CALCIUM OXALATE WITH UROLITHIASIS SICK PATIENTS NATIONAL FROM FOOD STRUCTURED RATION ON THE BASIS OF TAKE VISITED METAPHYLAXIS DURING DAILY IN THE URINE OXALATE DIVORCE INDICATOR

Kuchkarov A. K.
Gaybullayev A.A.
Ermatov N. J.
Center for the Development of Professional
Qualifications of Medical Personnel Tashkent State Medical University

Introduction:
Urinary stone disease (USD) is one of the most common diseases in the world. According to several studies, the global prevalence of USD is 3.5-9.6%. Urolithiasis is the third most common urological disease and accounts for 30-40%. When examining studies by country, the prevalence of USD is 5-10% in European countries, 7-15% in the USA, 20% in Arab countries, and 1-5% in Asian countries. In calcium oxalate urolithiasis, the presence of crystalluria in the urine indicates the presence of general and specific metabolic disorders, which are characteristic of the disease .
of the study : One of the risk factors for urinary stone formation in patients with diagnosed calcium oxalate stones is oxalate excretion.

The research Materials and methods: The study subjects were 154 patients over 18 years of age who were treated with a diagnosis of calcium oxalate urolithiasis at the Department of Urology and Andrology of the Tashkent State Medical University and the 1st City Clinical Hospital named after Ibn Sino from January 2021 to December 2023. The patients were divided into 2 groups. Control 40 people per group Patient . Observation 114 people in the group patient included .

Laboratory methods: general and biochemical blood test, urine pH measurement, urine metabolic changes studies (Ca, Ox), determination of crystalluria (CU), study of the mineral composition of stones .
Oxalate (Ox) lithogenesis important structural Calcium oxalate of the stone formation next promoter . Europe urologists association on recommendation according to , 0.5 mmol/l in 24 hours more than Ox KE level hyperoxaluria is considered and correction for instruction is calculated in the table days between high on the line observation group n=114, lower on the line control group n=40 days in the urine oxalt indicator cited.

Control days	M+n	< 0.5 mmol /l patients number (%)	> 0.5 mmol/l patients percentage (%)
10 days	0.66 ± 0.01	31 (27.1%)	83 (72.8%)
	0.65 ± 0.06	9 (22.5 %)	31 (77.5%)
20 days	0.61 ± 0.06	65 (57%)	49 (43%)
	0.62 ± 0.10	14 (35%)	26 (65%)
30 days	0.48 ± 0.02	99 (86.8%)	15 (13.2%)
	0.59 ± 0.01	18 (45%)	22 (55%)
45 days	0.48 ± 0.02	101 (88.6%)	13 (11.4%)
	0.65 ± 0.01	23 (57.5%)	17 (42.5%)
60 days	0.48 ± 0.02	97 (85%)	17 (15%)
	0.64 ± 0.01	21 (52.5%)	19 (47.5%)
P=0.01			

Conclusion and recommendations

Follow up on day 10 group to control 3.1% more than . Observation on the 20th day group to control 10.7% less than . Observation on the 30th day group to control 16.4% more than . Observation on day 45 group to control 6% more than . Observation on day 60 group to control 6% more than the national average . from food structured ration based on metaphylaxis take went in patients oxalate in the urine separator control in the group calcium oxalate in urolithiasis take on the way ordered to the letter of recommendation relatively oneself efficiency showed.