

**MYOPIA IN ADOLESCENTS IN MOUNTAINOUS AND FOOTHILL AREAS OF
THE ANDIJAN REGION, CAUSES OF ITS SPREAD**

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Annotation. This scientific field examines the causes of the abandonment and rejuvenation of myopia in adolescents in the mountainous and foothill areas of the Andijan region, risk factors affecting the development of the disease, their origin, etiology, pathogenesis, clinic, diagnosis, complications and methods of their elimination. Treatment in the field of treatment is laid in a broad modern direction.

Key words: myopia, staphyloma, bump, fundus chamber.

There are reports in the literature on the issues of general and primary morbidity in the structure of eye diseases in people living in specific territories of our country. Based on them, the needs for ophthalmic care, glasses and contact lenses are determined. The state of visual acuity, the level of eye morbidity, and ways to prevent visual impairment and blindness due to myopia were determined. The problem of myopia is recognized as one of the main ones in modern ophthalmology. Myopia is the most common anomaly of the clinical refraction of the eye. The social significance of the problem is also determined by the fact that progressive myopia, which most often occurs in school-age children, along with other causes, creates obstacles to the socio-mental development and personality formation of a healthy child. The incidence of myopia in children and adolescents has increased 1.3 times over the past 10 years. This is due to an increase in visual load, the complexity of school curricula, the introduction of computers, and other reasons. Meanwhile, myopia restricts the choice of profession, reduces social potential and, according to WHO, causes visual disability in 27% of cases.

Objective: Myopia is becoming a public health problem among children and adolescents attending schools and universities. The prevalence of myopia varies in different climatogeographic regions, race, ethnic groups, and socio-economic status. The purpose of this study was to find out the prevalence of myopia in children and adolescents from the mountainous region of the Pakhtaabad district of the Andijan region.

Materials and methods: It was a cross-descriptive study. Vision screening among children was conducted in the 5th school of the highland region of the Pakhtaabad district. Vision screening was performed by volunteers using the standard Snellen table. Those who did not pass the screening test underwent a detailed ophthalmological examination by a pediatric ophthalmologist.

Results: A total of 250 children had their eyesight assessed. The average age was 12-14 years ($SD \pm 2.8$ years). During the examination, 28.5% of children ($n = 40$) had vision less than 6/9 in at least one eye. Seven children already wore glasses for myopia, of which only 2 had vision of 6/9 or better. Of the 40 children, 10% ($n=4$) had vision of 6/9 or better, and 90% ($n=36$) had refractive error. Of these 36 children, myopia was present in all (100%). Consequently, the prevalence of myopia among the entire school population was

27% (n = 38). All children had simple myopia from 0.5 D to 3.5 D. After correction of refraction, all children had maximally corrected visual acuity of 6/9 or higher. 86% (n = 120) of children had never had their eyesight checked before.

Conclusion. The study showed a high prevalence of myopia, and only eye diseases were present in children. The result of this study can be a starting point for conducting a large-scale population-based study among children from the mountainous region of the Pakhtaabad district.

Literatures

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