VIRUSLI DIAREYA ANIQLANGAN OIV-INFEKSIYALI BOLALARDA KLINIK-LABORATOR TAHLILLAR

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Kalit so'zlar:
OIV infeksiyasi, virusli diareyalar, intoksikatsiya.

Annotatsiya. Diareya sindromi OIV bilan zararlangan bolalarda keng tarqalgan asorat bo'lib, buning yuzaga kelishida ikkilamchi virusli va bakterial infeksiyalar shuningdek, OIVning o'zi muhim o'rinni egallaydi. Oshqozon-ichak traktining zararlanishi diareya, malabsorbtsiya bilan namoyon bo'ladi, bu esa o'z navbatida energiya va vitamin yetishmasligiga olib keladi, natijada bolaning o'sishi va rivojlanishining kechikishiga olib keladi. Biz tadqiqotimizda OIV-infeksiyasi bilan zararlangan virusli diareya aniqlangan 60 nafar bemor bolada umumiy klinik va laborator tahlillari natijalari asosida muhokama qildik.

Keywords:
HIV infection, viral diarrhea, rotavirus, intoxication.

Abstract. Diarrhea syndrome is a common complication in HIV-infected children, and secondary viral and bacterial infections, as well as HIV itself, play an important role in its occurrence. Damage to the gastrointestinal tract is manifested by diarrhea, malabsorption, which in turn leads to a lack of energy and vitamins, which leads to delayed growth and development of the child. In our study, we discussed 60 children with HIV-infected viral diarrhea based on the results of general clinical and laboratory tests.

Ключевые слова:
ВИЧ-инфекция, вирусная диарея, интоксикация

Аннотация. Синдром диареи является частым осложнением у ВИЧ-инфицированных детей, причем важную роль в его возникновении играют вторичные вирусные и бактериальные инфекции, а также сам ВИЧ. Поражение желудочно-кишечного тракта проявляется диареей, нарушением всасывания, что в свою очередь приводит к недостатку энергии и витаминов, что приводит к задержке роста и развития ребенка. В нашем исследовании мы обсудили 60 детей с ВИЧ-инфицированной вирусной диареей по результатам общеклинических и лабораторных анализов

Kirish. Diareya butun dunyo bo'ylab bolalar nogironligi va o'limining asosiy sabablaridan biri bo'lib, har yili 5-10 million kishining o'limiga olib keladi. Diareya

oqibatida Osiyo, Afrika va Lotin Amerikasi bo'ylab 0-4 yoshdagi millionlab bolalarning o'limi qayd qilinadi [15].

Diareya sindromi OIV bilan zararlangan bolalarda keng tarqalgan asorat bo'lib, buning yuzaga kelishida ikkilamchi virusli va bakterial infeksiyalar shuningdek, OIVning o'zi muhim o'rinni egallaydi. Oshqozon-ichak traktining zararlanishi diareya, malabsorbtsiya bilan namoyon bo'ladi, bu esa o'z navbatida energiya va vitamin yetishmasligiga olib keladi, natijada bolaning o'sishi va rivojlanishining kechikishiga olib keladi [1,5,7].

Hazm sistemasi a'zolarining zararlanishi OIV-infeksiyasining barcha bosqichlari uchun xos bo'lib, OIV-enteropatiyasida qator morfologik o'zgarishlar: shilliq qavatlar infiltrasiyasi, kiprikchalar atrofiyasi, kriptalar giperplaziyasi kuzatiladi. OIV-infeksiyasining patogenezida zamonaviy qarashlar miqyosida kasallikning rivojlanishiga ma'sul bo'lgan muhim omil sifatida tizimli yallig'lanishli javob reyaksiyasi sindromining rivojlanishi bilan immun tizimining yuqori faolligi fenomeni ko'riladi. [2,6,12]

Hozirgi kunda bir qancha qo'zg'atuvchilar OIV bilan zararlangan bemorlarda diareyaga sabab bo'lishi mumkin. Tadqiqotlar bo'yicha bolalarda ichak infeksiyalari etiologiyasida asosiy rolni viruslar 80%gacha egallaydi. Eng ko'p o'rganilgani rotavirus 50 % gacha, noravirus rivojlangan davlatlarda 30% gacha diareyaga sabab bo'ladi. Ichak infeksiyalarini keltirib chiqaruvchi viruslar ro'yxati doimiy o'sib bormoqda bu patogenlarni diagnostika qilganda astroviruslar, adenoviruslar, toraviruslar aniqlanadi [3,8,14].

Tadqiqot maqsadi: OIV infeksiyasi bilan zararlangan virusli diareyali bolalarda klinik-laborator o'zgarishlarni o'rganish.

Material va metodlar: Tadqiqot ishi 2021-2023 yillar mobaynida Toshkent shahridagi Maxsuslashtirilgan yuqumli kasalliklar shifoxonasida olib borildi. Tekshirish uchun 18 yoshgacha bo'lgan OIV-infeksiyasi bo'lgan virusli diareya aniqlangan 60 nafar bemor bolalar tanlab olindi.

Virusli diareya tashxisi O'zbekiston Respublikasi Sog'liqni Saqlash Vazirligining 2007 yil 21 sentyabrdagi № 420-sonli "O'zbekiston Respublikasida rotavirus infeksiyasining epidemiologik kuzatuv tizimini tashkil qilish" nomli buyrug'iga asosan, immunoxromatografik ekspress-test yordamida najasda virusga qarshi paydo bo'lgan antitelalarni aniqlash va najasni sifatli skriningi PZR orqali qo'yildi.

OIV bilan kasallangan bolalarda virusli diareyalarning og'irligini baholashda bemor bolalarda diareya natijasida yuzaga kelgan suvsizlanish darajasi (JSST ma'lumotlariga ko'ra suvsizlanish), diareyaning kunlik miqdori va davomiyligi, shuningdek, diareya darajasi baholanadi. Tashxis bemorning shikoyatlari, klinik, antropometrik, serologik, bakteriologik, immunologik, virusologik va instrumental tadqiqotlar asosida belgilanadi.

Natijalar va ularni muhokama qilish: Tadqiqot natijalari shuni ko'rsatdiki, tekshiruvdagi bemor bolalar yoshi bo'yicha quyidagicha taqsimlandi: 3-7 yosh 10 nafar (17%), 7-14 yosh 34 nafar (57%), 14-18 yosh 16 nafar (26%). Tekshiruvlardan

ma'lum bo'ldiki kasallik asosan 7-14 yoshdagi bemorlar bolalar orasida uchradi (57%).

1-jadval.

Bemorlarda kasallikning kechishi.

Kechishi	Jami N=60	
	Abs	%
Yengil	16	26,7
O'rta og'ir	38	63,3
Og'ir	6	10

Bemorlada kasallikning kechishi o'rganilganda, kasallik og'irlik darajasiga ko'ra asosan o'rta og'ir kechishi kuzatildi (63%), 16 nafar (26%) bemorda yengil, 7 nafar (11%) bemorlarda og'ir holatda kechgani aniqlandi.

2-jadval.

Bemorlarda intoksikatsiya belgilarining uchrashi.

Simptomlar	Jami N=60	
	Abs	%
Umumiy xolsizlik	60	100
Ishtaxasizlik	44	73
Isitma	15	25
Qusish	10	16

Bemor bolalarda kasallikning klinik kechishida intoksikatsiya belgilaridan umumiy holsizlik va ishtahasining pasayishi deyarli barcha bemorlarda kuzatildi (100%:73%). Isitma belgisi bemorlarning ¼ qismida 15 nafar (25%) aniqlangan bo'lsa, faqatgina 10 nafar (16%)bemor bolalarda qayt qilish kuzatildi. Bundan ko'rinib turibdiki, bolalarda intoksikatsiya belgilari boshqa diareya bilan kechadigan kasalliklarga nisbatan sust kechishi aniqlandi.

3-jadval.

Bemorda najas tahlil natijalari.

Ko'rsatkichlar	N=60	
	Abs	%
Leykotsitlar (3 dan ko'proq k/m)	4	6,7
Shilliq (+ - +++)	31	51,6
Yodofil flora (+ - +++)	6	10,0
Neytral yog' (++ - +++)	15	25,0
Sovun (++ - +-1-+)	39	65,0
Yog' kislotalari (-H- - +++)	38	63,3

Hazm bo'lmagan klechatka (+-+++)	18	30,0
Mushak tolalar (++ - +++)	8	13,3
Kraxmal (+ - +++)	17	28,3

Barcha bemorlarda najas umumiy tahlili boshlang'ich bosqichida dastlabki kuni o'tkazildi va tahlil natijalari shuni ko'rsatdiki, bemor bolalarda hazm bo'lish va so'rilish buzilishlari: hazm bo'lmagan klechatka, yog' kislotalari, kraxmal. Yallig'lanish belgilari leykotsitoz, iodofil flora kamroq uchradi.

3-jadvaldan ko'rinib turibdiki, 39 nafar (65%) bemorda sovun, 38 nafar (63,3%) bemorda yog' kislotalari, 18 nafar (30%) bemorda hazm bo'lmagan klechatka, 17 nafar (28,3%) bemorda kraxmal qayd qilingan bo'lsa, leykotsitlar va iodofil flora kamroq uchradi (6,7%:10% mos ravishda).

Najas tahlili natijalaridan ma'lum bo'ldiki, bolalarda yallig'lanish belgilariga nisbatan hazm bo'lish buzilishi belgilari asosiy o'rin tutadi.

Xulosalar:

1. Kuzatuvdagi bemorlarimizda kasallikning kechishi tahlil qilinganda, kasallik asosan o'rta og'ir kechishi 63% holatda kuzatildi, 26% yengil, 11% holatda og'ir kechgani aniqlandi.
2. Intoksikatsiya sindromining namoyon bo'lishi bo'yicha bemor bolalarda umumiy holsizlik va ishtahasining pasayishi barcha holatlarda aniqlandi. (100%:73%). Tana haroratining ko'tarilishi va qayt qilish nisbatan kamroq uchragani qayd qilindi mos ravishda 25%:16%. Bundan ko'rinib turibdiki, bolalarda intoksikatsiya belgilari boshqa diareya bilan kechadigan kasalliklarga nisbatan sust kechishi aniqlandi.
3. Kuzatuvdagi bemorlarimizda najas umumiy tahlil natijalari bo'yicha yallig'lanish belgilari leykotsitoz, iodofil flora kamroq kuzatildi. Hazm bo'lish va so'rilish buzilishlari asosan aniqlandi.

FOYDALANILGAN ADABIYOTLAR RO'YXATI:

1. В. Н. Тимченко, Ю. А. Архипова. Поражение желудочно-кишечного тракта при ВИЧ-инфекции у детей. Санкт-Петербург 2010 г. Стр. 22-26.
2. Вайнштейн Н.П., Британишская Е.А., Митина Ю.Ю., Матвеева Т.В., Саркисян Е.А. Роль цитомегаловирусной инфекции в поражении желудочно-кишечного тракта у новорожденных и детей раннего возраста. Журнал для непрерывного медицинского образования врачей. Москва 2018 г. Стр.70-85.
3. Colugnati F.A. et al. Incidence of cytomegalovirus infection among the general population and pregnant women in the United States // BMC Infect. Dis. 2007. Vol. 7. P. 71.
4. Staras S.A. et al. Seroprevalence of cytomegalovirus infection in the United States, 1988–1994 // Clin. Infect. Dis. 2006. Vol. 43. P. 1143–1151.

5. Infectious Diseases of the Fetus and Newborn Infant / eds J.S. Remington, J.O. Klein. Elsevier, 2011. Ch. 23. Cytomegalovirus (Britt W.). P. 708–775.
6. Marsico C., Kimberlin D.W. Congenital Cytomegalovirus infection: advances and challenges in diagnosis, prevention and treatment // Ital. J. Pediatr. 2017. Vol. 43, N 1. P. 38. doi: 10.1186/s13052-017-0358-8.
7. Becroft D.M.O. Prenatal cytomegalovirus infection: epidemiology, pathology, pathogenesis // Perspective in Pediatric Pathology / eds H.S. Rosenberg, J. Bernstein. New York : Masson, 1981. P. 203–241.
8. Rawlinson W.D., Boppana S.B., Fowler K.B., Kimberlin D.W. et al. Congenital cytomegalovirus infection in pregnancy and the neonate: consensus recommendations for prevention, diagnosis, and therapy // Lancet Infect. Dis. 2017. Vol. 17, N 6. P. e177–e188. doi: 10.1016/S1473- 3099(17)30143-3.
9. Gonce A., Marcos M.A., Borrell A., Lopez M. et al. Maternal IgM antibody status in confirmed fetal cytomegalovirus infection detected by sonographic signs // Prenat. Diagn. 2012. Vol. 32, N 9. P. 817–821. doi: 10.1002/pd.3907. Epub 2012 May 27.
10. Sue P.K., Salazar-Austin N.M., McDonald O.G., Rishi A. et al. Cytomegalovirus enterocolitis in immunocompetent young children: a report of two cases and review of the literature // Pediatr. Infect. Dis. J. 2016. Vol. 35, N 5. P. 573–576.
11. Abdulhannan P., Sugarman I.D., Wood P., Puntis J.W. Primary CMV Colitis in an immunocompetent infant, successfully treated by gancyclovir // J. Pediatr. Gastroenterol. Nutr. 2008. Vol. 47, N 2. P. 203–205.
12. Bonnard A., Le Huidoux P., Carricaburu E. et al. Cytomegalovirus infection as a possible underlying factor in neonatal surgical conditions // J. Pediatr. Surg. 2006. Vol. 41. P. 1826–1829.
13. Irizarry K., Honigbaum S., Demmler-Harrison G., Rippel S. et al. Successful treatment with oral valganciclovir of primary CMV enterocolitis in a congenitally infected infant // Fetal Pediatr. Pathol. 2011. Vol. 30. P. 437–441.
14. Bar-Meir M., Farrow K.N., Melin-Aldana H., Chadwick E.G. Cytomegalovirus enterocolitis mimicking necrotizing enterocolitis: case reports and review of the literature // J. Pediatr. Infect. Dis. Soc. 2013. Vol. 2, N 1. P. 71–75.
15. Tran L., Ferris M., Norori J., Stark M. et al. Necrotizing enterocolitis and cytomegalovirus infection in a premature infant // Pediatrics. 2013. Vol. 131, N 1. P. e318–e322.
16. Lee S.L., Johnsen H., Applebaum H. Cytomegalovirus enterocolitis presenting as abdominal compartment syndrome in a premature neonate // World J. Pediatr. 2012. Vol. 8, N 1. P. 80–82.

17. Yeung F., Chung P.H.Y., Wong K.K.Y., Tam P.K.H. Cytomegalovirusassociated colitis mimicking necrotizing enterocolitis – a near miss diagnosis of neonatal colonic stricture // J. Pediatr. Surg. Case Rep. 2014. Vol. 2, N 10. P. 459–461.
18. Аскарова, Р. И., & Отажонов, Ш. З. (2020). Туберкулез на фоне сопутствующей патологии. European science, (3 (52)), 106-108.
19. Отажанов, Ш. З., Худайцулова, Г. К., & Муминова, М. Т. (2019). THE COURSE OF DIARRHEA OF VIRAL ETIOLOGY IN HIV INFECTED CHILDREN. Новый день в медицине, (4), 252-255.
20. Аскарова, Р. И., Атажанов, Ш. З., & Маткурбанов, Х. И. (2019). Анализ первичных форм туберкулеза у детей, проживающих в Хорезмской области. Наука, техника и образование, (9 (62)), 64-68.
21. Артиков, И. А., Отажанов, Ш. З., & Садуллаев, С. Э. (2025). ПАТОМОРФОЛОГИЧЕСКИЕ АСПЕКТЫ ДЕТСКОГО ЛИМФОБЛАСТНОГО ЛЕЙКОЗА. Multidisciplinary Journal of Science and Technology, 5(6), 257-264.
22. Kadamovna, A. D., Rustombekovich, N. R., Zarifboyevich, O. S., & Ernazarovich, S. S. (2025). COMBINATIONS OF HEPATITIS B WITH PULMONARY TUBERCULOSIS. Multidisciplinary Journal of Science and Technology, 5(5), 60-65.
23. Rustombekovich, N. R., Zarifboyevich, O. S., Kadamovna, A. D., & Ernazarovich, S. S. (2025). THE STATE OF THE ANTIOXIDANT DEFENSE SYSTEM IN CHRONIC HEPATITIS C. Multidisciplinary Journal of Science and Technology, 5(5), 79-84.
24. Ernazarovich, S. S., Zarifboyevich, O. S., Rustombekovich, N. R., & Kadamovna, A. D. (2025). DYNAMICS OF THE COVID-19 PANDEMIC AND ITS CLINICAL CONSEQUENCES. Multidisciplinary Journal of Science and Technology, 5(5), 85-90.
25. Худайкулова, Г. К., Муминова, М. Т., & Отажанов, Ш. З. (2021). АНАЛИЗ ЭТИОЛОГИЧЕСКОЙ СТРУКТУРЫ ВИРУСНЫХ ДИАРЕЙ У ВИЧ-ИНФИЦИРОВАННЫХ ДЕТЕЙ. Journal of cardiorespiratory research, 2(3), 31-34.
26. Аскарова, Р. И., & Отажанов, Ш. З. (2020). Туберкулез на фоне сопутствующей инфекции. European Science, (3), 52.
27. Ibraximova, H. R., Artiqov, I. A., & Otajanov Sh, Z. (2025). HELMINTH INFECTIONS: CLASSIFICATION, DEVELOPMENTAL CONDITIONS, AND CLINICAL MANIFESTATIONS. Multidisciplinary Journal of Science and Technology, 5(6), 1241-1245.

28. Юсупов, Ш. Р., Отажонов, Ш. З., Артиков, И. А., & Ибодуллаева, С. С. (2025). МИКРОБИОЛОГИЧЕСКАЯ СТРУКТУРА ОСТРЫХ ДИАРЕЙНЫХ ЗАБОЛЕВАНИЙ В ЮЖНОМ ПРИАРАЛЬЕ: РЕЗУЛЬТАТЫ ЭПИДЕМИОЛОГИЧЕСКОГО МОНИТОРИНГА. Multidisciplinary Journal of Science and Technology, 5(6), 237-242.
29. Urinovna, M. O., Kadamovna, A. D., Zarifboyevich, O. S., & Axmedjonovich, A. I. (2025). PUBLIC HEALTH AND EPIDEMIOLOGICAL INSIGHTS INTO THE COVID-19 PANDEMIC. Multidisciplinary Journal of Science and Technology, 5(6), 243-248.
30. ARTIQOV, I., & ABDULLAYEVA, D. (2025). THE SPREAD OF DIARRHEAL DISEASES IN THE KHOREZM REGION. Multidisciplinary Journal of Science and Technology, 5(3), 672-677.
31. Otajanov, S. Z. (2025, January). CYTOKINE LEVELS IN HIV-INFECTED CHILDREN WITH VIRAL DIARRHEA. In CONFERENCE ON THE ROLE AND IMPORTANCE OF SCIENCE IN THE MODERN WORLD (Vol. 2, No. 1, pp. 148-148).
32. Худайкулова Гулнара Каримовна, Муминова Махбуба Тешаевна, & Отажанов Шамсиддин Зарифбаевич (2021). АНАЛИЗ ЭТИОЛОГИЧЕСКОЙ СТРУКТУРЫ ВИРУСНЫХ ДИАРЕЙ У ВИЧ-ИНФИЦИРОВАННЫХ ДЕТЕЙ. Journal of cardiorespiratory research, 2 (3), 31-34. doi: 10.26739/2181
33. Каюмов, У. К., Хатамова, Д. Т., Саипова, М. Л., Бадритдинова, М. Н., Алимов, С. С., & Исмаилов, К. Я. (2007). Продолжительность болевого приступа у больных ишемической болезнью сердца при наличии отдельных компонентов метаболического синдрома. Кардиология Узбекистана, (3), 47-50.
34. Ismailov, K. Y., & Djabbarova, Z. I. (2024). OBESITY AND ISCHEMIC HEART DISEASE. European Journal of Modern Medicine and Practice, 4(11), 364-367.
35. Ismailov, K. Y. (2017). Means to detect harmful for children content and measures to prevent its spread. In International Scientific and Practical Conference World Science (Vol. 1, No. 4, pp. 15-17). ROST.
36. Ismailov, K. Y., & Abdullaev, I. K. Research of the Distribution and Transmission of Covid-19 Infection. JournalNX, 686-691.
37. Ismailov, K. Y. (2025). THE FACTORS CAUSING ISCHEMIC HEART DISEASE AMONG THE POPULATION OF THE SOUTHERN ARAL SEA REGION HEVE BEEN STUDIED. Journal of Multidisciplinary Innovation in Science and Education, 1(2), 413-418.

38. Абдуллаев, И. К., Исмаилов, К. Я., Курбанов, С. Р., & Матякубов, Ж. Р. ТИББИЁТ ОЛИЙГОҲЛАРИДА ЖАМОАТ САЛОМАТЛИГИ ВА СОҒЛИҚНИ САҚЛАШНИ БОШҚАРИШ ФАНИНИ ЎҚУВ ДАСТУРИГА КУРС ИШИНИ КИРИШНИНГ АМАЛИЙ АҲАМИЯТИ. Султанов ГН–ректор, д. м. н. Зам. главного редактора, 31.
39. Ismailov, K. (2019). THEORETICAL-LEGAL APPROACHES TO THE PROBLEMS OF INFORMATION-ANALYTICAL ACTIVITIES OF THE NATIONAL POLICE AT THE MODERN STATE OF COOPERATION. European Reforms Bulletin, 109.
40. Bochkoviy, O., Khankevich, A., Boiko-Dzhumelia, V., Chichyan, O. O., Baadzhi, N. A., Zaiets, H. V., ... & Smolka, O. V. (2020). European Reforms Bulletin.
41. Jaloladdin o‘g‘li, M. M., & Ernazarovich, S. S. (2025). COMORBID INFECTIONS IN YOUNG CHILDREN: CLINICAL FEATURES AND ANALYSIS OF OBSERVATIONS. Multidisciplinary Journal of Science and Technology, 5(4), 362-366.
42. Ibraximova, H. R., & Sadullaev, S. E. (2025). THE EFFECT OF PROPER NUTRITION ON IMMUNITY IN CHILDREN. Multidisciplinary Journal of Science and Technology, 5(6), 1229-1233.
43. Sadullaev, M. S. S. M. S., & Sh, S. M. D. (2023). THE COURSE OF CORONAVIRUS AGAINST THE BACKGROUND OF CHRONIC HEPATITIS.
44. Туйчиев, Л. Н., Худайкулова, Г. К., Джураева, Н., & Эралиев, У. Э. (2023). A study of the factors affecting the effectiveness of COVID-19 rehabilitation.
45. Matkarimov, M., & Sadullaev, S. (2025). BOLALARDA INFEKSION MONONUKLEOZNING XUSUSIYATLARI. Journal of science-innovative research in Uzbekistan, 3(4), 169-177.
46. Ernazarovich, S. S., Zarifboyevich, O. S., Rustombekovich, N. R., & Kadamovna, A. D. (2025). DYNAMICS OF THE COVID-19 PANDEMIC AND ITS CLINICAL CONSEQUENCES. Multidisciplinary Journal of Science and Technology, 5(5), 85-90.
47. Kadamovna, A. D., Rustombekovich, N. R., Zarifboyevich, O. S., & Ernazarovich, S. S. (2025). COMBINATIONS OF HEPATITIS B WITH PULMONARY TUBERCULOSIS. Multidisciplinary Journal of Science and Technology, 5(5), 60-65.
48. Rustombekovich, N. R., Zarifboyevich, O. S., Kadamovna, A. D., & Ernazarovich, S. S. (2025). THE STATE OF THE ANTIOXIDANT DEFENSE

SYSTEM IN CHRONIC HEPATITIS C. Multidisciplinary Journal of Science and Technology, 5(5), 79-84.

49. Артиков, И. А., Отажанов, Ш. З., & Садуллаев, С. Э. (2025). ПАТОМОРФОЛОГИЧЕСКИЕ АСПЕКТЫ ДЕТСКОГО ЛИМФОБЛАСТНОГО ЛЕЙКОЗА. Multidisciplinary Journal of Science and Technology, 5(6), 257-264.
50. Raximboyevich, Y. S., Rustamovna, I. H., Sabirovna, M. S., & Ernazarovich, S. S. (2025). CLINICAL FEATURES OF ESCHERICHIOSIS IN CHILDREN. Multidisciplinary Journal of Science and Technology, 5(6), 220-224.
51. Khusanov, A. M., Kh, N. A., & Sadullaev, S. E. (2024, March). THE STRUCTURE OF COMORBID PATHOLOGY IN CHILDREN WITH COVID-19. In CONFERENCE ON THE ROLE AND IMPORTANCE OF SCIENCE IN THE MODERN WORLD (Vol. 1, No. 2, pp. 27-28).
52. Ибрахимова, Х. Р., Матьякубова, О. У., Садуллаев, С. Э., & Абдуллаева, Д. К. (2023). ГЕЛЬМИНТЫ У ДЕТЕЙ СРЕДИ НАСЕЛЕНИЯ УЗБЕКИСТАНА. IMRAS, 6(7), 323-327.
53. Sadullaev, S. E., Ibragimov, S. J., Bobojonov, Y. B., & Mamatqulov, T. T. (2025). INTESTINAL IMMUNITY. Multidisciplinary Journal of Science and Technology, 5(2), 485-488.
54. Sadullaev, S. E., Ibragimov, S. J., Bobojonov, Y. B., Yoqubov, Q. Y., Abdullayeva, D. K., & Khasanova, J. R. (2024). PREVALENCE OF DIARRHEAL DISEASES IN THE REPUBLIC OF UZBEKISTAN. International Journal of Education, Social Science & Humanities, 12(3), 356-363.
55. Sadullaev, S. E., Bobajanov, A. O., Khusinbayev, I. D., Durdiev, E. S., & Ismoilova, A. R. (2025). PSYCHOLOGICAL REHABILITATION DURING THE CORONAVIRUS PANDEMIC. Multidisciplinary Journal of Science and Technology, 5(2), 429-433.
56. Ералиев, У. Э., & Садуллаев, С. Э. (2020). Molecular genetic characteristics of rotavirus infection in children. Молодой ученый, (38), 46-48.
57. Ibrakhimova, H. R., Matyakubova, O. U., Sadullaev, S. E., & Abdullayeva, D. K. (2023). HELMINTISES IN CHILDREN AMONG THE POPULATION IN UZBEKISTAN. IMRAS, 6 (7), 323–327.
58. Artikov, I. A., Sadullaev, S. E., Ibrakhimova, H. R., & Abdullayeva, D. K. (2023). RELEVANCE OF VIRAL HEPATITIS EPIDEMIOLOGY. IMRAS, 6 (7), 316–322.

59. Masharipov, S., Sadullaev, S. E., & Sh, M. D. (2023). THE COURSE OF CORONAVIRUS AGAINST THE BACKGROUND OF CHRONIC HEPATITIS. Научный импульс, 78.
60. Sadullayev, S. E. (2024). THE COURSE OF NOSOCOMIAL PNEUMONIA IN PATIENTS ON LONG-TERM ARTIFICIAL LUNG VENTILATION. O'ZBEKISTONDA FANLARARO INNOVATSIYALAR VA ILMIY TADQIQOTLAR JURNALI, 2(26), 80-84.
61. Tuychiev, L. N., Khudaykulova, G. K., Eraliev, U. E., Djuraeva, N. K., & Sadullaev, S. E. (2023). A STUDY OF THE FACTORS AFFECTING THE EFFECTIVENESS OF COVID-19 REHABILITATION.
62. Рахматуллаева, Ш. Б., Муминова, М. Т., Нурматов, А. Х., & Саъдуллаев, С. Э. (2023). Особенности течения COVID-19 у детей с коморбидной патологией. Педиатрия. Восточная Европа, (3 Часть 12), 436-442.
63. Sadullayev, S. E., Abdullayeva, D. K., Ibragimov, S. J., & Yoqubov, Q. Y. (2024). ANALYSIS OF THE EPIDEMIOLOGICAL FEATURES OF DIARRHEAL DISEASES IN CHILDREN IN THE SOUTHERN ARAL REGION. Multidisciplinary Journal of Science and Technology, 4(2), 345-351.
64. Сабировна, Ш., & Машарипова, А. И. А. Садуллаев Сирож Эрназарович, и Абдуллаева Дилфуза Кадамовна. 2022.«. ТЕЧЕНИЕ КОРОНАВИРУСНОЙ ИНФЕКЦИИ НА ФОНЕ ГЕПАТИТОВ». Новости образования: исследование в XXI веке, 1(5), 573-77.
65. Sadullayev, S. E., Matyakubova, O. U., Artikov, I. A., Nurllayev, R. R., Ibadullayeva, S. S., & Yakubov, K. Y. (2023). Results Of Studies On The Level Of Population Knowledge About Parasitic Diseases And Its Prevention. Western European Journal of Medicine and Medical Science, 1(4), 15-20.