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TACTICS OF TREATMENT OF PURULENTX RA ON THE BACKGROUND OF DIFFUSE TOXIC GOITER IN COMBINATION WITH DIABETES MELLITUS

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Abstract

Purulent surgical diseases against the background of endocrine pathologies remains an urgent problem. The course of this pathology against the background of diffuse toxic goiter with a combination of diabetes mellitus negatively affects the outcome of the disease. The aim of the study was to study the clinical and laboratory features of the course of purulent surgical diseases of soft tissues against the background of diffuse toxic goiter and diabetes mellitus. The results of the study showed that the timing of the normalization of the criteria for assessing the wound process and the indicators of general intoxication of the organism of groups I and II were 2-3 days late in patients with purulent surgical diseases of soft tissues against the background of diffuse toxic goiter in combination with diabetes mellitus than in patients with the background of only diffuse toxic goiter.

Key words: *Purulent wounds, diffuse toxic goiter, diabetes mellitus.*

Relevance. Treatment of purulent surgical diseases on the background of diabetes mellitus is an urgent problem of surgery [1; 2; 4,9,10,11,12]. When combined with concomitant terrible diseases, endocrine pathologies, such as diabetes mellitus and diffuse toxic goiter significantly complicate the treatment of patients with purulent surgical diseases of soft tissues [5,13,14,15,16]. Много направленные Multidirectional deviations from the norm in this pathology in the body, including violations of carbohydrate, mineral, and protein metabolism, directly negatively affect the reparative processes in the body, which is the main thing in the treatment of purulent soft tissue diseases [3;6;7,17,18,19].

Objective: To study the features of the clinical course of purulent surgical diseases of soft tissues against the background of diffuse toxic goiter and in combination with diabetes mellitus.

to study the clinical and laboratory features of the course of purulent wounds on the background of diffuse toxic goiter and its combination with diabetes mellitus.

Materials and methods: The data of examination and treatment of 88 patients with purulent soft tissue wounds of various etiologies who were treated in the purulent surgical department of the clinical base of the Bukhara State Institute in 2017-2020 were analyzed.

Depending on the treatment method, all patients were divided into 2 groups: Group I- patients with purulent surgical diseases of soft tissues on the background of

diffuse toxic goiter. Group II-patients with purulent surgical diseases of soft tissues on the background of a combination of diffuse toxic goiter and diabetes mellitus.

All patients with purulent soft tissue diseases of groups I and II underwent an autopsy of the purulent focus on the day of admission. After sanitizing the wounds with antiseptics - 3% solution of hydrogen peroxide, 0.02% solution of furacilin and necrectomy, using a 25% solution of dimethyl sulfoxide for local treatment, a gauze dressing with levomekol ointment on a water-soluble basis was applied. Systemic antibiotic therapy was performed, taking into account the sensitivity of microflora isolated from wounds, detoxification therapy, and symptomatic treatment.

Correction of blood sugar and thyroid hormones in the examined patients was carried out by a doctor together with an endocrinologist.

Objective assessment of the course of general and local manifestations of the process was carried out according to subjective indicators (the nature of the wound discharge, resorption of the infiltrate, the state of the wound edges, features of granulation tissue development and epithelialization) and objective signs (body temperature, general clinical blood test, leukocyte intoxication index, concentration of medium-molecular peptides in blood serum, pH of the wound discharge, PC calculation according to M. F. Mazurik, the percentage of reduction in the area of the wound surface, the rate of wound healing, bacteriological and cytological research).

Microbiological analysis was carried out by sampling the wound discharge with a qualitative and quantitative assessment of the wound infection, as well as its susceptibility to various antibiotics.

At admission and in both groups of patients, the wounds were in the first phase of the wound process. All patients with purulent soft tissue diseases on the day of admission.

At admission, the general condition of the examined patients in both groups, objective and subjective criteria, and clinical and laboratory parameters were identical.

On the day of emergency admission, all patients of both groups underwent surgery: opening of the purulent focus, and sanitation of the purulent cavity with antiseptic 3% hydrogen peroxide solution, after drying, sanitation was performed with a chemical solution of 25% dimethyl sulfoxide, followed by the application of levomekol ointment and aseptic gauze bandages soaked in 25% dimethyl sulfoxide solution daily 1 time per day. After performing the basic principles of treatment of purulent wounds and systemic antibiotic therapy, taking into account the sensitivity of wound microflora. Most operations were performed under local anesthesia.

Results and discussions. It should be noted, given, that the first group of patients with purulent surgical diseases of soft tissues had a concomitant disease

diffuse toxic goiter, all patients, with the participation of an endocrinologist, underwent drug correction of the level of thyroid hormones.

Analysis of the results of intoxication indicators in patients with purulent soft tissue diseases of the first comparison subgroup revealed the following changes. As can be seen from the table on the treatment and observation, by the tenth day, all the analyzed intoxication indicators, except for blood ESR, were within the normal range.

Concomitant criteria for assessing the dynamics of the wound process in patients were the pH of the wound environment, the percentage of reduction in the wound surface area, and PC indicators according to M. F. Mazurik.

In patients of the analyzed group, by the tenth day of treatment, the pH of the wound medium became neutral. The reduction of the wound surface area per day was equal to 3.1 ± 0.16 %. The discharge of exudate from the wound stopped, which, in our opinion, is due to the transition of the wound process from the 1st to the 2nd phase.

One of the characteristic criteria for assessing the wound process was the determination of the level of microbial contamination, the identification of the species composition of microflora and the timing of wound cleaning. The species composition of microflora seeded from the exudate of infected wounds of patients with purulent soft tissue diseases of group I was revealed. Results of analysis terms of wound cleaning and healing in patients I группы of group I. Results of the study of indicators of mineral, carbohydrate metabolism and thyroid hormones in patients of the first group.

Indicators of mineral and carbohydrate metabolism of the first group on the day of admission had their own characteristics. So, in patients of the first group, all these indicators on the day of admission did not significantly differ from the norm. It should be noted that all the deviations of mineral metabolism indicators from the norm in group I patients noted in Table 3 I were slightly lower than in patients with concomitant diseases of diabetes mellitus (II group II). All this, in our opinion, is due to the peculiarities of the pathogenesis of the disease of diffuse toxic goiter, which naturally negatively affects the outcome of treatment.

Analysis of the results of thyroid hormone levels in patients of group I with purulent soft tissue diseases on the background of diffuse toxic goiter revealed a significant deviation from the norm of table 4. During treatment, these indicators tended to normalize at a much slower rate. Group II included 2-1 patients with acute purulent surgical diseases on the background of diffuse toxic goiter with a combination of diabetes mellitus.

All patients with purulent soft tissue diseases on the day of admission received surgical treatment tactics that were anemic as in the previous group. Given that this group of patients with purulent surgical soft tissue diseases had concomitant diseases of diabetes mellitus and diffuse toxic goiter, all patients underwent medical

correction of blood sugar levels with the participation of an endocrinologist. The majority of patients 77 (89.5%) had type II diabetes, 9 (10.5%) patients had type I diabetes.

On the day of admission to the baseline the blood sugar level of patients II in group II averaged 12.8 ± 1.1 mmol/l. In the course of complex treatment with specific therapy of diabetes mellitus with the participation of an endocrinologist, the blood sugar level in dynamics decreased to 7.8 ± 0.8 mmol/l by 5-6 days. Insulin therapy was carried out taking into account the individual characteristics of each patient. Analysis of the results of intoxication indicators in patients with purulent soft tissue diseases II of group II revealed the following changes.

Concomitant criteria for assessing the dynamics of the wound process in patients were the pH of the wound environment, the percentage of reduction in the wound surface area, and the PC indicator according to M. F. Mazurik.

In patients of the analyzed group, the pH of the wound medium became neutral by the tenth day of treatment. The decrease in the wound surface area per day was equal to $2.2 \pm 0.11\%$. The discharge of exudate from the wound stopped, which, in our opinion, is due to the transition of the wound process from the 1st to the 2nd phase.

One of the characteristic criteria for assessing the wound process was the determination of the level of microbial contamination, the identification of the species composition of microflora and the timing of wound cleaning. The species composition of microflora seeded from the exudate of infected wounds of patients with purulent soft tissue diseases of group II was revealed.

Results of the study of indicators of mineral, carbohydrate metabolism and thyroid hormones in patients with the third group.

Indicators of mineral and carbohydrate metabolism in patients II of group II had the following characteristics: on the day of admission, deviations from the norm of these indicators compared to group I did not significantly differ, but later they normalized significantly slowly, retreating by 2-3 days. This, in our opinion, is due to the negative impact of the combined background disease of diabetes mellitus and diffuse toxic goiter.

The baseline blood sugar level II in group II patients was on average 13.8 ± 1.2 . During the treatment of purulent surgical diseases of soft tissues with simultaneous drug correction of blood sugar levels, the indicators gradually returned to normal.

Studies of thyroid hormone parameters in patients of group II with purulent soft tissue diseases on the background of diabetes mellitus and diffuse toxic goiter revealed that thyroid hormones of this group on the day of admission had significant deviations from the norm, as I in group I.

Conclusion

Thus, our study of patients II of group II with purulent-necrotic purulent soft tissue wounds on the background of a combined disease of diabetes mellitus and

diffuse toxic goiter revealed the following features of the course of the wound process: all indicators of intoxication of the body, pH of the wound environment of patients on the day of admission were significantly deviated from the norm than patients I of group I. In the course of the traditional method of treatment, these indicators tended to normalize over time at a slower rate than I in group I, retreating by 2 days approx. At the same time, the average bed length for her was 10 ± 1.4 days, when I in group I patients these indicators were equal to 8 ± 1.5 days.

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