

# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ | JOURNAL OF BIOMEDICINE AND PRACTICE**RIZAYEV Jasur Alimjanovich**

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**THE SIGNIFICANCE OF NUTRITIONAL SUPPORT IN THE SURGICAL TREATMENT OF PURULENT-NECROTIC INFLAMMATION OF SOFT TISSUES**

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 <http://dx.doi.org/10.5281/zenodo.15199721>**ANNOTATION**

In recent years, the rate of development of purulent-inflammatory diseases is increasing every day. The problem of surgical infections has been one of the most pressing problems in all periods of the development of surgery. Our university is surrounded by about 100,000 different microorganisms, such as bacteria, viruses and fungi. Over the past three decades, more than twenty infectious diseases have emerged.

Currently, patients with purulent-necrotic inflammation make up one third of all surgical patients. The most serious and dangerous complication of purulent-necrotic inflammatory diseases is sepsis. Over the next 100 years, the pathogenesis of surgical sepsis was associated with the pathogenicity and virulence of microorganisms

Today, timely diagnosis and treatment of sepsis is one of the most current problems. Mortality after sepsis (20-50%) remains high.

**Key words:** purulent-necrotic inflammation, fasciitis, necrectomy.

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**ЗНАЧИНИЕ НУТРИЕНТНОЙ ПОДДЕРЖКИ В ХИРУРГИЧЕСКОМ ЛЕЧЕНИИ ГНОЙНО-НЕКРОТИЧЕСКОЙ ВОСПАЛЕНИЕ МЯГКИХ ТКАНЕЙ****АННОТАЦИЯ**

В последние годы скорость развития гнойно-воспалительных заболеваний с каждым днем увеличивается. Проблема хирургических инфекций была одной из наиболее актуальных проблем во все периоды развития хирургии. Наша планета окружена около 100 000 различных

микроорганизмов, таких как бактерии, вирусы и грибы. За последние три десятилетия появилось более двадцати инфекционных заболеваний.

В настоящее время больные с гнойно-некротическим воспалением составляют треть всех хирургических больных. Наиболее серьезным и опасным осложнением гнойно-некротических воспалительных заболеваний является сепсис. В течение последующих 100 лет патогенез хирургического сепсиса был связан с патогенностью и вирулентностью микроорганизмов.

На сегодняшний день своевременная диагностика и лечение сепсиса является одной из наиболее актуальных проблем. Смертность после сепсиса (20-50%) остается высокой.

Ключевые слова: гнойно-некротическое воспаление, фасциит, некрэктомия, нутриенты.

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## **YUMSHOQ TO'QIMALARDA YIRINGLI - NEKROTIK YALLIG'LANISHLARNI XIRURGIK DAVOLASHDA NUTRIENTLAR YORDAMINING AHAMIYATI**

### **ANNOTATSIYA**

Oxirgi yillarda yiringli yallig'lanish kasalliklarining rivojlanish sur'ati kundan kunga oshmoqda. Xirurgik infeksiyalar muamosi xirurgiyaning hamma rivojlanish davrlarida eng dolzarb muamolaridan bo'lib kelgan . sayyoramizni 100000 atrofida har xil bakteriyalar, viruslar , zambrug'lar kabi mikroorganizmlar o'rab olganlar. Oxirgi uch o'n yillikda yigirmadan ortiq infeksiyon kasalliklar paydo bo'ldilar.

Hozirgi kunda yiringli yallig'lanish kasalligi bilan bemorlar hamma xirurgik kasalliklarning uchdan bir qismini tashkil qilmoqdalar. Anashu yiringli-nekrotik yallig'lanish kasalliklarining eng og'ir va o'ta xavfli asorati bu sepsisdir. Keyingi 100 yil ichida xirurgik sepsisning patogenezi mikroorganizmlarning patogenlik va virulentligi xususiyatlari bilan bog'lab kelmoqdalar.

Bugungi kunda sepsisni o'z vaqtida aniqlash va uni davolash eng dolzarb muamolardan biridir. Sepsisdan keyingi o'lim (20-50%) hanuzgach yuqori darajada qolmoqda.

**Kalit so'zlar:** yiringli- nekrotik yallig'lanish, fassitlar, nekrektomiya, nutrientlar.

**Ishning maqsadi.** Yiringli nekrotik yallig'lanish holatlarida kompleks xirurgik davolash usullarini takomillashtirish.

**Ishning materiali va tekshirish usullari.** Bizning kuzatuvimizda 53 ta statsionar sharoitda davolangan xar hil yiringli yallig'lanish kasalligi bor bemorlar bo'ldi. Shulardan 35 tasida qandli diabet 2-tipi aniqlandi. Bemorlarning yoshlari 28-74 yoshni tashni tashkil qildi. Shulardan 24 ta bemorda ishlash qobiliyatiga ega bemorlar edi. Erkaklar 31 , ayollar 22. Yiringli nekrotik yallig'lanish o'chog'ining lokalizatsiyasiga qarab: oyoqlarda va oraliq sohasida-26 , qo'llarda- 5 ta, dumba sohasida ineksiyadan keyingi abseslar-8, qorinning old devori operatsiyasidan keyingi yaraning yallig'lanish-3 ta va ginekologik operatsiyalardan keyingi yaralarning yallig'lanishi 6 ta, paraproktitlar 5ta bemorda kuzatildi. Bemorlarni o'zaro taqqoslab maqsadida ikki guruhga bo'ldik. 1-guruhga 35 ta qandli diabeti bor yiringli nekrotik yallig'lanish kasalliklari bilan bemorlar kiritildi, 2- guruhga 18 ta bemor yiringli nekrotik yallig'lanish holatlari bilan kiritildi. 1-guruh bemorlarda yumshoq to'qimalardagi yiringli nekro'tik yallig'lanishlar ko'pchiligi diabetik panja sindromi, oyoqlarda flegmonalar, o'tkir arapraktitlar, operatsiyadan keyingi yaraning yallig'lanishi, ineksiyadan keyingi abseslar bilan bog'liq ekanligi aniqlandi. Shu kasallarning deyarli hammasida fassitlar kuzatildi. Fassitlarning rivojlanishida birinchi bo'lib yuzaki fassiyalar teri osti yog' to'qimasi jarohatlanishi aniqlandi. Bizning kuzatuvimizda aniqlandiki, o'tkir parapraktitlar bilan bemorlar statsionarga kech murojat qilganlar. Ular asosan oraliq , qorinning old devori flegmonalari va Frunye kasalligi bilan kelganlar. Kasallikning anashu fazasida birlamchi belgilar deyarli ko'rinmaydi. Terida

giperemiya, ishemik pufakchalar va terida nekrotik sohalarning paydo bo'lishi bemorlarni statsionarga kech kelishidan darak berdi. Nekrotik fassitlar paydo bo'lishida terida kuchli shish, lokal og'riq va intoksikatsiya belgilari yuzaga chiqadi. Yiringli nekrotik holatlarning oyoq panjalarida bo'lganda yiringli holat yuqoriga fassiyalar va mushaklarning sinovial paradalari orqali tarqaladi va bu diagnostikada muhim ro'l o'ynaydi. Ko'pchilik holatlarda oyoqlarda yiringli nekrotik holatning lokalizatsiyasida sepsisning rivojlanishini o'z vaqtida aniqlash qiyin bo'ladi. Shuning uchun ham klinik jihatdan sepsis diagnozi ancha kech qo'yiladi. Bizning kuzatuvlarimiz ko'rsatdiki klostridial va noklastridial anaerob infeksiya shakllarida alohida belgilari bor. Klastridial infeksiyalar ustunlik qilganida bemorlarda tezda tomonlarni mo'ljalga ola olmaslik, eforiya, jigar yetishmovchiligi, nafas olish tizimi funksiyasi buzilishi kuzatilishi mumkin. Noklastrial infeksiyalarda esa, aniq intoksikatsiya belgisi kech rivojlanadi, nafas yetishmovchiligi erta yuzaga chiqishi mumkin. Shuning uchun ham ayrim holatlarda tizimli yallig'lanish reaksiyasining 2,3 va 4 belgilari paydo bo'ladi. Hozirgi vaqtda sepsisning og'irlik darajasi 5 ballik tizimda aniqlanadi.

Shunday qilib diagnoz qo'yishda bemorlarni muntazam ko'rik paytida klinik belgilarni aniqlash o'ta muhimdir. Sepsisda ko'chilik holatlarda organlar desfunksiyasi ya'ni arterial gipoksemiya, o'tkir oligauriya, kreatinin miqdori oshishi, trombositopeniya, giperbilirubinemiya va ichaklar parezi yuzaga chiqadi.

UTT aniq axborot beradigan va yumshoq to'qimadagi yiringli holatning lokalizatsiyasi, uning hajmi va jarohat chuqurligini aniqlashda muhim diagnostik usul hisoblanadi. Bundan tashqari biz rentgenografiya, KT, MSKT, angiografiya usullarini ham qo'lladik. Laboratoriya usullaridan qon va siydikning umumiy tahlilari, qondagi qand miqdori va hamma bioximik tekshirishlar amalga oshirildi. Yiringli nekrotik kasalliklarni davolashda alohida etiborni yiringli holatning lokalizatsiyasiga to'qimalarning birlamchi jarohatlanishiga va asosiy yiringli o'choqni aniqlashga etibor berik. Birlamchi yallig'lanish o'chog'ining hajmi mikrofloraning turi uning patogenlik va virulentlik hususiyatlari katta ahamiyatga ega bo'adi. Yiringli nekrotik kasalliklarni davolashda kompleks yonashish o'ta muhimdir. Bemorlar statsionarlarga tushishi bilan antibakterial, dezintaksikatsion, infuzion, transfuzion davolash davolash yo'lga qo'yildi. Zudlik bilan xirurgik davolash usuli agar bemorda ko'p a'zolar yetishmovchiligi bo'lmaganda o'tkazilishi kerak. Agar bemorlarda ko'p a'zolik yetishmovchilik belgilari rivojlangan bo'lsa, xirurgik operativ davolash hajmini to'la keng holda o'tkazish, nafaqat qo'shimcha travmalarga hatto bemorning og'ir ahvolini chuqurlashtirishga olib kelishi mumkin. Xirurgiyadagi eski talab bo'yicha birlamchi xirurgik ishlov paytida nekrotik to'qimalarni olish va yaraning mikroblar bilan ifloslanishini pasaytirish qoidasiga rioya qilish kerak. Shuni aytish kerakki ayrim holatlarda nekrotik to'qimalarni batamom olish hal qilinmaydigan maqsadga aylanib qoladi. Operatsiya hajmini kengaytirib to'liq holda nekrektomiya qilish bemorlar uchun qo'shimcha xavf tug'diradi. Xirurglar oldida ko'pincha yumshoq to'qimalarda katta, chuqur yiringli nekrotik holatlar bo'lganda anashu masalaga to'g'ri keladi. Bunday holatdan chiqishi uchun uzun va keng kesmalar qilib yaralarni adekvat holda drenajlash lozim. To'la qonli xirurgik kesmalar, adekvat drenajlash va kompleks yallig'lanishga qarshi infuzion, transfuzion, antibiotik terapiya yallig'lanish holatini to'xtatishni chegaralashni profilaktika qilish imkoniyatini beradi. Biz hamma kasallarimizda o'z vaqtida operativ davolashni o'tkazdik, nekrotik to'qimalar olindi. Ayrim og'ir holatlarda operatsiyadan keyingi davrda etapli nekrektomiya qilishni yo'lga qo'ydik. Bizning fikrimizcha bemorlarni oziqlantirish uning sog'lig'i va kasalligi orasidagi o'zaro bog'liqlikni tiklashga qaratilishi kerak. Shuning uchun ham bo'xlon holatga tushgan bemorlarni davolashda optimal nutrientlar yordami oziqasiga kiritilishi kerak.

**Ishning natijasi va muhokamasi.** Og'ir yiringli nekrotik yallig'lanish kasalliklari bilan bemorlarda ko'pincha sepsis holati kuzatiladi. Uning asosiy sababi organizmda moddalar almashinuvi buzilishi bo'lib, nafaqat karbonsuvlar qandli diabetda bo'lib qolmay hamma bemorlarda oqsillar va yog'lar almashinuvi buziladi. Agar vrachlar tomonidan oziqlanish faktoriga yaxshi e'tibor berilmasa organizm tezda ariqlaydi va uning natijasida xar hil asoratlar kelib chiqadi, xatto o'lim xavfi oshadi. Adabiyotlarda keltirilgan malumotlardan malumki 1936- yili N.O. Studley ko'rsatgan ediki, bemorlar operatsiyadan oldin 20% tana massasini yo'qotsa operatsiyadan keyingi o'lim 33% gacha uchraydi, faol yetarli darajada ozuqa olgan bemorlarda o'lim 3,5% bo'lgan. huddi shuningdek

G.P. Buzby 1980-yil o'z kuzatuvlarida operatsiyadan oldin yetarli darajada ozuqa olmagan xirurgik bemorlarda operatsiyadan keyingi har hil asoratlar 6 martaga oshgan va uning surati 11 martaga ko'tarilgan. Anashu paytda operatsiyadan oldin yetarli darajada baholangan nutrientlar yordamini olgan bemorlarda 2-3 marta kamaygan, o'lim ko'rsatkichi 7 martagacha pasaygan. ( U.A.Eryuhin 2006)

Alohida shuni takidlash kerakki sepsis paytida energiyaga va substansiyalarga bo'lgan 1 sutkalik ehtiyoji 50-60 kkal/oqsilga 2-3 gr/kg bo'lgan . O'rtacha sutkalik azot miqdorining yo'qotilishi 30-35 gr/sutka bo'lsa 185-220 g oqsil ekv ga teng. Anashu holatlarda har bir azot miqdorining yo'qotilishi 25 gr mushak massalarining yo'qotilishi bilan kompensatsiya bo'ladi. Shunday defitsit holatlarni nutrientlar yordamida hal qilish mumkin .

Nutrientlar yordami eng avvalo mikronutrientlar yetishmovchiligi bo'lgan bemorlarga ko'rsatilishi kerak. Bu tadbirni har xil vitaminlar va minerallar kompleksi va biologik faol qo'shimchalarni ozuqa moddalariga nutrisevtiklar ko'rinishida amalga oshirilishi kerak. Bu preparatlarning effektivligi klinik jihatdan amaliyotda isbotlangan. Biz bemorlarni davolash jarayonida ularning ozuqasiga anashu biologik aktiv moddalarni kiritdik. Asosan qandli diabet bilan yiringli nekrotik flegmonalar va abseslar kuzatilgan bemorlarga nutritsion yordam enteral va parenteral ozuqa orqali qo'llanildi. Bundan tashqari 8 ta og'ir sepsisli bemorda nutritsion yordam vena ichiga nutrifleksning 1-2 do'zasi vena ichi transfuziyasi orqali o'tkazildi.

Odam organizmida ichak tizimi bir qancha funksiyani bajaradigan (endokrin, immun , mexanik, metobolik, barrier , gomeostatik) a'zo hisoblanadi. Ichak tizimi ko'p a'zolar yetishmovchiligi va kasallarning bo'xlon holatlarga tushib qolishining patogeneza katta ro'l o'ynaydi. Anashuni hisobga olganda biz og'ir kasallarga imonokorreksiya davolash usulini ham tadbir qildik va imunoglobulinning 3 ml/kg/sutka do'zasida 3-5 kun mobaynida vena ichiga transfuziya qilindi. Biz joriy qilgan kompleks davolash usuli tadbir qilingan bemorlarda yaralar nekrotik to'qimalardan 4-5 kunga tezroq tozalandi. Sepsis holatidan tezroq chiqdi va statsionarda yotish muddati 6-7 kunga qisqardi.

**Xulosa** : Yiringli-nekrotik kasalliklarda erta tashxisash, kompleks xirurgik va nutrientlar qo'shilmasini kiritish eng optimal davolash taktikasi hisoblanadi.

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