



## CURRENT PROBLEMS AND CLINICAL CHARACTERISTICS OF POLYNEUROPATHY IN DIABETES

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**Purpose of the study:** according to the IDF (International Diabetes Federation) in 2013, 347 million people in the world suffered from diabetes, and this figure is expected to reach 592 million by 2035. In Uzbekistan, by 2023, 820 patients with diabetes per 100,000 thousand inhabitants have passed the register of dispensers. Diabetic polyneuropathy is one of the most common complications of diabetes (35%), it manifests itself in different forms and is diagnosed very late. It is important to know and prevent the clinical signs of diabetic polyneuropathy, which is not detected in time, and can lead to serious consequences.

**Examination methods and materials:** For the purpose of examination, 40 patients were taken. 19 of them (48%) developed distal symmetric polyneuropathy, 13 (33%) developed autonomic neuropathy as a complication of distal symmetric polyneuropathy (Cardiovascular injury), and the remaining 8 patients (20%) developed autonomic neuropathy as a complication of distal symmetric polyneuropathy (Stomach -intestinal damage). All patients were examined using these methods.

- 1-Subjective examination (anamnesis morbi),
- 2-Superficial, deep, complex sensory examination,
- 3-Examination of the movement system (general examination, active movements, passive movements, muscle tone, muscle trophism, muscle strength, deep and skin reflexes, pathological reflexes and clonus, protective reflexes),
- 4- Checking blood sugar level,



**Results of the study:** Uncontrolled hyperglycemia - 30 cases, obesity - 28 cases, arterial hypertension - 20 cases, dyslipidemia - 30 cases, smoking - 22 cases, alcohol - 12 cases. The duration of diabetes in patients under 40 years old (n=15) was 5-8 years in 9 (22.5%), 9-12 years in 6 (15%), patients under 50 years old (n=15) in 3 (7.5 %) 5-8 years, 10 (25%) 9-12 years, 2 (5%) 13-16 years. In addition, 8 patients had changes in the digestive system (dysphagia, nausea, impaired gastric emptying, nocturnal/alternating diarrhea). Sensory, motor, and autonomic disorders according to neurological examination of patients are as follows: hypoesthesia (82.5%), paraesthesia (62.5%), hyperpathy (20%), muscle weakness (37.5%), muscle atrophy (12.5%), pain ( 50%), areflexia (25%), Infarction (15%).

**Conclusion:** Long-term high blood sugar is one of the main factors leading to diabetic polyneuropathy. Sensory disturbances were mainly observed in patients with diabetic polyneuropathy. Deficiency of sympathetic and parasympathetic innervation in the cardiovascular and digestive system was observed in autonomic neuropathy type of diabetes.