

**INDICATORS USED TO ASSESS THE SUCCESS OF TREATMENT  
OF PSORIASIS WITH METHOTREXATE****M. M. Akhmedova**

Samarkand state medical university, Samarkand, Uzbekistan

**Tayanch soʻzlar:** psoriaz, metotreksat, davolash.**Key words:** psoriasis, methotrexate, treatment.**Ключевые слова:** псориаз, метотрексат, лечение.

The purpose of current research was to study the effectiveness of methotrexate in the treatment of psoriasis. During the study, 36 patients aged 15 to 35 years were examined, divided into two groups: control and main. The control group included 18 patients (7 women and 11 men) with moderate psoriasis. The clinical picture was characterized by the presence of psoriatic plaques on the elbow and knee joints, as well as papules with scales on the scalp. Patients of this group received systemic therapy with methotrexate (Methotrexate Evebe 50 mg/5 ml) at a dose of 0.25 mg/kg of body weight. To prevent side effects, folic acid was prescribed to all patients in this group: 1 tablet three times a day throughout the study period. The main group consisted of 6 women and 12 men with moderate psoriasis. The clinical picture was similar to the control group: psoriatic plaques were localized in the elbow and knee joints, and papules with scales were present in the hairy part of the head. Patients in this group also received systemic methotrexate therapy (Methotrexate Evebe 50 mg/5 ml), but the dosage was selected individually depending on age: 20 mg/5 ml for patients aged 15-20 years, 25 mg/5 ml for patients aged 21-25 years, and 30 mg/5 ml for patients aged 26-30 years. The study results showed that a more effective regimen for treating psoriasis is the use of methotrexate (Methotrexate Evebe 50 mg/5 ml) at a dose of 0.25 mg/kg of body weight with subsequent longer preservation of the remission period compared to the main group. In conclusion it should be said that this treatment regimen is recommended for the treatment of moderate and severe psoriasis.

**PSORIAZNI METOTREKSAT BILAN DAVOLASHNING MUVAFFAQIYATINI BAHOLASH UCHUN  
ISHLATILADIGAN KO'RSATKICHLAR****M. M. Axmedova**

Samarqand davlat tibbiyot universiteti, Samarqand, O'zbekiston

Ushbu tadqiqotning maqsadi metotreksatni psoriaz terapiyasida qo'llash samaradorligini o'rganish edi. Tadqiqot davomida 15 yoshdan 35 yoshgacha bo'lgan 36 nafar bemor tekshirildi, ular ikki guruhga bo'lindi: nazorat va asosiy. Nazorat guruhiga o'rtacha og'irlikdagi psoriaz bilan kasallangan 18 nafar bemor (7 nafar ayol va 11 nafar erkak) kiritilgan. Klinik ko'rinishi tirsak va tizza bo'g'imlarida psoriatik pilakchalar, shuningdek, boshning sochli qismida tangachali papulalar mavjudligi bilan tavsiflanadi. Ushbu guruhdagi bemorlar tana vazniga 0,25 mg/kg dozada metotreksat (Metotreksat Evebe 50 mg/5 ml) bilan tizimli terapiya olishdi. Nojo'ya ta'sirlarning oldini olish uchun ushbu guruhdagi barcha bemorlarga tadqiqotning butun davri davomida kuniga uch marta 1 tabletkadan foliy kislotasi buyurildi. Asosiy guruhni o'rtacha og'irlikdagi psoriaz bilan kasallangan 6 nafar ayol va 12 nafar erkak tashkil etdi. Klinik ko'rinishi nazorat guruhiga o'xshash bo'lgan: psoriatik pilakchalar tirsak va tizza bo'g'imlarida joylashgan, shuningdek, boshning sochli qismida tangachali papulalar mavjud. Ushbu guruhdagi bemorlar ham metotreksat (Metotreksat Evebe 50 mg/5 ml) bilan tizimli terapiya olgan, ammo doza yoshga qarab individual ravishda tanlangan: 15-20 yoshdagi bemorlar uchun 20 mg/5 ml, 21-25 yoshdagi bemorlar uchun 25 mg/5 ml va 26-30 yoshdagi bemorlar uchun 30 mg/5 ml. Tadqiqot natijalari shuni ko'rsatdiki, psoriazni davolashning yanada samarali rejimi metotreksat (Metotreksat Evebe 50 mg/5 ml) ni tana vazniga 0,25 mg/kg dozada qo'llash, keyinchalik asosiy guruhga nisbatan remissiya davrini uzoqroq saqlab qolishdir. Xulosa qilib aytganda, ushbu davolash tartibi o'rta va og'ir darajadagi psoriazni davolash uchun tavsiya etiladi.

**ПОКАЗАТЕЛИ, ИСПОЛЬЗУЕМЫЕ ДЛЯ ОЦЕНКИ УСПЕШНОСТИ  
ЛЕЧЕНИЯ ПСОРИАЗА МЕТОТРЕКСАТОМ****М. М. Ахмедова**

Самаркандский государственный медицинский университет, Самарканд, Узбекистан

Целью данного исследования являлось изучение эффективности применения метотрексата в терапии псориаза. В ходе исследования было обследовано 36 пациентов в возрасте от 15 до 35 лет, разделенных на две группы: контрольную и основную. Контрольная группа включала 18 пациентов (7 женщин и 11 мужчин) с псориазом средней степени тяжести. Клиническая картина характеризовалась наличием псориазных бляшек на локтевых и коленных суставах, а также папул с чешуйками в волосистой части головы. Пациенты этой группы получали системную терапию метотрексатом (Метотрексат Эвэбе 50 мг/5 мл) в дозировке 0,25 мг/кг массы тела. Для профилактики побочных эффектов всем пациентам этой группы назначалась фолиевая кислота по 1 таблетке три раза в день на протяжении всего периода исследования. Основная группа состояла из 6 женщин и 12 мужчин с псориазом средней степени тяжести. Клиническая картина была аналогична контрольной группе: псориазные бляшки локализовались на локтевых и коленных суставах, а также присутствовали папулы с чешуйками в волосистой части головы. Пациенты этой группы также получали системную терапию метотрексатом (Метотрексат Эвэбе 50 мг/5 мл), но дозировка подбиралась индивидуально в зависимости

от возраста: 20 мг/5 мл для пациентов в возрасте 15-20 лет, 25 мг/5 мл для пациентов 21-25 лет и 30 мг/5 мл для пациентов 26-30 лет. Результаты исследования показали, что более эффективным режимом лечения псориаза является применение метотрексата (Метотрексат Эвэбе 50 мг/5 мл) в дозировке 0,25 мг/кг массы тела с последующим более длительным сохранением периода ремиссии по сравнению с основной группой. В заключение, данный режим лечения рекомендуется для терапии псориаза средней и тяжелой степени тяжести.

**Introduction:** Psoriasis occurs in 1-3% of the population. The disease is transmitted genetically, most likely through a dominant pattern with varying penetration; the origin is unknown. The disease continues throughout life and is characterized by chronic, recurring exacerbations and remissions that lead to emotional and physical exhaustion. Many millions of people can develop psoriasis, and only the correct combination of environmental factors can trigger the development of the disease. Stress, for example, can trigger an attack. The influence of the environment can change the course and severity of the disease. The degree and severity of the disease vary widely. Psoriasis often begins in childhood, when the first episode can be triggered by streptococcal pharyngitis (as in droplet psoriasis).

**Purpose:** To determine the effectiveness of using methotrexate in the treatment of psoriasis.

**Materials and methods.** We examined 36 patients aged 15 to 35 who were admitted to the Samarkand Regional Branch of the Republican Specialized Dermatovenereology and Cosmetology Scientific and Practical Medical Center with a diagnosis of psoriasis. All patients were familiarized with the conducted research and received written consent for participation in this type of treatment.

The inclusion criteria in the study were: the diagnosis of psoriasis established by the dermatologist, the presence of the disease for no more than 2 years, the age of the patient from 15 to 35 years, previously untreated for this disease (systemic or topical), the presence of this disease in the family history, the patient's weight from 55 to 70 kg, the average PASI level equal to  $10 \pm 2$ .

Exclusion criteria from the study: pregnancy, lactation, presence of menstruation at the time of inclusion in the study, age  $15 <$  or  $> 35$  years, treatment conducted during the last 5 months, absence of this pathology in one of the relatives, presence of contraindications and intolerance to the use of methotrexate or folic acid, PASI level equal to  $> 10$  or  $\pm 2$ .

The patients were divided into 2 groups: control and main.

The control group consisted of 18 patients with psoriasis, 7 women and 11 men. Psoriatic plaques in patients were seven-fold on the knee joints, elbow joints, and the presence of scales with papules on the scalp. This group was treated with the systemic drug Methotrexate (Methotrexate Evebe 50 mg 5 ml) for each patient, the drug dose was selected depending on the patient's weight (1 kg of body weight 0.25). Also, to prevent side effects of the drug, patients were prescribed folic acid 1 tablet 3 times throughout the entire study.

The main group consisted of 6 women and 12 men. Psoriatic plaques in patients were seven-fold on the knee joints, elbow joints, and the presence of scales with papules on the hairy part of the head. This group was treated with the systemic drug Methotrexate (Methotrexate Evebe 50 mg 5 ml) for each patient, the drug dose was selected depending on the patient's age (15-20 years old, the drug dose is 20 mg 5 ml, 21-25 years old, the drug dose is 25 mg 5 ml, 26-30 years old, the drug dose is 30 mg 5 ml).

Assessment of the severity of the disease was carried out according to the PASI scale (the average PASI level was 10), accounting for the control of the spread or regression of the process was carried out once every 1 week for 5 weeks, after which once every 2 weeks for 28 days, after which once every 1 month for 2 months.

**Results and their discussion:** in the control group of patients on the 7th day after the start of treatment, no changes in PASI were observed, but according to the patients, itching decreased in 15 patients (no reduction in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules), 3 patients did not notice a change (reduction in the diameter of the elements, decrease in itching, appearance of fresh papules).

On the 14th day after the start of treatment, changes in PASI were observed in 8 patients (shortening in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules), 10 patients (no shortening in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules).

On the 21st day after the start of treatment, changes in PASI were observed in 14 patients (there is a reduction in the diameter of the elements, there is a decrease in itching, no appearance

of fresh papules), in 4 patients (there is no reduction in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules).

On the 28th day after the start of treatment, changes in PASI were observed in 18 patients (there is a reduction in the diameter of the elements, no itching, no appearance of fresh papules).

On the 42nd day after the start of treatment, changes in PASI were observed in 18 patients on average less than 3 (there is a reduction in the diameter of the elements, no itching, no appearance of fresh papules).

On the 56th day after the start of treatment, changes in PASI were observed in 18 patients (absence of elements, absence of itching, absence of new papules).

PASI 0 was observed in 16 patients on the 86th day of the study (absence of elements, absence of itching, absence of new papules). Patients with 2 PASI were 1-3 (pruritus, new papules were observed).

PASI 0 was observed in 12 patients on the 116th day of the study (absence of elements, absence of itching, absence of new papules). In 4 PASI 3-5 patients, (increase in elements in diameter, appearance of itching, appearance of fresh papules).

In the control group, patients received treatment with the systemic drug Methotrexate (Methotrexate Evebe 50 mg 5 ml), the drug dose was selected for each patient depending on the patient's weight (1 kg of body weight 0.25). We found that only by the 28th day of treatment, complete absence of symptoms (absence of elements, absence of itching, absence of fresh papules) was observed, a decrease in PASI 0-1 began only by the 56th day of treatment, by the 86th day of treatment, a repeated increase in PASI and the ingestion of new elements were observed, and by the 116th day of PASI 3-5 elements increased in diameter, itching appeared, and the appearance of fresh papules was observed.

Main group: On the 7th day after the start of treatment, no changes in PASI were observed, but according to the patients' survey, itching decreased in 8 patients (no reduction in the diameter of the elements, a decrease in itching, no appearance of fresh papules), 10 patients did not notice a change (reduction in the diameter of the elements, decrease in itching, appearance of fresh papules).

On the 14th day after the start of treatment, changes in PASI were observed in 2 patients (shortening in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules), in 16 patients there were no shortening in the diameter of the elements, a decrease in itching, no appearance of fresh papules).

On the 21st day after the start of treatment, changes in PASI were observed in 8 patients there were a reduction in the diameter of the elements, a decrease in itching, no appearance of fresh papules), in 10 patients there were no reduction in the diameter of the elements, a decrease in itching, no appearance of fresh papules).

On the 28th day after the start of treatment, changes in PASI were observed in 14 patients: a reduction in the diameter of the elements, a decrease in itching, no appearance of fresh papules, in 2 patients no reduction in the diameter of the elements, a decrease in itching, no appearance of fresh papules were observed.

On the 42nd day after the start of treatment, changes in PASI were observed in 16 patients (there is a reduction in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules).

On the 56th day after the start of treatment, changes in PASI were observed in 18 patients on average less than 3 (there is a reduction in the diameter of the elements, no itching, no appearance of fresh papules).

On the 86th day after the start of treatment, changes in PASI were observed in 18 patients on average less than 3-5 times (no reduction in the diameter of the elements, no itching, no appearance of fresh papules).

On the 116th day after the start of treatment, changes in PASI from 5 to 10 were observed in 8 patients (shortening in the diameter of the elements, there is a decrease in itching, no appearance of fresh papules), 10 patients noticed no shortening in the diameter of the elements a decrease in itching, no appearance of fresh papules).

In the main group, which received treatment with the systemic drug Methotrexate (Methotrexate Evebe 50 mg 5 ml), the dose of the drug was selected for each patient depending on

their age (15-20 years, 20 mg 5 ml, 21-25 years, 25 mg 5 ml, 26-30 years, 30 mg 5 ml). We found that only by the 42nd day of treatment, complete absence of symptoms (absence of elements, absence of itching, absence of fresh papules) was observed, the beginning of PASI 3 reduction was less only by the 56th day of treatment, by the 86th day of treatment, repeated increases in PASI 3-5 and the ingestion of new elements were observed, and by the 116th day of PASI 5-10, an increase in the diameter of elements, the appearance of itching, and the appearance of fresh papules were observed.

**Conclusions:** As a result of the conducted research, it was revealed that patients with psoriasis were more effectively treated with methotrexate evebe 50 kg 5 ml according to a 0.25 mg regimen per kg of body weight and had a longer retention period compared to the main group. This treatment regimen is recommended for the treatment of moderate and severe forms of psoriasis.

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