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ORCID ID: 0000-0002-6142-7054

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Гистологии, цитологии и эмбриологии Самаркандского
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дерматовенерология и СПИД, **ORCID ID:** 0000-0002-3022-916X

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ORCID ID: 0000-0002-5409-4327

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кандидат медицинских наук, доцент кафедры Педиатрии,
неонатологии и протекции детских болезней №2
Самаркандского государственного медицинского университета
ORCID ID: 0000-0003-2442-1523

Ибрагимова Малика Худайбергеновна

доктор медицинских наук, профессор
Ташкентского государственного
стоматологического института
ORCID ID: 0000-0002-9235-1742

Рахимов Нодир Махамматкулович

доктор медицинских наук, доцент кафедры
онкологии Самаркандского государственного
медицинского университета
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ORCID ID: 0000-0002-0615-0144*

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*Doctor of Medicine, Associate Professor of Pediatric
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ORCID ID: 0000-0003-2650-4445*

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ORCID ID: 0000-0002-5409-4327.*

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*Candidate of Medical Sciences, Associate Professor of
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Samarkand State Medical University No. 2.
ORCID ID: 0000-0003-2442-1523*

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*Doctor of Medical Sciences, Professor,
Tashkent State Dental Institute
ORCID ID: 0000-0002-9235-1742*

Rahimov Nodir Maxamatkulovich

*DSc, Associate Professor of Oncology,
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AVAZOV Abdurakhim Abdurakhmanovich

Assistant

SHAKIROV Bobur Magrupovich

DSc

HAKIMOV Erkin Abdukhalilovich


DSc

Samarkand State Medical University,

Samarkand branch of the Republican Scientific Center of Emergency Medical Care

TREATMENT OF ISOLATED BURNS OF THE HAND AND FOOT IN A HUMID ENVIRONMENT WITH SILVER-CONTAINING PREPARATIONS

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ABSTRACT

The study was conducted on the data of examination and treatment of 81 victims with deep burns of the hands and feet. Preparations silver-containing preparations were applied to wound surfaces, after which the limbs were placed in plastic bags (group I, n = 46). In some patients (group II, n = 35), wounds were treated using the traditional method with various ointments and solutions. Accumulated liquid was removed from the bags daily, its volume was measured and subjected to biochemical analysis. The silver-containing cream preparations were replaced with a new one. After the plasma flow through the wound surfaces stopped and the wounds were cleaned of fibrin plaque, treatment was carried out using ointment dressings.

Keywords. Silver-containing preparations, hand and foot, moist environment.

AVAZOV Abduraxim Abduraxmanovich

Assistant

SHAKIROV Bobi Magrupovich

DSc

HAKIMOV Erkin Abduxalilovich

DSc

Samarqand davlat tibbiyot universiteti, RShTYoIM Samarqand filiali

TOVON VA PANJANING IZOLYATSIYALANGAN KUYISHLARINI NAM MUHITDA KUMUSH SAQLOVCHI DORI VOSITALARI BILAN DAVOLASH**ANNOTATSIYA**

Tadqiqot panja va tovonni chuqur kuygan 81 nafar jabrlanuvchini tekshirish va davolash ma'lumotlari bo'yicha o'tkazildi. Jaroxat yuzasiga kumush saqlovchi preparatlar qo'llanildi, shundan so'ng oyoq-qo'llar plastik qoplarga joylashtirildi (I guruh, n = 46). Ba'zi bemorlarda (II guruh, n=35) jaroxatlar an'anaviy usulda turli malham va eritmalar bilan davolandi. Har kuni to'plangan suyuqlik sumkalardan olib tashlandi, uning hajmi o'lchandi va biokimyoviy tahlildan o'tkazildi. Kumush saqlovchi krem preparatlar yangisi bilan almashtirildi. Jaroxat yuzalari orqali plazma oqimini to'xtatgandan so'ng va jaroxatlarni fibrin birikmalaridan tozalashdan so'ng, davolash malhamli bog'lamlar yordamida amalga oshirildi.

Kalit so'zlar. Kumush saqlovchi preparatlar, panja va tovon, nam muhit

АВАЗОВ Абдурахим Абдурахманович

Ассистент

ШАКИРОВ Бобур Магрупович

DSc

ХАКИМОВ Эркин Абдухалилович

DSc

Самаркандский государственный медицинский университет,
Самаркандский филиал РНЦЭМП

ЛЕЧЕНИЕ ИЗОЛИРОВАННЫХ ОЖОГОВ КИСТИ И СТОПЫ ВО ВЛАЖНОЙ СРЕДЕ СЕРЕБРОСОДЕРЖАЩИМИ ПРЕПАРАТАМИ**АННОТАЦИЯ**

Исследование проводилось на данных обследования и лечения 81 пострадавших с глубокими ожогами кистей и стоп. Препараты серебро содержащие препараты наносили на раневые поверхности, после чего конечности помещали в полиэтиленовые пакеты (I группа, n=46). У части больных (II группа, n=35) лечение ран проводили традиционным методом с различными мазями и растворами. Ежедневно из пакетов удаляли скопившуюся жидкость, измеряли ее объем и подвергали биохимическому анализу. Крем серебро содержащие препараты заменяли на новый. После прекращения истечения плазмы через раневые поверхности и очищения ран от налета фибрина проводили лечение с использованием мазевых повязок.

Ключевые слова. Серебросодержащие препараты, кист и стопа, влажная среда.

Kirish: So'nggi yillarda panja va tovonlarning chandiqli deformatsiyasi va kontrakturasi bilan kasallangan bemorlar soni ortib bormoqda, bu kuyish kasalligini davolash sifatining yaxshilanishi bilan bog'liq [1]. Panja va tovonlarning kuyishi kuyishining boshqa lokalizatsiyalari qatorida, sanoat jarohatlari orasida birinchi o'rinlardan birini egallaydi [2]. Panja va tovonlarning chuqur kuyishidan jabrlangan bemorlar uchun kompleks davolashni qo'llash har doim ham kerakli natijani bermaydi va bemorlarning 45% gacha og'ir chandiqli deformatsiyalari rivojlanadi, ularni davolashda esa faqat jarrohlik usullarini qo'llash yordamida erishish mumkin. Panjaning kuyishi oqibatida bemorlarning aksariyati (bizning ma'lumotlarimizga ko'ra, 75% gacha) 20 yoshdan 50 yoshgacha bo'lgan mehnatga layoqatli yoshdagi odamlardir [3,4]. Kuyishning etiologik omillari orasida olovdan kuyish birinchi o'rinda turadi (83% hollarda), 3 yoshgacha bolalarda esa tovon kuyishilarining 47,7% gacha sandal oqibatida kuyishlar hisoblanadi.

Kuyish jarohatlari strukturasi orasida hozirda panja va tovonning kuyishiga alohida ahamiyat berilmoqda [5]. Uzoq muddatli nogironlik va kasalxonaga yotqizish, asoratlarning katta foizi inson uchun yuqori moliyaviy va ruxiy xarajatlarga olib keladi. Qayd etish joizki, Markaziy Osiyoda, xususan, O'zbekistonda bolalarning panja va tovonning chuqur kuyish holatlari tez-tez uchrab turishi sovuq mavsumda xonadonlarni isitish uchun "sandal" ishlatilishi bilan bog'liq. Bolalardagi sandaldan

kuyishi to'qimalarning og'ir, chuqur shikastlanishi, xatto oyoqning distal qismlari ko'mirlanishi bilan tavsiflanadi [10-12].

Terining chuqur kuyishlari tufayli barcha qatlamlarining nekrozi bo'lganda, autodermoplastikaga ehtiyoj bo'ladi. Jaroxatlarni, shu jumladan kuyishlarni tiklanish jarayoni davriyligi bilan o'ziga xosdir. M.I. Kuzinning tasnifiga ko'ra jaroxat jarayonining uchta asosiy bosqichi ajralib turadi: yallig'lanish (tomirlarning o'zgarishi davri va jaroxatni nekrotik to'qimalardan tozalash davri), regeneratsiya, chandiqni qayta tashkil etish va epitelizatsiya. Kuyish natijasida to'g'ridan-to'g'ri asosiy to'qimalarning shikastlanishi va ikkilamchi o'zgarishlar, asosan, paranekrotik zonadagi qon tomirlarining buzilishi natijasida yuzaga keladi. To'qimalarning qurishi shikastlanish maydonini oshisiga olib keladi. Ko'p yillar davomida kuygan jaroxatlarni qora qo'tir ostida davolash taktikasi qo'llanilgan, biroq zamonaviy tadqiqotlar natijalari nam muhitda kuyishlarni tiklash samaradorligini oshirishdan dalolat beradi [6,7]. Jaroxatlarni mahalliy konservativ davolashning zamonaviy metodologiyasi jaroxat jarayoniga uning fazasi va kursining xususiyatlariga qarab maqsadli ta'sir ko'rsatishga imkon beruvchi vositalardan differentsiasilashgan foydalanishga asoslangan [8].

Bunday sharoitlardan biri jaroxat yuzasida nam muhit yaratish bo'lib hisoblanadi. Fiziologik nam muhitda hujayra proliferatsiyasi, to'qimalarni tiklash va paranekrotik o'zgarishlar maydonini kamaytirish uchun maqbul sharoitlar yaratiladi. Hozirgi vaqtda mavjud bo'lgan texnologiyalar gidrofil tashqi vositalar yoki turli xil jaroxat qoplamalari orqali jaroxatda nam muhitni saqlashni ta'minlaydi. Zamonaviy texnologiyalar tufayli jaroxat jarayonining barcha bosqichlarida: yallig'lanish, granulyatsiya to'qimalarining shakllanishi va jaroxatning bitish jarayonlarida nam muhit saqlanadi. Biroq, bugungi kungacha hech qanday jaroxat qoplamasi o'z xususiyatlarida idealga yaqinlashmagan. Natijada, ko'p xollarda intoksikatsiya jarayoni chuqurlashadi, paranekroz maydoni kengaydi, infeksiya va qo'pol chandiq to'qimalarining shakllanishi sodir bo'ladi. Qoplamalarning mavjud kamchiliklari – bog'lov jarayonida kuyish jaroxatiga qo'shimcha travma berish hisoblanadi. Zamonaviy jaroxat qoplamalarining yuqori narxdaligi ham muhimdir. Kombustologiyaning mumkin bo'lgan istiqbolli yo'nalishlaridan biri kuyish yuzasida sun'iy suyuq muhitni yaratishdir [9].

Tadqiqot maqsadi: Kuyishdan keying jaroxatni qayta tiklashda nam muhitning imkoniyatlari haqidagi bilimlarni kengaytirish.

Tadqiqot materiallar va metodlari: Tadqiqot panja va tovonni chuqur kuygan 81 nafar jabrlanuvchini tekshirish va davolash ma'lumotlari bo'yicha o'tkazildi. Jaroxat yuzasiga kumush saqlovchi preparatlar qo'llanildi, shundan so'ng oyoq-qo'llar plastik qoplarga joylashtirildi (I guruh, n = 46). Ba'zi bemorlarda (II guruh, n=35) jaroxatlar an'anaviy usulda turli malham va eritmalar bilan davolandi. Har kuni to'plangan suyuqlik sumkalardan olib tashlandi, uning hajmi o'lchandi va biokimyoviy tahlildan o'tkazildi. Kumush saqlovchi krem preparatlar yangisi bilan almashtirildi. Jaroxat yuzalari orqali plazma oqimini to'xtatgandan so'ng va jaroxatlarni fibrin birikmalaridan tozalashdan so'ng, davolash malhamli bog'lamlar yordamida amalga oshirildi. Qo'tirni tozalash va jaroxat epitelizatsiyasini yakunlash vaqti qayd etildi. Jaroxatlarning mikroblifloslanish intensivligi va vegetativ mikroorganizmlarning turi aniqlandi, jami 112 mikrobiologik tadqiqotlar o'tkazildi. Test tizimi yordamida ekssudatda immunoferment tahlil o'tkazildi.

Natijalar va muhokama: Bemorlarning birinchi guruhi, panja va tovonlarini paketlarga joylashtirgandan so'ng, ularning ichida "issiqxona effekti" paydo bo'ldi. Shu bilan birga, sumka ichidagi havo aralashmasida suv bug'lari va karbonat angidridning kuchlanishi kuchaygan, kislorod miqdori, aksincha, kamaygan. Davolash boshlanganidan 1 soat o'tgach, namlik sumkaning ichki yuzasida kondensatsiyalana boshladi, uning miqdori asta-sekin o'sib bordi. Biroz vaqt o'tgach, sumkaning pastki qismida kumush saqlovchi preparat va jaroxat ekssudatidan iborat kulrang-oq suyuqlik paydo bo'ldi, uning miqdori asta-sekin o'sib bordi. Ekssudatning eng qizg'in oqimi shikastlanishdan keyingi birinchi kun ichida sodir bo'lib, uning miqdori 400-500 ml ni tashkil qildi. Keyingi kunlarda ajraladigan suyuqlik miqdori kamayib bordi. Jaroxat yuzasi orqali suyuqlikning terlashi 7 dan 10 kungacha to'xtaydi. Quyidagi hollarda: agar jarohatlarning aksariyati III-b darajali kuyishlar bo'lsa yoki panja yoki tovon qisman kuygan bo'lganda sezilarli darajada kamroq suyuqlik ajralib chiqdi. Davolash boshlanganing 2-kunida jaroxatlar yuzasida qalin fibrin qatlami aniqlangan.

Jaroxat tartibsiz ko'rinardi. Fibrin har kuni olib tashlandi, jaroxat yuzalariga krem qayta surildi va oyoq-qo'llari plastik qoplarga joylashtirildi. Ushbu turdagi davolashni 7-12 kun davomida, qoida tariqasida, jaroxatdan ekssudat ajralishi to'xtatmaguncha amalga oshirildi. Shundan so'ng jaroxatlar suvda eriydigan malhamlar qo'yilgan bog'lamlar davolandi. Jaroxatlarni o'lik to'qimalardan tozalanishi ushbu bemor uchun tez qoidaga ko'ra (10-14 kun ichida) va og'riqsiz kechganligi qayd etildi. O'lik qatlamlarni olib tashlash fibrin qoplam bilan birga kundalik bog'lamni almashtirish vaqtida amalga oshirildi. 10 kundan 14 kungacha bo'lgan vaqt ichida yashash qobiliyatiga ega derma so'g'chlari paydo bo'ldi. Teri shikastlanishi derma so'g'chlari darajasida bo'lganda, jaroxatlar 16-18 kun ichida bitishi aniqlandi. Panja va tovon sohasida keng chuqur kuyish bo'lsa, terini tiklash odatda kuyishdan keyin 16-17 kunlarda qalinligi 0,2-0,3 mm bo'lgan perforatsiyalangan yoki perforatsiyalanmagan teri transplantati bilan amalga oshiriladi.

Nazorat guruhi sifatida xizmat qilgan 2-guruhga jarohat olgan paytdan boshlab dastlabki uch kun ichida yotqizilgan va an'anaviy davolanishni olgan 35 nafar bemor kiritilgan. Jaroxatlar yuzasiga qalin fibrin qatlami ham tushib ketdi, nisbatan erta davrda jaroxatlar o'lik to'qimalardan tozalandi va epitelizatsiya tugallandi. Jaroxatlarning bitish davri panjani katta paketlarga solingandagidek uning vaqtga yaqin edi. Shu bilan birga, etarlicha farqlar ham bor edi. Xususan, jaroxat sirtlari orqali suyuqlikning bunday mo'l-ko'l ajralishi kuzatilmadi. Hech bir holatda "kuyish chuqurligini pasaytirish" hodisasi qayd etilmagan. Panja va tovon sohasidagi keng chuqur kuyishlari uchun o'lik to'qimalarni tozalashni tezlashtirish maqsadida kimyoterapevtik eritmalardan foydalanilgan. Plastik jarrohlikni odatda 0,2-0,3 mm qalinlikdagi perforatsiyalangan yoki perforatsiyalanmagan teri transplantati bilan kuyishdan keyin nekrotik to'qimalar ajralgandan keyin 22-24 kunlarda amalga oshirildi.

I guruhdagi bemorlarni davolash natijasida qoplarga oqib tushayotgan suyuqlikni olib biokimyoviy tahlillarini o'tkazilganda jarohatlanishdan keyingi birinchi kunida undagi oqsil miqdori 55 g/l ga yetganligi, keyingi kunlarda esa asta-sekinlik bilan bu ko'rsatgich 20-30 g/l gacha kamayganligi aniqlandi. Elektroforez o'tkazilganda vaqt o'tishi bilan ekssudat xarakterida ham ma'lum o'zgarishlar sodir bo'lganligi aniqlandi. Xususan, shikastlanishdan keyingi dastlabki bosqichlarda "o'tkir faza" oqsillari ustunlik qildi, keyinchalik ularning soni kamaydi va 4-5 kundan boshlab ajralma transudat xarakteriga ega bo'ldi. Ekssudatda to'qima proteazlari va fibronektin aniqlangan. Jaroxat yuzalaridan ajralib chiquvchi suyuqlikdagi elektrolitlar (K^+ , Na^+ , Cl^+) miqdori qon plazmasiga nisbatan bir oz pastroq bo'lgan.

Qizig'i shundaki, kumush saqlovch kremlardan foydalanilganda va panja va tovonning katta hajmli paketlarda bo'lganda jaroxat yuzalaridan ajralib chiqadigan suyuqlikda yallig'lanishga qarshi sitokinlarning (IL-1 va IL-8) miqdori ko'p bo'lganligi, ikkinchi darajali kuyishlari bo'lgan bemorlarda kuygan pufakchalar suyuqligi bilan solishtirganda ko'proq (ba'zi hollarda 100 marta va undan ko'p) bo'lganligi aniqlandi. Ko'rinib turibdiki, qon tomir devori orqali suyuqlik o'tkazuvchanligini oshishi, bu sitokinlarning induksiyasi bilan bog'liq.

Xotima: Kumush saqlovchi preparatlarni nam muhitda qo'llashimiz natijasida panja va tovonning yuzaki kuyishlarini tez davolashga, chuqur kuygan jaroxatlarni tozalashga, davolanish vaqtini qisqartirishga va asoratlar sonini kamaytirishda yordam berdi.

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Информация об авторах:

Авазов Абдурахим Абдурахманович – ассистент. Самаркандский государственный медицинский университет, Самарканд, Узбекистан. E-mail: abduraxim_avazov79@mail.ru, <https://orcid.org/0000-0002-4406-7923>

Шакиров Бобур Магруппович- DSc, врач комбустиолог Самаркандского филиала РНЦЭМП, Самарканд, Узбекистан. E-mail: baburshakirov@yahoo.com, <https://orcid.org/0000-0002-2879-280X>

Хакимов Эркин Абдухалилович- DSc, Заведующий отделение комбустиологии Самаркандского филиала РНЦЭМП, Самарканд, Узбекистан. E-mail: erkinhakimov@mail.ru, <https://orcid.org/0000-0002-2238-9067>

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Хакимов Э.А. — сбор и анализ источников литературы.

Information about the authors:

Avazov Abdurakhim Abdurakhmanovich- assistant of the Department of Surgical Diseases No. 2. Samarkand State Medical University, Samarkand, Uzbekistan. E-mail: abduraxim_avazov79@mail.ru, <https://orcid.org/0000-0002-4406-7923>

Shakirov Bobur Magrupovich - DSc, Doctor of Combustiology, Samarkand branch of RSC EMC, Samarkand, Uzbekistan. E-mail: baburshakirov@yahoo.com, <https://orcid.org/0000-0002-2879-280X>

Khakimov Erkin Abdukhalilovich - DSc, Head of the Department of Combustiology of the Samarkand branch of the RSC EMC, Samarkand, Uzbekistan. E-mail: erkinhakimov@mail.ru, <https://orcid.org/0000-0002-2238-9067>

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