# DIFFUSE TOXIC BULGE CAUSED BY CHANGES IN THYROID ACTIVITY

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***Annotation:*** *diffuse toxic bull disease (tyreotoxicosis, tyreotoxic Bull) is considered an endocrine disease and occurs as a result of an excessive increase in the secretion of thyroid hormones, it is accompanied by severe disorders in various organs and systems. This disease is a disease that is given little attention among the people, but is accompanied by severe complications, and it is important to dwell on it separately.*

***Keywords:*** *bullfinch, tyreotoxicosis, tyreotoxic bullfinch, endocrine.*

The meaning of mining: there are a large number of views on the origin of diffuse toxic bull disease. Most scientists of our state support the neurogenic theory and argue that mental trauma (stress) is of great importance in the occurrence of this disease. The founder of this theory was S.P. Botkin (1884): “it is no doubt that mental states have an effect not only on the course of Bazed’s disease, but also on its development. Kulfat wrote that various losses, fear, anger, panic caused many times the rapid, within a few hours, development of symptoms typical of Bazed’s disease”. S.A. Maasumov, M.S. Astrov analyzed materials from Bull expeditions and observations, noting that mental injury (stress) is of great importance in diffuse toxic bull etiology (up to 40-60%).

In terms of the relatively high incidence of female sexual diseases and hormonal dysfunction (33.6%), it is the second factor (fetal menstruation is a disorder, not being on the verge of having children, loneliness, etc.).). In diffuse toxic bull etiology, infection is not significant, but at least 5-6% of patients attribute their disease mainly to severe influenza or angina. It has also been proven that the influence of exogenous factors on the body in the presence of disorders of the activity of members of the endocrine system – constitutional and genetic factors that predispose to diffuse toxic bulge. In patients with diffuse toxic bulges, a long – acting stimulant, LATS, has been

identified in the blood, which has been known to act as a specific antitelo in relation to the thyroid, causing thyroid excitation as in the action of tyreotropin. An increase in the accumulation of T3 and T4 in the body disrupts the processes of oxidative phosphorylation in tissues, this phenomenon is evident in the violation of all types of metabolism, the derailment of the activity of the central nervous system, heart, liver and other organs.

With diffuse toxic bullish, often in cases women between the ages of 20 and 50 get sick. The ratio of the number of sick women to men is ≈10: 1. The high incidence of the disease in women is caused by a slightly increased violation of the mutual normal relationship in the activity of the gonads and the hypothalamic-hypophysical system in them, and this passes with the rapid synthesis of thyroid hormones.

According to the testimony of scientific literature, from the point of view of the profession, more and more employees of mental labor get sick with diffuse toxic bullshit. Residents living in rural areas are 3 to 5 times less likely to be diagnosed with tyreotoxicosis. It seems that the importance of the environment (natural factors, outdoor work), which is somehow calm and comfortable in this, may be great.

Diffuse toxic in the bull, thyroid gland O.V. According to the method proposed by Nikolaev – to perform the practice of subtotal subfascial strumectomy – is considered one of the most radical methods. In this, a portion of the glandular tissue measuring ≈ 4-8 grams per piece in front of the trachea is left. Most of the remaining methods (Drachinskaya, Breydo methods and b.), are of the improved types of this operation and differ from the glandular tissue only if they know where and how much to leave. When there is a risk of bleeding during the surgical procedure, it is advisable to first connect the thyroid arteries according to the Coxer method, and then perform the intended operation.

In the nodular and mixed types of the bull, the operation “enucleation” (urinating the knot from the tissue) was previously performed. In the postoperative period, it was found that some of these categories of patients may develop later and develop disease recidivism (recurrence) of inconspicuous (small) nodules located in the glandular tissue next to the node. Taking this into account, in the following years, the use of a resection operation of the thyroid node with side tissues according to the Mikulich method, gives good results.

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