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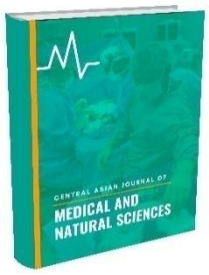

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Immunological Description of the Study of Urological Diseases Accompanied by Pulmonary Tuberculosis

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Abstract: the detection of a real distribution of urological diseases requires a secret urological assessment of the so -called. Instead of analyzing information about the treatment of medical care, an accurate directed check of the population provides more information. The reason for this depends on many factors, such as access, infrastructure and medical development, its acceptability, its acceptability, general and medical culture, customs, customs and mentality.

Key words: Urological diseases, tuberculosis, immune system.

The proportion of people with multimudamism on the planet is growing. Tuberculosis and HIV are characteristic of the development of non-communicable diseases in people with chronic infectious diseases. The rapid increase in the number of noncommunicable diseases is registered in the lowest and middle incomes. This situation may be related to aging, rapid urbanization, environmental factors and changes in lifestyle. The discovery of the real distribution of urological diseases requires a secret urological assessment of the so-called. Instead of analyzing information about health care access, precise targeted testing of the population provides more information. The reason for this depends on many factors such as access, infrastructure and medical development, its acceptability, its acceptability, general and medical culture, customs, customs and mentality.

The purpose of the study in urological diseases that constantly occur with the lungs, the study of quantitative changes and the treatment of drugs that increase the immune system.

Test methods: 320 people were studied to achieve this goal. They are divided into three groups: the main group - patients diagnosed with urological diseases (n = 117); Comparison group - patients with lung mucus, but no urological diseases are observed (n = 20); The control group is healthy people with lung salutes and urological diseases (n = 20).

Results and analysis: in turn, the main group was divided into three small groups: urinary stone disease, which occurred together with group lung disease (U) - n = 18; Group 1B - urinary tract infection that combines with lung sales (UTI) - n = 54; Group 1 V - hyperplasia with prostate-safer (BPH) - n =45.

Table 1. Indicators of the immunized status of patients who are collectively with urological diseases

Indicators	Control group	Main group		
		U, n=18	BPH, n=54	UTI, n=45
leukocytes, 10^9/л	6500±185	4648±253	47,38±234	4064±228*
Lymphocytes	32,5±1,26	34,85±1,93	32,96±1,82	37,0±1,46
Lymphocytes, 1 µl of blood	2112±83	1649±99*	1538±97*	1482±76*
CD3+ cells %	59,5±1,16	42,38±1,67*	41,17±1,55*	43,45±1,62*
CD3+ cells 1 µl of blood	1257±38	638±47*	626±46*	629±34*
CD4+ cells %	36,0±1,05	31,63±1,12*	30,51±1,09*	33,54±1,10*
CD4+ cells 1 µl of blood	760±32	448±37*	457±36*	483±23*
CD8+ cells %	23,5±0,82	27,0±1,27*	24,0±1,03	24,36±0,63
CD8+ cells 1 µl of blood	496±29	339±30*	376±29*	360±24*
IRI, unity	1,53±0,02	1,17±0,04*	1,97±0,04*	1,38±0,03*

NOTE: * - sign of a reliable change in relation to the control group (R<0.05).

Maintenance of various urological diseases is their main disease - the effect of various lung effects. It is also a variety of quantitative indicators of the immune system.

Therefore, the study and evaluation of immune system indicators in these urological diseases were compared with a comparative method.

As a general clinical characteristic of patients, immunological methods, these cases are not defined.

The results obtained showed that in all small groups of the main group, the number of leukocytes decreased convincingly compared to the control group (Table 2)

The total number of lymphocytes in these patients, indicating the difference in analysis between the analysis, but in groups 1.28 times in groups 1.37 in groups 1B. In the times and 1 V groups, 1.43 times decreased (r<0.05). Showed that it was a change in accordance with the number of leukocytes. It should be noted that the strongest immune parameters were observed among the immunity parameters of cells in SD3 + cells - the decrease in the main group in the main group was 1.40, 1.45 and 1.35, respectively (r<0.001). The same result was observed in the absolute numbers of SD3+ and SD3+ cells and the rooms were 1.977, 2.01 and 2.00. R<0.01). Relative and absolute numbers of SD3+ and missing cells are also observed in the same (R<0.05-R<0.001). This immunocompetent cell showed a complete deficiency in patients with the main group. When studying SD3 + -Cells (SD4 + and SD8 +) the cause of the general Thymmunodiphytosis was identified, since their relative and absolute numbers were rejected in the main control group in the main group. A relative difference in relative amounts of SD8+ and mental and related cells was not clearly observed. In the T-T-T-Joint of the immune system 1.17 ± 0.04, 1.27 ± 0.04, 1.27 ± 0.04 and 1.04 and 1.05 units (1.53 ± 0.02 units). The presence of a convincing deficit was visible. Comparative analysis was observed with the T-free immune system deficiency comparison group.

In particular, at 90 points (1A and 1V) describing the level of the immune system, a measure of the indicator (1A and 1V) was observed in the main group, and the level of secondary immunophysitis, especially in relative and absolute quantities. SD3+ and SD4+ cells. characterized by a decrease. The RCI T-Sefitult That indicator showed the development of secondary immunity as well as the

immunological edge of the IRI immune system. In the case of urological diseases with sales of the lungs, along with the general state of urological diseases, it is characterized by its immune system, which is mainly characterized by a deep general secondary absoluteness of the immune system.

No conclusive results were observed in the aforementioned or V-younger patients, scores in the main comparison and control groups were close to each other, and no conclusive difference was observed among the number (R>0.05). The main group according to the basic constitution of the blood serum (IGA, IgG, IgG, IgM) was observed with a slight decrease in IgA and IgG (R<0.05), but the difference was not determined compared with the comparison group (R>0.05).

Therefore, in terms of urological diseases, urological diseases have been confirmed in the V-Jr. (verbal immunity) tuberculosis of the pulmonary system. It was noted that the amounts of inflammation and anti-inflammatory cytokines (IL-10 and TNA-L) increased dramatically. It is shown that the main group indicator is a group of controlled growth, and comparison (r<0.01). Thus, the detection of urological diseases in patients diagnosed with lung mucus was also caused by a convincing increase in the concentration of inflammation and anti-inflammatory cystitis.

Conclusion: Thus, when sales of lung and urological diseases (STK, PBXG, STI) followed, no immune system V-junction (non-garnet immunity) was observed. Relative and absolute numbers of SD 2 cells were not accepted, the practical side effects of the immune system of urological diseases, which practically did not differ, are unacceptable for comparison parameters. It has been proven that urological diseases indicate and are affected Urological immunity is not a factor that aggravates the lung band.

It turned out that a sharp, convincing increase in the concentration of inflammation and anti-inflammatory agent (IL-10, TNA-X) enhances the inflammation process in the main group and the factor that aggravates the pulse.

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