

PRINCIPLES OF DIAGNOSIS AND TREATMENT OF ACUTE PURULENT-DESTRUCTIVE LUNG DISEASES

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Abstract

The article presents basic information reflecting current issues of pathogenesis and modern methods of treatment of purulent-destructive lung diseases. The article is a review of literature data on this issue we have collected over the past 20 years. Nowadays, it became known that a pathogenetic point of view, in all cases of acute purulent lung destruction is determined by the combination and interaction of three main factors: 1) acute infectious inflammatory process in the pulmonary parenchyma; 2) violation of bronchial 36 patency; 3) a violation of the blood flow leading to necrosis of the lung tissue. Unfortunately, the existing classification, valuation trends, proposed methods of treatment of acute suppurative destructive processes in the lung is practically not taken into account the state of non-respiratory activity of the lungs. In general, the presented information on modern achievements in the study of pathogenesis, the development of new methods of surgical treatment of patients with acute purulent-destructive lung diseases with the use of "small surgery" techniques showed that many issues related to improving the final results remain unresolved. Keywords: acute lung abscess, gangrene of lung, etiopathogenesis, prevalence, diagnostic and treatment method.

Thanks to the organization and improvement of diagnostic methods, new methods of treatment, surgical technique, significant progress has been made in treatment of acute purulent-destructive lung diseases (ADDL). However, this The problem remains relevant today. In recent years, there has been an increase in the number of patients with severe and complicated forms of the course of AHDDL [43]. According to studies of various authors [21, 17, 13], the percentage of development of pulmonary-pleural complications in lung abscesses range from 30% to 70%, and the incidence of gangrenous forms from 28% to 74% [2, 20]. Despite different approaches to the treatment of AHDD, the results of complex treatment can hardly be considered satisfactory. The mortality rate is still high, averaging in various forms purulent-necrotic process from 12.7% to 77.8%.

As a detailed analysis of the works shows, most cases of complete recovery refers to uncomplicated purulent abscesses of a small diameter. At the same time, with giant and gangrenous abscesses, the percentage of transition in the chronic form ranges from 32% to 56% [7, 14, 18].

To date, it has already become known that, from a pathogenetic point of view, during. In all cases, the development of acute purulent destruction of the lungs is determined by a combination of and interaction of three main factors:

- 1) acute infectious inflammatory process in the lung parenchyma;
- 2) violation of bronchial patency;
- 3) impaired blood flow leading to necrosis of the lung tissue.

Exactly 70 years ago S.N. Spasokukotsky [10] also identified anaerobic flora in 43.3% of patients with lung abscesses, but did not attach much importance to it. About this in 50s of the last century, also wrote M.S. Grigoriev [18], believing that "... the role fusospirillosis symbiosis is insignificant, in most cases it is a secondary

an infection that only aggravates the process. Most authors are of the opinion about the polymorphism of microflora in purulent destruction of the lungs, giving priority to one or several types of microorganisms [6, 10]. Thus, many researchers Attention in the genesis of AHDD is given to Gram-negative bacteria [20].

Improving the methods of modern clinical bacteriology, which included anaerobic technique into the arsenal of research, made it possible to establish the leading role nonclostridial anaerobes in the development of destructive processes in the lungs [11, 22]. At the same time, many clinicians still consider pathogenic staphylococcus the main etiological factor [14-16].

It has now been established that lung tissue serves as a good nutrient substrate for staphylococcus strains producing lecithinase, alkaline phosphatase and hemolysins. In this case, the growth of staphylococci occurs 37 mainly due to lipoproteins, non-esterified fatty acids and carbohydrates, i.e. main components and main parts of pulmonary surfactant. As studies [9], staphylococci producing strictly defined toxins and enzymes, have practically no differences in cytotoxic action. Unlike these strains of staphylococci, *Pseudomonas aeruginosa*, as proved K.I. Savitskaya [13], uses the protein fraction of the surfactant (proteolytic action), and its cytotoxic activity with the ability to produce hemolysins, lecithinase and phosphatase reaches (in vitro) 42-62%.

Cytotoxic effect of streptococci with a set of pathogenicity factors detected in 48% of cases. *Pseudomonas aeruginosa* destroys the most superficial part of the

“cloak” of the lung, causing hemorrhages, extensive atelectasis, destruction of small bronchi [14]. The infectious process that develops in the body covers all vital manifestations of both a microbial pathogen and a sick person. He calls various changes in metabolism, due, on the one hand, to intake of various protein substances and toxins into the blood and tissues, on the other hand-change in enzymatic reactions aimed at neutralizing toxic products of various origins [4].

Objective of the research: To improve the outcome of treatment and the principle of diagnosis of patients with acute purulent-destructive lung diseases.

Materials and methods:

To conduct the study, we studied 3 groups of patients with purulent-destructive lung diseases. Purulent surgery at the TMA clinic from 2019 to 2021, when patients were admitted to the Republican Medical Center.

To achieve the goal of the research, the following methods were chosen: analysis and summarization of literature sources on the subject under study, analysis of anamnestic data, medical analysis of documents, analysis of quantitative and qualitative data. Statistical processing was performed using MS Excel 2010 software. The sample of participants in the study was 573 patients, we divided them into the following groups: Group 1 - 249 patients (43.4%). At the same time, a significant part was patients with abscess pneumonia - 122 patients (49%), followed by abscess with acute lung - 71 patients (28.5%), acute gangrenous lung abscess - 32 (12.9%) and lung gangrene - 24 patients (9.6%). 232 patients with purulent-destructive lung diseases made up group 2 (40.5%) with pleural complications. At the same time, in 41.8% of cases (97 patients), the complications were common, and in 58.2% of cases (135 patients), limited empyema or limited pyopneumothorax (26.1%) were complications. Group 3 includes only patients with purulent inflammatory diseases of the pleura (parapneumonic). pleural empyema) without lung destruction - 92 patients (16.1%). The strategic direction of treatment of patients with APDLD in these years was the active use of cost-effective treatment methods: one, two or more options for drainage of the purulent focus, washing of the focus and measures aimed at eliminating perifocal inflammation. These principles are either performed by a separate endotracheal or transthoracic route (47.3%), or they are combined (52.7%).

Due to the establishment and improvement of diagnostic methods, new treatment methods, surgical techniques, significant progress has been made in the treatment of acute purulent-destructive lung diseases (APDLD). However, this problem remains relevant today. In recent years, there has been an increase in the number of patients with severe and complicated forms of AHDD [1] It is known [2,3,4] that according to studies, the percentage of development in lung abscesses is - pleural complications from 30% to 70%, and incidence of gangrenous forms from 28% to 74%. Despite the variety of approaches to the treatment of AHDD, the results of complex treatment can hardly be considered satisfactory. There is still a high mortality rate, which ranges from 12.7% to 77.8% in various forms of purulent-necrotic process. Treatment and treatment of patients with this pathology requires an individual approach and a set of therapeutic measures.

Objective of the research: To improve the outcome of treatment and the principle of diagnosis of patients with acute purulent-destructive lung diseases.

Results and Discussion:

Complete recovery from therapy was achieved in 42.8% of cases (245 patients) and clinical recovery was achieved in 37.2%. Chronic process was noted in 74 patients (12.9%). The overall mortality rate was 7.1%. At the same time, 6.4% in group 1 and 10.8% in group 2. In the 3rd group that was not brought to death. The average bed-day is 11.4+1.0 days. At the same time, the largest number of bed days corresponds to the patients of the second group (15+1.3 days).

Conclusions.

Thus, today, in the treatment of patients with APDLD, we believe that it is necessary to actively use economical sanitary methods with a purulent focus. At the same time, in patients with severe forms of APDLD (pulmonary gangrene), endotracheal and transthoracic methods of rehabilitation, long-term arterial catheter therapy should be a mandatory and important component of the complex of therapeutic measures. But these studies are still ongoing and require additional study and a collection of materials.

List of used literature:

1. Саломова, Ф., Садуллаева, Х., & Кобилжонова, Ш. (2022). Гигиеническая оценка риска развития аллергических заболеваний кожи у детского населения. *Актуальные вопросы профилактики стоматологических заболеваний и детской стоматологии*, 1(01), 88-91.
2. Саломова, Ф. И., Садуллаева, Х. А., Миррахимова, М. Х., Кобилжонова, Ш. Р., & Абатова, Н. П. (2023). Загрязнение окружающей среды и состояние здоровья населения.
3. Миррахимова, М. Х., Садуллаева, Х. А., & Кобилжонова, Ш. Р. (2022). *Значение экологических факторов при бронхиальной астме у детей* (Doctoral dissertation, Россия).
4. Salomova, F. I., Sadullaeva, H. A., Abdullaeva, D. G., & Kobilzhonova Sh, R. (2022). PREVALENCE AND RISK FACTORS OF ALLERGIC DISEASES IN CHILDREN IN HOT CLIMATIC CONDITIONS.
5. Ниязова, О.А., и Имамова, А.О. (2023). СОВЕРШЕНСТВОВАНИЕ ОРГАНИЗАЦИИ ОКАЗАНИЯ МЕДИЦИНСКИХ УСЛУГ И ЦИФРОВОЙ СРЕДЫ. *Европейский международный журнал междисциплинарных исследований и управленческих исследований* , 3 (02), 41-46.
6. Kobiljonova, S. R., & Jalolov, N. N. (2023). REPRODUCTIVE AND PERINATAL OUTCOMES BORN BY CAESAREAN SECTION.
7. Mirsagatova, M. R., & Sulstonov, E. E. (2023). Features of the Microflora of the Gastrointestinal Tract in Chronic Inflammatory Diseases of the Upper Digestive Organs in Children. *World of Science: Journal on Modern Research Methodologies*, 2(2), 93-98.
8. Abduraimovna, A. D., Turg'unboyevna, Y. N., & Rustamovna, Q. S. (2023). QIZLARNI OILA VA JAMIYATDA O 'ZO 'RNINI TOPISHDA PSIXOLOGIK KO 'NIKMA VA MA'NAVIY YETUKLIKNI SHAKLLANTIRISH. *Scientific Impulse*, 1(7), 310-313.
9. Ибодуллаевна С.Ф., Рустамовна К.С., Гайратовна А.Д., Абдурахмоновна С.Х. (2022). РАСПРОСТРАНЕННОСТЬ И ФАКТОРЫ РИСКА АЛЛЕРГИЧЕСКИХ ЗАБОЛЕВАНИЙ У ДЕТЕЙ В ЖАРКИХ КЛИМАТИЧЕСКИХ УСЛОВИЯХ. *Искусство медицины. Международный медицинский научный журнал* , 2 (3).
10. Х, ММ (2022). Распространенность и факторы риска бронхиальной астмы у детей. *Техасский журнал медицинских наук* , 7 , 111-116.

11. Саломова Ф.И., Миррахимова М.К., Кобылжонова С.Р. (2022, апрель). Влияние факторов внешней среды на развитие атопического дерматита у детей. Серия конференций Европейского журнала научных архивов.
12. Кобылжонова, Ш. Р., Миррахимова, М. Х., Садуллаева Х. А. (2022). Значение экологических факторов при бронхиальной астме у детей.
13. Миррахимова, М. Х., Нишонбоева, Н. Ю., & Кобылжонова, Ш. Р. (2022). Атопик дерматит билан касалланган болаларда панкреатик етишмовчиликни коррекциялаш.
14. Кобылжонова, Ш. Р., Миррахимова, М. Х., & Садуллаева, Х. А. (2022). РАСПРОСТРАНЕННОСТЬ И ФАКТОРЫ РИСКА БРОНХИАЛЬНОЙ АСТМЫ У ДЕТЕЙ.
15. Джалолов, Н.Н., Имамова, А.О. (2023). РОЛЬ ПИТАНИЯ В ЛЕЧЕНИИ ХРОНИЧЕСКОГО ГЕПАТИТА. *Европейский международный журнал междисциплинарных исследований и управленческих исследований* , 3 (02), 28-34.
16. Юлдашева Ф.У. и Имамова А.О. (2022). Роль спорта в формировании здорового образа жизни у молодежи. *Европейский международный журнал междисциплинарных исследований и управленческих исследований* , 2 (11), 85-89.
17. Ниязова, О.А., и Имамова, А.О. (2023). Совершенствование организации оказания медицинских услуг и Цифровой среды. *Европейский международный журнал междисциплинарных исследований и управленческих исследований* , 3 (02), 41-46.
18. Имамова А.О., Тошматова Г.О. и Хобилжонова Ш.Р. (2023). Охранные работы и гигиеническая оценка питания детей дошкольного возраста в Ташкенте.
19. Кобылжонова, Ш. Р., Жалолов, Н. Н., & Журабоев, М. Т. (2022). Тугри овкатланиш спортчилар юкори натижалари гарови.
20. Жалолов, Н. Н., Нуриддинова, З. И., Кобылжонова, Ш. Р., & Имамова, А. О. (2022). *Главные факторы развития избыточного веса и ожирения у детей* (Doctoral dissertation, O ‘zbekiston Respublikasi Sog ‘liqni Saqlash vazirligi, Toshkent tibbiyot akademiyasi, Koryo universiteti “Atrof muhit muhofazasining dolzarb muammolari va inson salomatligi” xalqaro ishtirok bilan Respublika 9-ilmiy-amaliy anjumani materiallari to ‘plami 153 bet).

21. Imamova, A. O., G. O. Toshmatova, and R. Khobiljonova Sh. "Protecting works and hygienic assessment of nutrition of preschool children in Tashkent." (2023).
22. Мирсагатова, М.Р., и Султонов, Э.Е. (2023). Особенности микрофлоры желудочно-кишечного тракта при хронических воспалительных заболеваниях верхних органов пищеварения у детей. *Мир науки: журнал современных методологий исследований*, 2 (2), 93-98.
23. Abduraimovna, A. D., Turg'unboyevna, Y. N., & Rustamovna, Q. S. (2023). QIZLARNI OILA VA JAMIYATDA O 'ZO 'RNINI TOPISHDA PSIXOLOGIK KO 'NIKMA VA MA'NAViy YETUKLIKNI SHAKLLANTIRISH. *Scientific Impulse*, 1(7), 310-313.