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OPTIMIZATION OF TREATMENT OF COMPLICATIONS OF PURULOUS NECROTIC FASCITIS IN DIABETES.

Abstract : Samarkand city medicine of the union purulent-septic department and SamDMU a lot network clinic surgery in sections next in years sugary of diabetes purulent-necrotic inflammation with 58 people are sick the patient treatment results analysis done . Comparative analysis to do We divided the patients into 2 groups we separated . The first group included 26 patients (44.8%) . Second control group from 32 (55.2%) patients consists of being , in them necrotising fasciitis determined . Only complete necrectomy injury to clean help gave Soft of tissues purulent-necrotic phlegmon with to the hospital It's late laid down the first group in patients necrotising fasciitis and myonecrosis of the disease pass very heavy late Among them , sepsis (37%) is a lot members deficiency (25%) and death (27.5%) was observed . An early radical operations organize done and phased necrectomy conducted control in the group in 9 % of patients purulent-inflammation disease with sepsis, 11.5 percent in patients scientist observed.

Key words: diabetes mellitus, necrotizing fasciitis , purulent infections , staged necrectomy.

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ҚАНДЛИ ДИАБЕТДА ЙИРИНГЛИ-НЕКРОТИК ФАССИТИТ АСОРАТЛАРИНИ ДАВОЛАШ ОПТИМАЛЛАШТИРИШ.

Аннотатсия: Самарқанд шаҳар тиббиёт бирлашмасининг йирингли-септик бўлими ва СамДМУ кўп тармоқли клиникаси жарроҳлик бўлимларида кейинги йилларда қандли диабетнинг йирингли-некротик яллиғланиши билан оғриган 58 нафар беморни даволаш натижалари таҳлил қилинди. Қиёсий таҳлил қилиш учун биз беморларни 2 гуруҳга ажратдик. Биринчи гуруҳга 26 бемор (44,8%) кирди. Иккинчи назорат гуруҳи 32 (55,2%) бемордан иборат бо'либ, уларда некротизан фасиит аниқланган. Фақат то'лиқ некректомия жароҳатни тозалашга ёрдам берди. Юмшоқ то'қималарнинг йирингли-некротик флегмонаси билан касалхонага кеч ётқизилган биринчи гуруҳ беморларда некротизан фасиит ва миёнекроз бо'лган, касалликнинг кечиши жуда оғир кечган. Улар орасида сепсис (37%), ко'п а'золар этишмовчилиги (25%) ва о'лим (27,5%) кузатилган. Эрта радикал операциялар ташкил этилган ва босқичли некректомия о'тказилган назорат гуруҳида беморларнинг 9 фоизида йирингли-яллиг'ланиш касаллиги билан сепсис, 11,5 фоиз беморларда о'лим кузатилган.

Калит сузлар: диабет, некроэктомия фасиит, йирингли инфектсиялар, босқичли некректомия.

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ОПТИМИЗАЦИЯ И ЛЕЧЕНИЯ ОСЛОЖНЕНИЙ ГНОЙНО-НЕКРОТИЧЕСКОГО ФАСЦИТА ПРИ САХАРНОМ ДИАБЕТЕ

Аннотация. Проанализированы результаты лечения 58 болных с гнойнонекротическим воспалением сахарного диабета за последние годы в гнойно-септическом отделении Самаркандского городского медицинского объединения и хирургических отделениях многопрофилной клиники СамГМУ. Для сравнителного анализа мы разделили пациентов на 2 группы. В первую группу вошли 26 пациентов (44,8%). Вторую контролную группу составили 32 (55,2%) пациента, у которых было выявлено появление некротического фасциита. Толко полная некрэктомия помогла очистит рану. В первой группе болных с гнойно-некротическими флегмонами мягких тканей, которые поступили в стационар поздно, у болных наблюдалис некротический фасциит и мионекроз, течение заболевания было очен тяжелым. Уных наблюдалис сепсис (37%), полиорганную недостаточност (25%), смерт (27,5%). В контролной группе, где были организованы ранние радикалные операции и выполнена этапная некрэктомия, сепсис с гнойновоспалителным заболеванием возник у 9% болных, леталный исход наблюдался у 11,5% болных.

Ключевые слова: сахарный диабет, некротический фасциит, гнойные инфекции, этапная некрэктомия.

Actuality. Despite the development of medical science, today the problems of surgical infection remain extremely urgent. If the number of patients with purulent inflammatory disease of soft tissues has increased to 70%, it is found that nosocomial infections of soft tissues after surgery in hospital conditions make up 25% of all hospital infections. According to most scientists, microorganisms belonging to the family of streptococci, enterococci, and coliforms play an important role in inflammation of soft tissues (1.3.5.6). However, in the opinion of some researchers, in the last decades, the joint meeting with obligate anaerobes has taken the main place in causing purulent conditions in humans (4.6.7.8.9). Currently, the most important factor in the treatment of patients with purulent infections is early diagnosis, a complex treatment method based on etiopathogenesis and, of course, the need to use adequate surgical tactics. Patients may die of septic shock even if timely diagnosis, failure to correctly diagnose the patient's condition and failure to use an adequate surgical method, and timely comprehensive treatment of patients.

The purpose of the work: to make an early diagnosis and improve adequate surgical tactics in the treatment of purulent necrotic fasciitis.

Material and diagnostic methods of work : Samarkand city medicine of the union purulent septic in the department and SamDMU of a lot network of the clinic surgery in sections last in years sugary of diabetes purulent-necrotic inflammation with 58 people were treated of patients treatment results analysis done . Soft in tissues of infection development reasons on - sugary of diabetes heavy form , diabetic leg paw syndrome with on the legs phlegmons harvest to be , paraproctitis heavy form , from the operation next of wounds suppuration , postinjection abscesses the fact that was determined . Sugary diabetes in illness purulent septic of circumstances pass separately pass them treatment very difficulty with passes . That's the main thing reason sugary in diabetes inadequate carbonated water exchange just broken except for proteins , fats the exchange is also broken . Liver, heart and blood veins , nerves system in the activity deep changes atherosclerosis , thromboembolism such as complications surface comes out Purulent infections own by everyone substance exchange to the system Minus effect acidosis calls , in the body protection ability lowering of infection more scattered to leave take will come . Follow up patients age 26-79 years organize making 82 % the work ability

have people organize did Pathological in 75.8% of patients circumstances on the legs mainly leg paws , hip and is a child in the field the fact that was determined . 62.2% of patients men , 37.8 % Women Comparative to compare analysis to do We divided the patients into 2 groups we were 26 people in the first group patient (44.8%) was included and them doesn't work of the disease every different shape determined , basically purulent inflammation status in derma was observed . In these patients doesn't work of the disease uncomplicated erythematous , bullous and hemorrhagic forms become one part patients contagious diseases from clinics passed , but remained one in the group necrosis appear being complicated in case they came Pathological of changes development , own on time right diagnosis not to put and adequate treatment that it has not been transferred for in patients intoxication signs surface output was determined . The second is control 32 (55.2%) people of the group the patient organize so , necrotic fasciitis surface that it came out was determined . This is nasological of the form in development the first be superficial and private fascia floor inflammation be , derma and skin under fat layer secondary in case inflammation to the hearth drawn Ours in our observations of patients sharp paraproctites with own on time to stationary from those who did not come , intermediate Phlegmons , Furn'e disease and to the front wall of the abdomen scattered big phlegmons that he gave was determined . Of the disease early during important primary pathological signs surface does not come out . On the skin hyperemia , blisters appear to be , bluish -red colorful of stains appear to be , on the skin necrosis of the situation appear to be , too It's late and the time much passing from coming a tree gave Necrotic in fasciitis most of the time massive of swelling appear to be , some times of the legs a lot swelling in the segments to be , local pain and intoxication signs was determined . To say that necessarily intoxication status in the patient of the disease local to the scenery right does n't come Ours in our observations basically up , intermediate to the field and to the front wall of the abdomen spreading was determined . To patients diagnosis common objective see and clinical characters based on was put General see during back release hole finger with vision , swelling around the anus, pain presence , quickly ultrasound , X-ray inspections to transfer instruction it has been . Some cases to necessity mainly CT and MSCT were performed . A group in patients purulent the process localization looking puncture done . Based on that cross section and paraproctitis ischiorectal , pelviorectal , soft in tissues phlegmon and of abscesses in the pit location was determined . Necrotic fasciitis treatment present in the day too heavy and difficult from issues is considered Treatment result own on time early diagnosis to put and immediately with to be done operative of treatments radicalism depends Surgical of the operation main purpose necrotic tissues full cut is to get To necrosis encountered tissues wide in case cut get in the body endotoxicosis status from lowering consists of Transferred of the operation result his how much early that it was carried out depends it has been . We are pus empty space to open during of course bacteriological to plant and tissues morphological to inspections we gave To the clinic fell in 12 of the patients sharp ischiorectal paroproctic the fact that and necrotic fasciitis complication with intermediate phlegmon and Furnace disease , the front wall of the abdomen phlegmon was determined . Surgical tactics purulent necrotic in fasciitis soft of tissues purulent inflammation from diseases very big difference does Necrotic in fasciitis wide cuts done necrotic tissues (skin under adipose tissue , necrosis encountered fascia , skin to necrosis encountered part) batamom cut taken need .Such operations immediately with common narcosis or spinal anesthesia through was held .

The result and discussion of the work: Soft of tissues purulent necrotic diseases the most heavy from diseases is a diagnosis in putting very big difficulties there is . First of all them sure pathological symptoms it wo n't happen . Especially purulent necrotic fasciitis with in complications purulent-destructive of circumstances early periods special typical signs not found Purulent necrotic

fasciitis developed secondary in skins necrotic circumstances when it starts diagnosis to put sure being remains , but operative treatment this at the time late will be That's why for which we often do cuts diagnostic method turning around remains . On the skin necessary level cuts to do skin under tissues status and in the fascia changes clearly , necrotic fasciitis that there is trust harvest we did Some cases , we necrosis encountered the fascia I'm fine cut from what we received then , fascia under slimy smelly liquid that there is and his under of muscles someone blue black that it has changed to color (myonecrosis) . was determined . Some cases doesn't work disease with in skins necrosis status when early operation to do the most right tactics is considered Necrotic in fasciitis main surgical of operations purpose necrectomy is to do O'z on time not married operative treatment much tragic to be can In this regard foreign people by scientists (12). given information important is considered Operation one from the day three until the day if delayed death was 75% if 3-4 hours inside if transferred scientist condition in 8.3% of patients observed . Current in the day in the literature common Mortality is 32-70 % organize to do given . That's it to necrosis take coming in infections of the operation own on time and adequate without transfer very important is considered Only complete without done necrectomy get hurt to be cleaned help gave To say that should be everyone time is also the patient's situation heavy becoming intoxication strong that it was because of necrotic furnaces radical without cleaning up it won't be , that's it times in stages necrectomy transfer need We are 24-72 hours in our experience inside in stages necroctomies we spent Necrotic fasciitis in treatment early radical without done operative treatment it worked well . Still a change didn't happen on the skin of fascia injured field across big cuts to do to the goal We consider it appropriate . Done every different many p numerous small cuts with the wound adequate inspection by doing won't be and complete to necroctomy conditions is not created . We analyze did soft of tissues purulent necrotic phlegmons with late the first in the group necrotic fasciitis and in some myonecrosis observed in patients disease very heavy passed . Sepsis (37%), many p a member deficiency (25%), death condition (27.5%) in patients was observed . The second , that is early radical operations organize done control in the group purulent inflammation disease with sepsis in 9% of people met death condition in 11.5% of patients was observed . Of these, 12 patients septic shock syndrome it was put . Soft of tissues purulent inflammation disease with in stationary treatment the term is also different different it has been . In stationary the most many p treated necrotic fasciitis with in patients 26 days on average organize did if , the second control 18 days in the group organize did

Conclusion . So by doing present at the time purulent necrosis caller infections less occurring diseases towards by entering it wo n't happen . Only early placed diagnosis , own on time conducted adequate surgical operations , from operation next period conducted complex infusion-transfusion and local treatment good to the results take will come .

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