

UTT EXAMINATION OF THYROID DISEASES**Makhmayusupov Muhiddin***Department of medical radiology of Samarkand State Medical University DKTF Stage
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The purpose of the study: diagnosis of changes in the thyroid gland (ultrasound diagnostics), in which at the current stage of the development of Thyroidology, a number of tasks and contradictions are accumulated in ultrasound. Unresolved questions remain: Q.B indications for primary ultrasound examination, Q.interpretation of ultrasound changes detected in b Q.B complaints and lack of medical history. In many countries, Q.the B screening method is to collect complaints, Anamnesis and palpation u/f, not ultrasound. Data on the method of structural ultrasound are limited in the literature available to us as screening in young people. Morphological variants of ultrasound changes in the thyroid gland have been studied in people with goiter (nodule or nodule) in children between 7 and 11 years of age, the increase in thyroid volume (goiter) is associated with living in ecologically unfavorable regions of Kazakhstan. Determination of the frequency of structural and anatomical changes in the thyroid gland in humans is the age of 17 to 25 years through ultrasound examination.

Research materials and methods. 410 students between the ages of 17 and 25 were examined, with an average age of 20.0 ± 1.6 years. Of these, males were 124 (30%) and females were 286 (70%). Complaints that indicate the possibility were studied lesions (pain when swallowing, a feeling of tightening the neck with the collar of clothing; enlargement, pain during palpation u/g) and risk factors (age, gender, smoking) affect the ultrasonic frequency of u / g changes. Ultrasound was performed on the apparatus-SonoScape SSI 1000 ultrasonic diagnostic device high-frequency linear sensor (7.5 MHz), the state of the subjects is standard. Ultrasound examination includes: determination of the volume of each lobe by total volume, intensity blood flow (mean, increased, hypervascularization), general ecogenicity (norm, diffuse or local decrease, diffuse decrease with hyperechoic areas), uniformity of exostructure (norm, fine-grained, medium-grained, coarse-grained), presence of focal formations (quantity, size, location), capsule variation. statistical processing methods-Biostat software, version 4.03. Comparison of two groups with the quadratic method (comparison of relative quantities).

Research results: the rate of detection of changes in the thyroid gland was $47 \pm 3.9\%$. Frequency detection was $40 \pm 4.4\%$ in males and $51 \pm 3\%$ in females. Thus, the frequency was found to be gender dependent on changes: the rate of detection of changes in the thyroid gland was $47 \pm 3.9\%$. Frequency detection was $40 \pm 4.4\%$ in males and 51

$\pm 3\%$ in females. Thus, it was found that the frequency depends on the sex changes u / f: in women, this indicator is 1.3 times higher than in men ($l < 0.05$). The identified uz-changes are listed in U / g figures 1-7. The complaint detection rate was $1.7 \pm 0.69\%$, $1 \pm 0.9\%$ in males and $2 \pm 0.8\%$ in females. Thus, a comparative study of the frequency of detection of sh/f ultrasound changes and the presence of complaints shows that ultrasound diagnostics are ten times more important than subjective signs (complaints) and palpation sh / f ($p < 0,001$). The following ultrasound changes were found: ecogenicity changes — 14%, blood flow-16%, presence cysts-11%, nodes-6%. These results cannot be compared with literature data, since we could not find such information. It is impossible at this stage to explain the results of Sh/f changes with possible specific damage to sh/f, hormonal comparison and their dynamics are necessary detected ultrasound changes u / f.

Conclusion: in women, this indicator is 1.3 times higher than in men ($l < 0.05$). The complaint detection rate was $1.7 \pm 0.69\%$, $1 \pm 0.9\%$ in males and $2 \pm 0.8\%$ in females. Thus, Q.B comparative study of the frequency of detection of ultrasound changes and the presence of complaints shows that ultrasound diagnostics are ten times more important than subjective signs (complaints) and palpation.

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