



**PATHOLOGIES ENCOUNTERED IN THE KIDNEY IN THE PRACTICE OF FORENSIC  
MEDICAL EXAMINATION**

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**Annotation**

The kidney is considered one of the important organs in the human body and is involved in many processes that take place in the body. Various pathologies that occur in the kidneys, in which they perform physiological functions, give clinical signs late on account of the abundance of clots Reserve, which is considered a histological functional unit, and diseases, in which cases of late detection or pronounced jaundice in the kidneys is often encountered. To this end, the pathologist study of the diseased kidneys in the materials obtained in the process of autopsy, conducted in patients who died from various diseases. The purpose of the study was to formulate data on indications of kidney pathologies.

**Keywords:** autopsy, COPD, glomerulonephritis, pyelonephritis.

**Relevance**

Pathologies that occur in the kidneys are clinically manifested by many symptoms and syndromes. An example of this can be attributed to nephritic and nephrotic syndromes, acute and chronic renal failure, urinary tract infections, nephrolithiasis, etc. These pathological conditions can in most cases remain unnoticed by doctors who are engaged in the detection of the underlying disease and, as a result, lead to severe complications arising from renal failure, even cases of ending with the death of the patient are encountered. Knowing the possible complications that can be observed in the kidneys and the pathologies of the kidneys that come as a complication of the underlying disease, the therapist, surgeon, reanimatologist and other specialists will be able to avoid possible severe complications, change the tactics of treatment, take precautions in the selection of drug preparations, prevent or eliminate kidney failure.

**Goals and Objectives**

The purpose of the study is to identify many observable kidney pathologies in the Bukhara Region and develop measures to prevent it from occurring, the consequences of many of the pathologies, which are based on the pathological findings, and for which we conducted a macroscopic and microscopic analysis in the Pathology Department of the Bukhara region forensic medical exposition Bureau by In total, 45 dead patients underwent a kidney tissue examination.



### Material and Methods

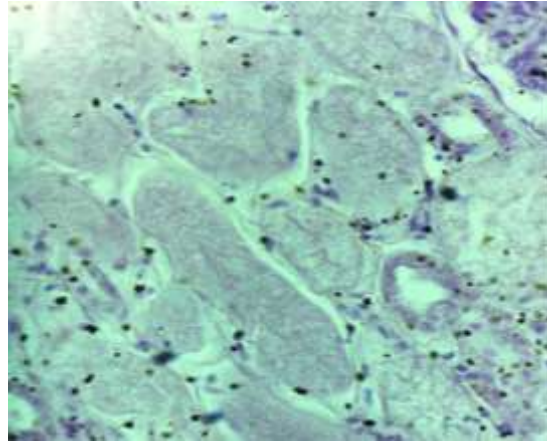
During the examination, a total of 45 kidney tissue pathologies were studied, based on macroscopic and microscopic studies of kidney tissue. For general morphology, 2 pieces were cut from each kidney, that is, 1, 5x1, 5 cm from the upper and middle part, and 10% were fixed on the neutralized formalin. After washing 2-4 hours in running water, dehydrated in alcohol and xylol, whose concentration increased, then paraffin was poured and the blocks were prepared. From the paraffin blocks, cuts of 5-8  $\mu$ m were made, painted on hematoxylin and eosin. During the examination, the following pathologies were detected:

### Conclusion and Conclusions

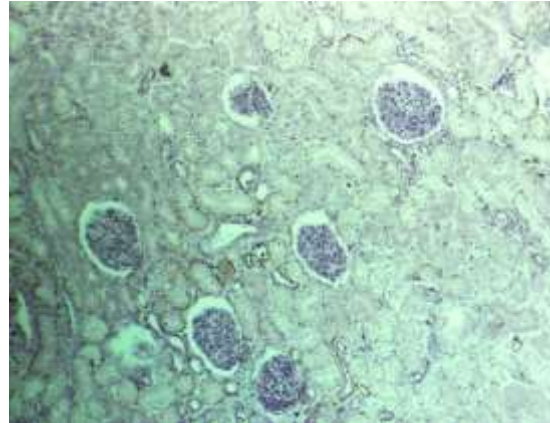
The results of pathogistological studies of the kidney showed that in most cases, the pathology of nephrotic syndrome (membrane nephropathy) was observed in the kidney. In subsequent places, tubulointerstitial diseases (inflammation of the tubules and interstitial), tubulointerstitial nephritis, ischemic and toxic lesions of the tubules (OBE), chronic pyelonephritis, as well as more common, are observed.

Nephrotic syndrome (membranous nephropathy) is a nephrotic syndrome characterized by proteinuria, hypoproteinemia (mainly hypoalbuminemia), edema, hyperlipidemia and hypovolymia, which is a set of asymptomatics. Nephrotic syndrome occurs in primary and secondary diseases of the kidney. On the basis of this syndrome, a violation of the immune response of the body occurs, which damages the walls of the renal capillaries, as a result, the oxidant enters the saliva from the coldness deposit, which in turn reduces the oncotic pressure of the plasma of the deposit and suppresses the appearance of edema. In the nephrotic syndrome alokhida Eki hematuria and hypertension by uilan can meet together. Nephrotic syndrome button type current disease autosoma-recessive pathway utadi develops rapidly and leads to renal failure in choke cases.

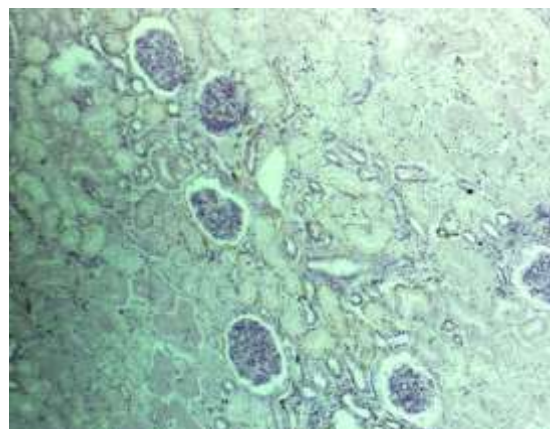
In the okibati of ischemic and toxic lesions of the ducts, utkir renal failure occurs, from this tusat there is a decrease in the filtration and reabsorption function of the kidney, and in this okibati in the body, water, electrode, nitrogen and other exchanges are disrupted. Utkir renal failure 70% prerenal, 25% parenchymatosis, 5%- obstructive types differ. Prerenal UBE this occurs in the presence of a decrease in cortical turnover in the kidneys and a decrease in the filtration of renal capillaries, which occurs in the case of Bunda oliguria, anuria, and in the night with an increase in the amount of creatinine in the adrenal UBE case of kaytar, but remote vakt hyperphosis of the kidneys parximatosis leads to kidney failure. Decrease in plasma volume of mining for prerenal reasons, dehydration, mining failures, shock, hypoxia, utkir heart failure. Parenchymatosis UBE 85% ischemic vatoxic lesion of the renal tubules occurs in Shi okibati and causes utkir tubular necrosis in the kidneys, 15% occurs in the inflammatory diseases okibati of the renal parenchyma. The causes that cause utkir tubular necrosis are caused by X-rays, aminoglycosides, heavy metals, drugs.



Picture 1. necrosis of proximal and distal ducts.



Picture 2. Membrane nephropathy.



Picture 3. Membrane nephropathy.



- Chronic pyelonephritis-pyelonephritis accompanied by inflammation of the renal pelvis ,pelvis and renal parenchyma, kuprok is a jaraendir that damages the interstitial sac, this disease is caused by bacterial infections in the bladder primary and secondary to the cause of chronic pyelonephritis.
- Upon arrival.
- These data reveal the true prospect of a significant reduction in the incidence of pathologies in the kidney and the death caused by it, and provide undoubtedly necessary information not only for pathologists, but also for all specialists involved in the diagnosis, prevention and treatment of kidney diseases.
- Of the identified pathologies, most often clinical data on the state of the kidney in tubulointerstitial pathologies are inconsistent with ultrasound data, it is not only proved that the pathomorphological conclusions are the most recent and real information, but also show that each patient should undergo a pathogistological examination by means of a biopsy of the kidney tissue, it is necessary.
- This information can help improve the performance of medical professionals at any level.

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