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## NON-RESPIRATORY FUNCTION OF LUNGSIN SURGERYCAL SEPSIS

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**Abstract:** sepsis and septic shock are one of the most common causes of death in patients in intensive care units. In modern literary sources there is no generally accepted definition of sepsis, which causes some difficulties in assessing this severe pathological condition. In a study published by the American Center for disease control. "...to this day, the frequency of septicemia vozrosla 73,6 up to 100 000больных of 175.9". According to American and European surveys. "...the incidence of sepsis ranges from 2 to 11% of all hospitalized patients or patients in intensive care units". The first barrier to immune protection from pathogens is the complement system, acute phase proteins, cytokines and monocytes, macrophages, neutrophils and natural killer cells. "...if this defense fails, the inflammatory response gets out of control and can lead to either irrepressible microbial reproduction or damage to body tissues, vascular collapse, and multi-organ failure."

**Keywords:** sepsis, lung function, surgical sepsis.

## НЕРЕСПИРАТОРНАЯ ФУНКЦИЯ ЛЕГКИХ ПРИ ХИРУРГИЧЕСКОМ СЕПСИСЕ

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**Аннотация:** сепсис и септический шок являются одной из наиболее частых причин летального исхода у пациентов в палатах интенсивной терапии. В современных литературных источниках отсутствует общепринятое определение сепсиса, что вызывает определенные трудности в оценке этого тяжелого патологического состояния. В исследовании, опубликованном американским Центром по контролю болезней «...по сей день частота септицемии возросла с 73,6 до 175,9 на 100 000 больных». По данным

*американских и европейских обзоров, «...частота сепсиса колеблется от 2 до 11% от всех госпитализированных больных или больных, находившихся в палатах интенсивной терапии». Первым барьером иммунной защиты от патогенных микроорганизмов является система комплемента, белки острой фазы, цитокины и моноциты, макрофаги, нейтрофилы и естественные клетки-киллеры, «...если эта защита оказывается несостоятельной, воспалительная реакция выходит из-под контроля и может привести либо к неудержимому микробному размножению, либо к повреждению тканей организма, сосудистому коллапсу и мультиорганной недостаточности».*

**Ключевые слова:** *сепсис, функция легких, хирургический сепсис.*

In the works of a number of scientists noted that "...lethality in purulent-septic diseases depends not only on the number of organs involved in the process of multiple organ failure, but also on its duration, that the preservation of one organ failure during the day leads to an increase in lethality up to 35-40%, two – up to 55-60%". The development of pathophysiological criteria for non-respiratory lung function in surgical sepsis is one of the problems that should be solved not only by industry experts [1, с. 818-824; 2, с. 763-767; 3, с. 130].

The aim of the research work was to determine the role and place of non-respiratory lung function in the pathogenesis of the development of surgical sepsis.

The object of the research work was experimental data from 47 outbred rabbits of both sexes weighing 1500–2500 g, which were kept on a standard laboratory diet of the vivarium of the Tashkent Medical Academy, and 74 patients with severe forms of purulent-inflammatory diseases of soft tissues that were examined and treated at the Republican Center of Purulent surgery and surgical complications of diabetes mellitus of the Ministry of Health of the Republic of Uzbekistan in 2008 - 2011.

The scientific novelty of the research work: New pathophysiological positions revealed the fundamental and applied significance of NFL disorders in the development of surgical sepsis due to staged, and in severe forms of the disease, a combined violation of barrier-filtration, metabolic and surfactant-forming lung functions; it was revealed that the failure of the NFL in surgical sepsis occurs against the background of a phased reorganization of the morphological structure of this organ in the form of transient, borderline and irreversible changes; criteria for early diagnosis and prediction of the development of surgical sepsis were developed and substantiated.

Implementation of the research results. According to the results of a study of non-respiratory lung function in surgical sepsis, the following methodical recommendations were published: «Non-respiratory function of the lungs with various volumes of their resection» № 8m /03 dated January 31, 2010 (Reference of the Ministry of health of Uzbekistan 8n-d/243 dated 11.15.2018); «Metabolic function of the lungs in health and food load with polyene» № 8n/03 dated January 31, 2010 (Reference of the Ministry of health of Uzbekistan 8n-d/243 dated November 15, 2018); «Sepsis. A modern view on an ageless problem» (Tashkent, May 25, 2006); «Basics of evidence-based medicine clinical and experimental aspects of the treatment of sepsis» (Tashkent, 25.05.2006); «Laboratory criteria for the development of acute respiratory distress syndrome for assessing the state of non-respiratory lung function» (Tashkent, 01.30.2010); «Metabolic function of the lungs in acute respiratory distress syndrome» (Tashkent, January 30, 2010); «Assessment of changes in the surfactant function of the lungs in the dynamics of the development of a new experimental model of acute respiratory distress syndrome» (Tashkent, 2010); «The state of the metabolic and surfactant-forming functions of the lungs in different variants of bacteremia» (Tashkent, 2011).

The results of the implementation allowed us to speed up the process of conducting research on the pathophysiological dynamic and statistical parameters of NFL in surgical sepsis in order to develop variants of pathogenetically substantiated therapy.

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## FICHERS OF DIAGNOSTICS OF CHRONIC INFLAMMATORY DISEASES OF THE PARANASAL SINUSES

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**Abstract:** inflammatory diseases of the paranasal sinuses (SNPs) are currently a widespread pathology of the ear, throat, and nose organs. The frequency of chronic inflammatory diseases of the paranasal sinuses remains at a high level and so far has not tended to decrease. For the diagnosis of sinusitis, methods such as sensing, puncture, radiography, ultrasound, endoscopy, computer and NMR tomography, as well as magnetic resonance imaging and other methods are used. Magnetic resonance imaging (MRI), which does not have a radiation load than computed tomography (CT), is the safest diagnostic method.

**Keywords:** diseases of the paranasal sinuses, sinusitis, diagnosis of sinusitis, multispiral computed tomography, computed tomography.

## ОСОБЕННОСТИ ДИАГНОСТИКИ ХРОНИЧЕСКИХ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЙ ПРИДАТОЧНЫХ ПАЗУХ НОСА

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**Аннотация:** воспалительные заболевания околоносовых пазух (ОНП) в настоящее время широко распространенная патология ЛОР-органов. Частота хронических воспалительных заболеваний околоносовых пазух остается на высоком уровне и до настоящего времени не имеет тенденции к снижению. При диагностике есть ряд диагностических методов. Для диагностики синуситов используются методы, такие как зондирование, пункция, рентгенография, УЗИ, эндоскопия, компьютерная и ЯМР-томография, а также магнитно-резонансная томография и другие методы. К наиболее безопасному методу диагностики относится магнитная резонансная томография (МРТ), не имеющая лучевую нагрузку, как компьютерная томография (КТ).

**Ключевые слова:** заболевания придаточных пазух носа, синусит, диагностика синуситов, мультиспиральная компьютерная томография, компьютерная томография.