XODGKIN LIMFOMASINING AHOLI ORASIDA TARQALGANLIK *DARAJASINI* O'RGANISH

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Annotatsiya: *Xodjkin limfomasi nisbatan kam uchraydigan patologiya bo'lib, kasallanish darajasi yiliga 100 000 kishiga 24 ta holatda kuzatiladi, Xodjkin limfomasi umumiy saraton kasalligining taxminan 0,5% ni tashkil qiladi. Xodjkin limfomalari umumiy limfomalarning taxminan 30%da uchraydi. Biroq, saraton tashxisida 15-24 yosh guruhida limfogranulamatoz har oltinchi bemorga to'g'ri keladi. Xodjkin kasalligi bilan kasallanishning yoshga bog'liq 2 ta cho'qqisi mavjud bo'lib, birinchisi 15-35 yoshda, ikkinchisi esa 50-60 yoshdan keyin sodir bo'ladi. Ayollarda bunday patologiya erkaklarnikiga qaraganda taxminan 2 baravar kamroq kuzatiladi. Xodjkin limfomasining epidemiologiyasidagi geografik farqlar o'rtacha darajada kuzatiladi. Xodjkin limfomasi bilan kasallanishning maksimal darajasi Konnektikut, San-Fransisko va Italiyaning ayrim hududlarida qayd etilgan. Rivojlanayotgan mamlakatlarda kasallik 5-9 yoshli bolalarda biroz ko'proq uchraydi*

Limfotsitar ustunlikka ega bo'lgan Xodjkin limfomasi B-hujayrali limfoma bo'lib, u klinik kechishi, davolash va prognozining o'ziga xos xususiyatlariga, shuningdek, klassik morfologik, immunogistokimyoviy farqlarga qaramay, tarixan Xodjkin limfomalari guruhi sifatida tasniflangan.

Butun jahon adabiyotlarini tahlil qilish natijalari shuni ko'rsatadiki, Xodgkin limfomasi bilan kasallangan bemorlarda klassik noxodgkin limfomasi bilan kasallangan bemorlarga qaraganda tashxis qo'yish vaqtida mahalliy bosqichga ega bo'lish ehtimoli ko'proq kuzatiladi. Olib borilgan tadqiqotlarda Xodgkin limfomasi bilan og'rigan bemorlarning 84 % I-II bosqichda namoyon bo'lgan va xavf omillari kuzatilmadi, klassik Xodgkin limfomasi bo'lgan hollarda esa, erta bosqichda xavf omillari faqat 23,5% hollarda aniqlangan. Bolalarda kasallik dastlabki bosqichlarda ham aniqlanadi.

Bizning tadqiqotimizda 38 ta holatdan 18 tasida (52%) A namunasi aniqlangan. Xuddi shu tadqiqotda gistopatologik variantlar orasida E namunasi eng keng tarqalgan (54%), bizning bemorlar guruhida u dastlabki biopsiya paytida aniqlanmagan, eng keng tarqalgan variant C namunasi 18,4% (n=7;), qolgan 5 ta

holat F namunasi bilan ifodalangan. Qayta tiklanish holatlarida kasallikning tarqalish xavfi mavjud.

Konsolidatsiya terapiyasi vaqtida suyak iligi avtotransplantatsiyasidan keyin gistologik tekshiruvga o'xshash morfologiya bilan birinchi relaps yuzaga keldi, umumiy limfadenopatiya va suyak iligi shikastlanishi bilan ikkinchi relaps rivojlandi. Maqola e'lon qilingan paytda bog'liq bo'lmagan donordan allojenik suyak iligi transplantatsiyasi amalga oshirildi, bemor amalga oshirilgan kundan boshlab 28 oy davomida to'liq remissiya holatlari kuzatilgan.

Shunday qilib, davo terapiyasiga yomon javob berish yoki relaps bilan yanada noqulay prognostik variantga o'tish xavfi mavjudligini hisobga olib, Xodgkin limfomasi bo'lgan bolalar uchun hozirda mavjud bo'lmagan optimal davolashni tanlash uchun takroriy eksizyonel biopsiya tavsiya etiladi.

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