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COMPLEX TREATMENT IN SEVERE FORMS OF ACUTE PARAPROCTITIS

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Annotation
Acute paraproctitis is one of the most common purulent surgical diseases and it accountis for 0.5-4% of all surgical diseases and 24-50% of emergency proctological diseases. In this article the complex treatment of severe forms of acute paraproctitis are described. The aim of the scientific work is to accelerate the process of the wound healing in the postoperative period and reduce general intoxication in patients with acute paraproctitis. The study included 42 patients with severe forms of acute paraproctitis and divided them into 20 control groups and 22 main groups. Twenty patients in the control group were treated with standard local daily antiseptics and received antibiotic and analgesic treatments. Twenty-two patients in the main group received 200 ml of succinasol suksinasol solution intravenously twice in a day which is an additional detoxifying, antihypoxic, and tissue-enhancing drug. In order to analyze the results Leukocytosis, Leukocyte Intoxication Index (LII), Peroxide Oxidation of Lipids (POL), cleansing of the wound from pus, and wound healing were taken into account. A decrease in general intoxication and a relatively faster rate of wound healing were found in patients who was treated with succinasol.

Keywords: acute paraproctitis, proctology, complex surgical treatment, succinasol.

Relevance of the Problem

Acute paraproctitis is one of the most common purulent surgical diseases and it accountis for 0.5-4% of all surgical diseases and 24-50% of emergency proctological diseases. Acute paraproctitis is observed in 5-58% of cases in severe form (ischiorectal, pelviorectal, retrorectal, pelvic), in 4.0% of cases the pus ruptures into the abdominal cavity, in 1.2% of cases it spreads to the thighs and genitals [1,3]. In 24-88% of cases after surgery recurrent paraproctitis or rectal leakage occurs, in 6-27.9%

of cases there is anal sphincter insufficiency happen, in 17-36% of patients there is discomfort is observed in the posterior anal area [2,7].

According to the location and severity of the paraproctitis, radical and two stage surgical operation is performed. In a radical operation, the purulent cavity is opened, sanitized, and the pus duct and internal hole are liquidated. This method is performed in mild forms of paraproctitis. Operations with two stages: 1) the purulent cavity is opened, sanitized and the inner hole is drained ligature. In the second stage, the fistula tract is cut 2) the purulent cavity is opened and sanitized. In the second step, the fistula tract is cut. These methods are performed in severe forms of paraproctitis [1,3,5].

In order to clear the wound from pus and accelerate regeneration, the local treatment is used with antiseptic (3% peroxide, potassium permanganate solution, betadine, dimexid 25% solution, Vishnevsky liniment, Levomecol ointment) once or twice in a day. Local ozone therapy, ultraviolet light and other physiotherapeutic methods are also used [4,6].

In order to have a general effect on the purulent inflammatory process, it is necessary to carry out antibiotic therapy. In order to etiologically treat acute paraproctitis carbapenem derivatives, cephalosparin group drugs and relatively less penicillin and fluoroquinolone group drugs are used, which have got general effect spectrum [8].

In severe forms, clearing of the wound from purulent-necrotic tissue and regeneration are slow, and general intoxication is also observed. In order to reduce intoxication and accelerate wound healing, it is advisable to use local antiseptic treatment and detoxification drugs in addition to antibiotic therapy. Rheosorbilact, Succinasol, Sorbilact and other saline infusion drugs are used as detoxification drugs. Succinasol-containing succinic acid is a natural metabolite of the Krebs cycle in cell metabolism, which increases ATP production. Therefore, it increases microcirculation in the tissue, enhances regeneration, promotes rapid recovery of hemodynamics [9].

The Aim of the Problem

In severe forms of acute paraproctitis to reduce the general intoxication and accelerate wound healing by usage of the drug succinasol with antibiotic therapy.

Material and Method

The Department of Purulent Surgery of Yakkasaray DMA (District Medical Association) of Tashkent city conducted a retrospective analysis of the medical disease history of 42 patients with severe forms of acute paraproctitis in 2020-2021.

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According to the localization, the subcutaneous form was observed in 6 patients with phlegmon of the hip area and testicular area at the same time. Ischiorectal form was observed in 26 patients and pelviorectal form in 10 patients was observed. Aerobic type of paraproctitis was observed in all patients. Patients with subcutaneous and submucosal forms have not been scientifically studied.

The age of the patients in the follow-up was 17–72 years, and 28 were male and 14 were female. Eight patients had previously been diagnosed with acute paraproctitis and had undergone "Opening the purulent cavity" operation. Patients were treated at the hospital during 3–11 days.

In all patients' surgical operation is carried out to open and rehabilitate the purulent cavity under spinal anesthesia. In the postoperative period, local antiseptics were used once or twice daily.

Patients were divided into two: main and control groups. Twenty patients in the control group were treated with standard local antiseptics daily and received antibiotic and analgesic treatments. Twenty-two patients in the main group received 200 ml of succinasol solution intravenously twice in a day as an additional detoxifying, antihypoxic drug and it enhances metabolism in tissues.

Levels of leukocytosis, leukocyte intoxication index (LII), wound clearance, and tissue granulation were taken into account to compare groups. LII was calculated by using the Kalf-Kalif formula:

$$LII = \frac{(4M+3Y+2B+S) \times (Pl+1)}{(L+Mon) \times (E+1)}$$

where M - myelocytes, Y - young, B - banded nucleus neutrophils, S - segmented nucleus neutrophils, Pl - plasma cells, L - lymphocytes, Mon - monocytes, E - eosinophils. In the norm LII is 1.0 ± 0.5.

Statistical results were obtained using the method of variational analysis by usage of Microsoft Excel 2016 (Windows).

Results

The analysis showed that the level of leukocytosis in the main group of patients with acute paraproctitis decreased more rapidly than in the control group.

Table 1 Dynamic changes in the amount of leukocytosis in patients with acute paraproctitis.

Group	Days after surgical operation		
	1	3	5
Control	16,1 ±1,5	11,2 ±0,9	9,1 ±0,7
Main	15,4 ±1,6	9,3 ±0,8	7,4 ±0,7

On the first day patients with acute paraproctitis LII averaged 3.8 ± 0.8 in control group; with an average of LII was 3.9 ± 0.8 in the main group where the indicators were almost the same. An average of LII was 2.8 ± 0.4 in the control group when recalculating LII on the third day of treatment; it averaged 1.8 ± 0.3 in the main group and a relative decrease was observed in the main group. From the third day after surgical operation, some patients were discharged for outpatient treatment. On average, 2.4 ± 0.4 in the control group when calculating LII in patients who stayed in the hospital on the fifth day; averaged 1.3 ± 0.5 in the main group, with a further decrease in the main group.

Table 2 Dynamic changes in LII levels in patients with acute paraproctitis.

Group	Days after surgical operation		
	1	3	5
Control	3,8±0,8	2,8±0,4	2,4±0,4
Main	3,9±0,8	1,8±0,3	1,3±0,5

In patients, postoperative wound clearance from pus and necrotic tissue was observed on average from fourth-fifth days in the control group, and on average third-fouryh days in the main group. In the main group of patients, complete clearance of pus and regeneration began relatively quickly in the wound.

Table 3 Healing rates of purulent wound in patients with acute paraproctitis

Groups	The number of patients	Beginning the clearing of the wound from pus	Clearing the wound from pus completely	The onset of granulation in the wound
Control	20	4-5 days	6-7 days	9-10 days
Main	22	3-4 days	5-6 days	7-8 days

Conclusion

In patients with severe forms of acute paraproctitis, in addition to local antiseptic and general antibacterial treatment, the therapeutic effect was enhanced by using of detoxification, antihypoxic and tissue-enhancing drug - succinasol. under the influence of succinasol one of the common signs of intoxication is LII was a relatively low, and the wound cleared more quickly from pus and necrotic tissue.

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