



MODEREN APPROACHES TO THE TREATMENT OF PURULENT-NECROTIC COMPLECATIONS OF SOFT TISSUES AND WIHT DIABETIC FOOT

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Abstract:

Diabetes is the third most common disease in the world after cardiovascular diseases and cancer. Diabetic foot syndrome occurs in 30-70% of diabetic patients worldwide. Our article presents examination of 45 patients with type II diabetes mellitus complicated by purulent-necrotic wounds of soft tissues, who were hospitalized in Samarkand City Medical Association. This study shows the advantage of using Acerbin in local and complex surgical treatment of purulent necrotic soft tissue wounds in patients with diabetes mellitus as the most optimal drug, which leads to more rapid clearance of the wound from necrotized tissues and a reduction of the average duration of hospital treatment.

Keywords: diabetic foot, purulent-necrotic wounds, diabetes mellitus, fasciitis.

Introduction:

Depending on the number of most abandoned diseases throughout, diabetes mellitus ranks third after cardiac blood vessels and malignant tumor tumors (cancer). If we look at the geography of the abandonment of diabetes, then now the cube is gaining momentum in the countries of South America (more than 15%), in USA (4%), in Russia(3-4%) and in developed countries of the head. Every year, the number of people with diabetes (5-6%) has increased by more than two times, every 15 years. However, it must be said that if we ourselves are able to have good control over our own body, it is not diabetes that falls into the aunt of our way of living in this aloxida. If we move on to an active lifestyle we get rid of the complications of diabetes mellitus in the cube. Physical activity is an integral part of a person's life. Naturally, the weakening of physical activity leads to "civilization disease" in many. This is angina pectoris, atherosclerosis, peptic and intestinal ulcer disease and obesity. Currently, diabetes mellitus is accompanied by these diseases. According to observations of Japanese scientists, people with a personal car have diabetes mellitus 2 Type 2 times more likely to experience cubes than walkers. With physical activity becoming the most important factor for every person's life, diabetes should become the main mode





of life. Among the main factors leading to type 2 diabetes - obesity and hereditary factors-are ham muxim. At Level I of obesity, diabetes mellitus occurs 2 times, at Level II-5 times, when Level III is observed-up to 10 times more. In those who are constantly in physical activity, the breakdown of fats in the body increases, body weight decreases, the content of fats in the deposit improves. This in turn eliminates the factors of the development of all kinds of vascular diseases of asterosclerosis. Currently, with an increase in the number of patients with diabetes mellitus type 2 Disease, their complications are common. Some complications (purulent-necrotic inflammations in soft tissues) were observed within a month and two after suffering from diabetes mellitus, practice with diabetes mellitus is now observed in patients who have been ill for 10-15 years. In 30-70% of patients with diabetes all over the world suffer from diabetic paw syndrome. Among people with diabetes mellitus, cases of young disability and completion with the results of death are gaining momentum. In more than 3 million people all over the world, it ultimately leads to gangrene and leg amputation.

Compared to the total number of amputations, 50-70% of leg amputation is done in diabetes mellitus. In the world, one amputations every 30 seconds are found as a result of diabetes mellitus.

The purpose of the scientific work:

To improve the technologies of complex, surgical and local treatment of purulent-necrotic complications in diabetic paws and soft tissues.

Material and methods of diagnosis:

In Samarkand City Medical Association and Samsu multidisciplinary clinic, an examination was carried out on 45 patients with diabetes mellitus type 2 soft tissues treated under stationary conditions with purulent-necrotic complications. Men-25 people (55.5%), women-20 (44.5%).

The main causes of purulent inflammation of soft hairs in patients with diabetes mellitus were found to be phlegmon, abscesses, paraprocytes, purulent wounds on the paws, suppuration of wounds after surgery, which developed after injections of buttock. To it is necessary to pay attention to the Anamnesis, to determine the age and way of life of patients, and especially to identify concomitant diseases in elderly patients. It is very common for patients to be admitted to stacionar in time to give positive treatment results. Timely clinical and laboratory tests, UTT, dopplerography, radioscopy, radiography and, in some cases, MRI, MSgt are the most important factors for the correct diagnosis. With purulent-necrotic complications of soft spills,



patients were divided into two groups, 25 (55.5%) patients were included in the first main group and new methods of local complex treatment were used. In the second group, a traditional method of local treatment was used in 20 (44.5%) patients.

Results and Discussion of the Work:

The main reasons for the rapid development of purulent-necrotic complications in soft tissues in patients with diabetes mellitus are the appearance of fasciitis. In the development of fasciitis, superficial fasciae are most often pronounced and subsequently move to the precipitation of teritagi. During this period of the disease, primary symptoms do not appear and cause much more difficulties in diagnosis. Local clinical signs of necrotic fasciitis have pronounced features, and special local symptoms in the skin coating are not visually detected. Fasciitis in particular develops rapidly, a state of intoxication occurs, and patients fall into severe diarrhea. In recent years, phlegmon and abscesses in soft tissues after injection have been found to be very common. With placenta disease, patients are caused by such severe complications that all kinds of medicinal substances that are made to the buttocks area are made too deep. Due to the fact that a group of patients we observed came to stasionar late, their behavior became much more severe and there were signs of sepsis. In the treatment of such patients, it is necessary to properly organize local treatment with laboratory tests, (anicalization of blood and urine sugar levels, carrying out detoxification, infusion-transfusion, antibacterial therapy. In local treatment, we based on 3 principles, which are mainly carried out immediately in recent years: timely – surgical opening of early purulent cavities (phlegmon and abscesses), sanation of the remaining cavity, necroectomy and adequate drainage.

In recent years in the purulent-septic department, we have applied "Atserbin" liquid in the local treatment of patients. After the remaining cavity was sanasia and necroectomy, the wound was sprayed with the drug atserbin and a bandage was placed. The acerbin bone has keratolytic, antiseptic and wound healing properties. It contains the following components: salicylic acid (has the property of cleaning the wound from necrotic hairs), benzolic acid (antibacterial and carshi effect on fungi) and malic acid (consists in the formation of granulation in the wound and strengthening the epithelium). The basis of the components in the acetone is water, does not have toxic properties. After the purulent-necrotic phlegmon and abscesses were opened and dated to the patients of the main group who were under our observation, the wound was sprayed with acetone liquid and a bandage moistened with this liquid was placed. The laid binding will avoid drying out of the acetone while retaining moisture. The occlusive ligament with the acetone placed on the wound maintains a salty environment in the wound and leads to the melting of necrotic hairs. Purulent necrotic ulcers fibrin and necrotic hairs on the face begin to separate during





the next washing of the wound, softening and turning into a gel-like consistency. The condition of exudation in the wound decreases, the turbid serous liquid secreted from the wound passes into a clear one, and the wound surface forms a reddish granulation. This condition signals the transition of the wound to the second stage. In addition, after the opening of the large and deep phlegmon and abscesses, the remaining cavity was dried and partially necrectomy was made, the wound was sprayed with acetone liquid in a combination State and a napkin with levomicol was applied. In our opinion, levomecol has the property of adsorbing exudate, increasing the force of interaction. Depending on the length of the opened wounds, a bandage was placed twice a day. Treatment results of both groups of patients compared a mixture of conventional levomecol oil and loroben in patients with a group of patients who used acetone in relation to patients with local use, the wounds were cleared of necrotic hairs 4-5 days ago. As a result, 7-8 days earlier, the wounds passed into Phase II and were able to put secondary sutures. The duration of treatment of patients in stasionar was reduced to 5-6 days.

Conclusion

In patients with diabetes mellitus, the most optimal method is considered to be the use of acetone fluid in the local and complex surgical treatment of purulent-necrotic wounds of soft tissues, which leads to a faster cleansing of the wound from necrotic tissues and a reduction in the average healing time in the stasionar.

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