

Hemolytic Diseases

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Annotation: Hemolytic anemia is a condition where red blood cells disappear faster than they can be produced. The destruction of red blood cells is called hemolysis. This article discusses this disease thoroughly

Keywords: Red blood cells, oxygen, hemolytic anemia, hereditary, reaction, fever, yellowish skin, eyes, mouth.

Red blood cells carry oxygen to all parts of your body. If you have fewer red blood cells than usual, you have anemia, and if you have anemia, your blood cannot deliver enough oxygen to all tissues and organs. If oxygen is not enough, your body will not be able to work as well as it needs.

Hemolytic anemia can be hereditary or increased:

- Hereditary hemolytic anemia occurs when parents pass the disease gene on to their children.
- The resulting hemolytic anemia is not something you were born with. You will develop the situation later.

What causes hemolytic anemia?

There are two main types of hemolytic anemia: hereditary and increased. Various diseases, conditions or factors can lead to each type:

- Meroslangan
- With an hereditary type, parents pass on disease genes to their children. Two common causes of anemia of this type are circular cell anemia and talassemia. Such conditions produce red blood cells that do not live long, such as ordinary red blood cells.
- Received

With anemia of this type, you will not be born with a specific disease. Your body forms ordinary red blood cells, but they are subsequently destroyed. This can happen due to the following reasons:

- Some infections that may be viral or bacterial
- Medicines such as penicillin, anti-malaria drugs, sulfa drugs or paracetamol
- blood cancer
- Lupus, revmatoid arthritis absence scarred colitis kabi autoimmune pulleys
- Some tumors are overactive divorce (hypersplenism)

Mechanical heart valves, which can damage red blood cells when they leave the heart

Serious reaction to blood transfusions

Some types of hemolytic anemia obtained are short-term (temporary) and pass away for several months. Other types can be lifelong (chronic). You can leave and come back over time.

Symptoms of hemolytic anemia can vary with symptoms of everyone. Symptoms may be:

- Abnormal paleness or lack of color of the skin
- Yellow skin, eyes and mouth (jain)
- Qorong'i siydik
- isitma
- Zaiflik
- head spin
- chalkashlik
- Cannot engage in physical activity
- Kattalashgan taloq va jigar
- Increased heart rate (taxicardia)
- Heart noise

Symptoms of hemolytic anemia may appear as other blood diseases or health problems. Always consult your doctor to make a diagnosis.

How is hemolytic anemia diagnosed?

Your doctor may believe that you have hemolytic anemia based on your symptoms, medical history, and physical examination. Your provider may also order the following tests:

Complete Blood List (CBC). This test measures different parts of your blood.

Other blood tests. If a CBC test shows you have anemia, you may get other blood tests. They can determine what type of anemia you have and how serious it is.

Urine test. It can probe hemoglobin (protein contained in red blood cells) and iron.

Bone marrow aspiration or biopsy. This involves obtaining a small sample of bone marrow fluid (aspiration) or solid bone marrow tissue (called core biopsy). The sample is usually cut and taken from the bones. It is examined for the number, size and maturity of blood cells or abnormal cells.

How to treat hemolytic anemia

Your doctor will draw up a treatment plan based on the following criteria:

- Your age, general health and medical history
- You qanchalik is without a muscle
- The cause of the disease
- How well do you deal with certain medications, treatments or treatments
- When your situation may worsen
- Your Opinion or Advantages

Hemolytic anemia treatment varies depending on the cause of the disease. Treatment may include:

- Blood transfusions
- Corticosteroid preparationatlari
- Treatment for strengthening the immune system (with intravenous immunoglobulin)
- Rituximab

In more severe cases, the following treatments may be required:

- Surgery to remove spleen
- A drug that reduces the strength of the immune system (immunosuptive therapy)
- Living with hemolytic anemia

Work with your doctor to reduce the risk of red blood cell disintegration and infection. For example, cold air can often cause the rupture of red blood cells. Avoid the cold, wear warm clothes and keep your house warmer to protect yourself.

You can also reduce the risk of infection:

- Wedding odamlardan uzoqroq turing
- Olomondan saqlaning on the floor
- Wash your hands frequently
- Kam pishmagan ovqatlardan saqlaning
- Wash your teeth regularly
- Vaccinate against influenza every year

Hemolytic anemia is a condition in which red blood cells disappear faster than they are created.

Hereditary hemolytic anemia means that parents give their children a disease gene.

The resulting hemolytic anemia is not something you were born with. You will develop the situation later.

Symptoms include weakness, paleness, yellowness, urine blackness, fever, inability to exercise, and heart noise.

Treatment includes blood transfusions, corticosteroids and other drugs

Tips for maximizing your use of visiting a doctor:

Know why you visited and what you want it to happen.

Write down the questions you wish to answer before the visit.

Take someone to help you ask a question and record what your provider tells you.

When you visit, write a new diagnosis and the name of any new drugs, treatments or tests. Also, write down the new guidelines that your provider has given you.

Find out why a new drug or treatment is being prescribed and how it will help you. Also, know what side effects are there.

Ask if there are other ways to treat your situation.

Find out why a test or procedure is recommended and what the results are for.

If you do not take medication or have a test or procedure, find out what to expect.

If you have the next meeting, write down the date, time and purpose of the visit.

If you have questions, learn how to contact your provider.

Hemolytic disease of infants is a severe disease in babies. Blood groups of mothers and fetuses are incompatible with various systems and resuscitation.

Depending on the amount of resuscitation in the blood, it is defined as resuscitation or resuscitation. The resulting embryo was placed in nutrients and then inserted into her womb, where it implanted. The resulting embryo was allowed to develop in nutrients and then inserted into her womb, where it foresced. The resuscitation of the fetus passes through the placenta into the bloodstream of a resuscitation mother. The intermolecular force from all these filaments is sufficient to support more than the gecko's body weight—when it is skittering upside down across a globe! Most of the disease occurs in infants born in the second, third, and subsequent pregnancies, as well as in post-abortion pregnancies (because the amount of antibodies in the mother's body increases from one pregnancy to the next). If the mother was previously poured blood without taking into account the resuscitation, the baby's hemolytic disease may also occur in the child born from the first pregnancy.

Hemolytic disease of infants occurs even when the blood of the mother and fetus does not correspond to blood groups, which occurs when the mother's blood group is 1(O), the child's P(A), or Sh(V).

There are three forms of hemolytic disease of infants: general birth swelling in the fetus, yellowness in babies, and birth malaria in them.

Yellowness in the ceasers is more common. The jawbone appears on the first day of childbirth, and in the next days of a child's life, he or she is in a state of shock; Sometimes the skin of an infant is born yellow, which depends on the formation and rapid reproduction of bilirubin, a dyeing substance produced by the breakdown of red blood cells in the blood. The resulting embryo was allowed to develop in nutrients and then inserted into her wobb, where it implanted.

The baby's development in the womb has a womb where it implanted.

To prevent hemolytic disease of babies, the blood of pregnant women is examined to the resuscitation worker and a blood group is detected. Blood is taken into account by resuscitation women; their bloating is regularly checked for resuscitation antibodies. Women who are pregnant for the first time without a resuscitation of bleeding are not recommended to have an abortion.

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