most often, thrombosis occurs in the deep veins of the lower extremities, which can also lead to the development of

pulmonary embolism (PE). In more rare cases, thrombosis occurs in the hepatic veins, portal vein, superficial veins and any other venous basin.

Intracerebral arterial thrombosis is the most common arterial thrombosis in APS. Pathology leads to stroke and transient ischemic attacks. Recurrent ischemic microstrokes sometimes occur without significant neurological disorders. Arterial thrombosis of other localizations can manifest as gangrene of the extremities, aseptic necrosis of the femoral heads, myocardial infarction, kidneys and other internal organs. Most often, patients relapse those types of thrombosis that were the first manifestation of the disease: for example, if APS manifested itself with arterial thrombosis, recurrent arterial thrombosis will occur.

Obstetric pathology in APS may include spontaneous abortion in the early stages (miscarriages, including repeated ones), frozen pregnancy, intrauterine fetal death, early and late preeclampsia, eclampsia and HELLP syndrome. In APA-associated miscarriage, APA interact with the trophoblast, leading to cell damage and apoptosis, inhibition of proliferation, syncytium formation, decreased production of human chorionic gonadotropin, impaired secretion of growth factors and disruption of natural invasive properties

Making a diagnosis of APS presents a professional challenge for the physician. The difficulty of diagnosing APS is that many clinical manifestations of the disease are extremely nonspecific: from neurological manifestations simulating multiple sclerosis to the clinical picture of infective endocarditis. Clinical manifestations will be discussed in this article in the following sections.

The diagnosis of APS is based on the identification of characteristic clinical and laboratory data.

APS is diagnosed if one clinical and one serological criterion is present, with the exclusion of another cause of coagulopathy. In short, despite many innovations and advances in modern medicine, APS syndrome remains relevant. Because this disease is based on an autoimmune process and the phenomenon of hypercoagulation. As a result, patients more often experience thrombosis, acute cerebrovascular accidents and myocardial infarcti. APS syndrome causes serious complications in obstetrics, such as fetal underdevelopment, spontaneous abortion, fetal death in the womb, preeclampsia, HELLP syndrome in women of reproductive age. To prevent such complications, women should undergo a timely medical examination, and before planning a pregnancy, women should undergo a full examination and, if necessary, undergo treatment.

Literature:

1.Халимова, Ю. С., & Хафизова, М. Н. (2024). МОРФО-ФУНКЦИОНАЛЬНЫЕ И КЛИНИЧЕСКИЕ АСПЕКТЫ СТРОЕНИЯ И РАЗВИТИЯ ЯИЧНИКОВ (ОБЗОР ЛИТЕРАТУРЫ). TADQIQOTLAR. UZ, 40(5), 188-198.

2. Халимова, Ю. С. (2024). Морфологические Особенности Поражения Печени У Пациентов С Синдромом Мэллори-Вейса. Journal of Science in Medicine and Life, 2(6), 166-172.

3.Xalimova, Y. S. (2024). Morphology of the Testes in the Detection of Infertility. Journal of Science in Medicine and Life, 2(6), 83-88.

4.Халимова, Ю. С., & Хафизова, М. Н. (2024). ОСОБЕННОСТИ СОЗРЕВАНИЕ И ФУНКЦИОНИРОВАНИЕ ЯИЧНИКОВ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 188-194.
5.Хафизова, М. Н., & Халимова, Ю. С. (2024). МОТИВАЦИОННЫЕ МЕТОДЫ ПРИ ОБУЧЕНИИ ЛАТЫНИ И МЕДИЦИНСКОЙ ТЕРМИНОЛОГИИ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 165-171.
6.Хафизова, М. Н., & Халимова, Ю. С. (2024). ИСПОЛЬЗОВАНИЕ ЧАСТОТНЫХ ОТРЕЗКОВ В НАИМЕНОВАНИЯХ ЛЕКАРСТВЕННЫХ ПРЕПАРАТОВ В ФАРМАЦЕВТИКЕ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 172-178.
7.Saloxiddinovna, X. Y., & Ne'matillaevna, X. M. (2024). FEATURES OF THE STRUCTURE OF THE REPRODUCTIVE ORGANS OF THE FEMALE BODY. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 179-183.
8.Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ АСПЕКТЫ ЛИЦ ЗЛОУПОТРЕБЛЯЮЩЕЕСЯ ЭНЕРГЕТИЧЕСКИМИ НАПИТКАМИ. TADQIQOTLAR. UZ, 40(5), 199-207.
9.Халимова, Ю. С., & Хафизова, М. Н. (2024). КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ЗАБОЛЕВАНИЙ ВНУТРЕННИХ ОРГАНОВ У ЛИЦ, СТРАДАЮЩИХ АЛКОГОЛЬНОЙ ЗАВИСИМОСТЬЮ. TADQIQOTLAR. UZ, 40(5), 240-250.
10.Халимова, Ю. С., & Хафизова, М. Н. (2024). кафедра Клинических наук Азиатский международный университет Бухара, Узбекистан. Modern education and development, 10(1), 60-75.
11.Халимова, Ю. С., & Хафизова, М. Н. (2024). МОРФО-ФУНКЦИОНАЛЬНЫЕ И КЛИНИЧЕСКИЕ АСПЕКТЫ ФОРМИРОВАНИЯ КОЖНЫХ ПОКРОВОВ. Modern education and development, 10(1), 76-90.
12.Nematilloevna, K. M., & Salokhiddinovna, K. Y. (2024). IMPORTANT FEATURES IN THE FORMATION OF DEGREE OF COMPARISON OF ADJECTIVES IN LATIN. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 150-157.
13.KHALIMOVA, Y. S. (2024). MORPHOFUNCTIONAL CHARACTERISTICS OF TESTICULAR AND OVARIAN TISSUES OF ANIMALS IN THE AGE ASPECT. Valeology: International Journal of Medical Anthropology and Bioethics, 2(9), 100-105.
14.Salokhiddinovna, K. Y. (2024). IMMUNOLOGICAL CRITERIA OF REPRODUCTION AND VIABILITY OF FEMALE RAT OFFSPRING UNDER THE INFLUENCE OF ETHANOL. EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE, 4(10), 200-205.
15.Salokhiddinovna, K. Y., Saifiloevich, S. B., Barnoevich, K. I., & Hikmatov, A. S. (2024). THE INCIDENCE OF AIDS, THE DEFINITION AND CAUSES OF THE DISEASE. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 195-205.
16.Saidova, L. B., & Ergashev, G. T. (2022). Improvement of rehabilitation and rehabilitation criteria for patients with type 2 diabetes.
17.Эргашева, Г. Т. (2023). Изучение Клинических Особенностей Больных Сахарным Диабетом 2 Типа Среднего И Пожилого Возраста. Central Asian Journal of Medical and Natural Science, 4(6), 274-276.
18.Toxirovna, E. G. (2023). O'RTA VA KEKSA YOSHLI BEMORLARDA 2-TUR QANDLI DIABET KECHISHINING KLINIKO-MORFOLOGIK XUSUSIYATLARI. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 33(1), 164-166.

19.Ergasheva, G. T. (2022). QANDLI DIABET BILAN KASALLANGANLARDA REABILITATSIYA MEZONLARINI TAKOMILASHTIRISH. TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI, 2(12), 335-337.
20.Ergasheva, G. (2024). METHODS TO PREVENT SIDE EFFECTS OF DIABETES MELLITUS IN SICK PATIENTS WITH TYPE 2 DIABETES. Журнал академических исследований нового Узбекистана, 1(2), 12-16.
21.ГТ, Э., & Саидова, Л. Б. (2022). СОВЕРШЕНСТВОВАНИЕ РЕАБИЛИТАЦИОННО-ВОССТАНОВИТЕЛЬНЫХ КРИТЕРИЕВ БОЛЬНЫХ С СД-2 ТИПА. TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI, 2(12), 206-209.
22.Tog'aydullayeva, D. D. (2024). Embrional Davrda Gemopoez Va Unda Jigar Va Taloqning Roli. Journal of Science in Medicine and Life, 2(6), 132-134.
23.Tog'aydullayeva, D. D. (2024). Occurrence of Combination Diseases in Ischemic Heart Disease and Metabolic Syndrome and their Diagnosis. Journal of Science in Medicine and Life, 2(6), 126-131.
24.TOG'AYDULLAYEVA, D. D. (2024). GLUCOSE TOLERANCE AND HYPERTENSION. Valeology: International Journal of Medical Anthropology and Bioethics, 2(09), 132-136.
25.Tog'aydullayeva, D. D. (2024). The Occurrence of Burning Diseases when Ischemic Heart Disease and Metabolic Syndrome Come Together. AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI, 3(5), 432-437.
26.Мухитдинова, Х. С. (2024). СОВРЕМЕННЫЕ ВЗГЛЯДЫ НА РАЗВИТИЕ БАКТЕРИАЛЬНОГО ВАГИНОЗА У ЖЕНЩИН ФЕРТИЛЬНОГО ВОЗРАСТА. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 97-103.
27.Мухитдинова, Х. С. (2024). ЗАБОЛЕВАЕМОСТЬ СПИДОМ, МОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ БОЛЕЗНИ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 55(2), 104-112.
28.Samikhovna, M. K. (2024). Clinical and Morphological Aspects of the Functioning of the Lymphatic System. International Journal of Alternative and Contemporary Therapy, 2(9), 101-106.
29.Samikhovna, M. K. (2024). MODERN VIEWS ON ACROMEGALY AND IMMUNOMORPHOLOGY OF THIS DISEASE. EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE, 4(10), 179-183.
30.Жураева, Д. Н., & Нарзулаева, У. Р. (2020). Эркак ва аёлларда уч шохли нерв невралгияси кечишининг параклиник хусусиятлари. ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ, 1(1).
31.Narzulyeva, U., & Ismoilova, N. (2023). DETECTION OF EATING BEHAVIOR DISORDERS IN STUDENTS BEFORE THE EXAM USING THE DEBQ QUESTIONNAIRE. Наука и инновация, 1(15), 112-114.
32.Narzulaeva, U. (2023). PATHOGENETIC MECHANISMS OF MICROCIRCULATION DISORDERS. International Bulletin of Medical Sciences and Clinical Research, 3(10), 60–65. Retrieved from https://researchcitations.com/index.php/ibmscr/article/view/2811
33.Narzulaeva Umida Rakhmatulloevna and Rakhmatova Fotima Ulugbekovna, "PATHOGENETIC MECHANISMS OF DISORDERS IN THE HEMOSTASIS SYSTEM OBSERVED IN PATIENTS INFECTED WITH COVID-19", IEJRD - International Multidisciplinary Journal, vol. 7, no. ICMEI, p. 3, Feb. 2023.

34.Narzulaeva, U. (2023). PATHOGENETIC SIGNIFICANCE OF HYPERLIPIDEMIA IN THE CLINICAL COURSE OF ARTERIAL HYPERTENSION. International Bulletin of Medical Sciences and Clinical Research, 3(11), 86-91.
35.Narzulaeva, U. (2023). PATHOGENETIC SIGNIFICANCE OF HYPERLIPIDEMIA IN THE CLINICAL COURSE OF ARTERIAL HYPERTENSION. International Bulletin of Medical Sciences and Clinical Research, 3(11), 86-91.
36.Нарзуллаева, У., Самиева, Г., & Пардаева, З. (2022). ПАТОФИЗИОЛОГИЯ РЕПЕРФУЗИОННОГО ПОВРЕЖДЕНИЯ МИОКАРДА. Журнал вестник врача, 1(2), 155–158. https://doi.org/10.38095/2181-466X-2020942-154-157
37.Самиева, Г., Нарзулаева, У., & Самиев, У. (2023). Течение артериальной гипертензии у жителей засушливого региона. Каталог монографий, 1(1), 1–108. извлечено от https://inlibrary.uz/index.php/monographs/article/view/27456
38.Oripova, O. O., Samieva, G. U., Xamidova, F. M., & Narzulaeva, U. R. (2020). Sostoyanie plotnosti raspredeleniya limfoidnyx kletok slisistoy obolochki gortani va proyavleniya mestno immuna pri xroncheskom laringite (tahlil seksionnogo material). Akademiya,(4 (55)), 83-86.
39.Rakhmatulloevna, N. U., & Abdurasulovna, B. M. (2022). GEMOREOLOGIK BUZILISHLAR VA ERITROTSITLAR AGREGATSION XOSSALARI O'ZGARISHINING PATOGENETIK MEXANIZMLARI. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(6).
40.Saloxiddinovna, X. Y. (2024). Modern Views on the Effects of the Use of Cholecalciferol on the General Condition of the Bod. JOURNAL OF HEALTHCARE AND LIFE-SCIENCE RESEARCH, 3(5), 79-85.