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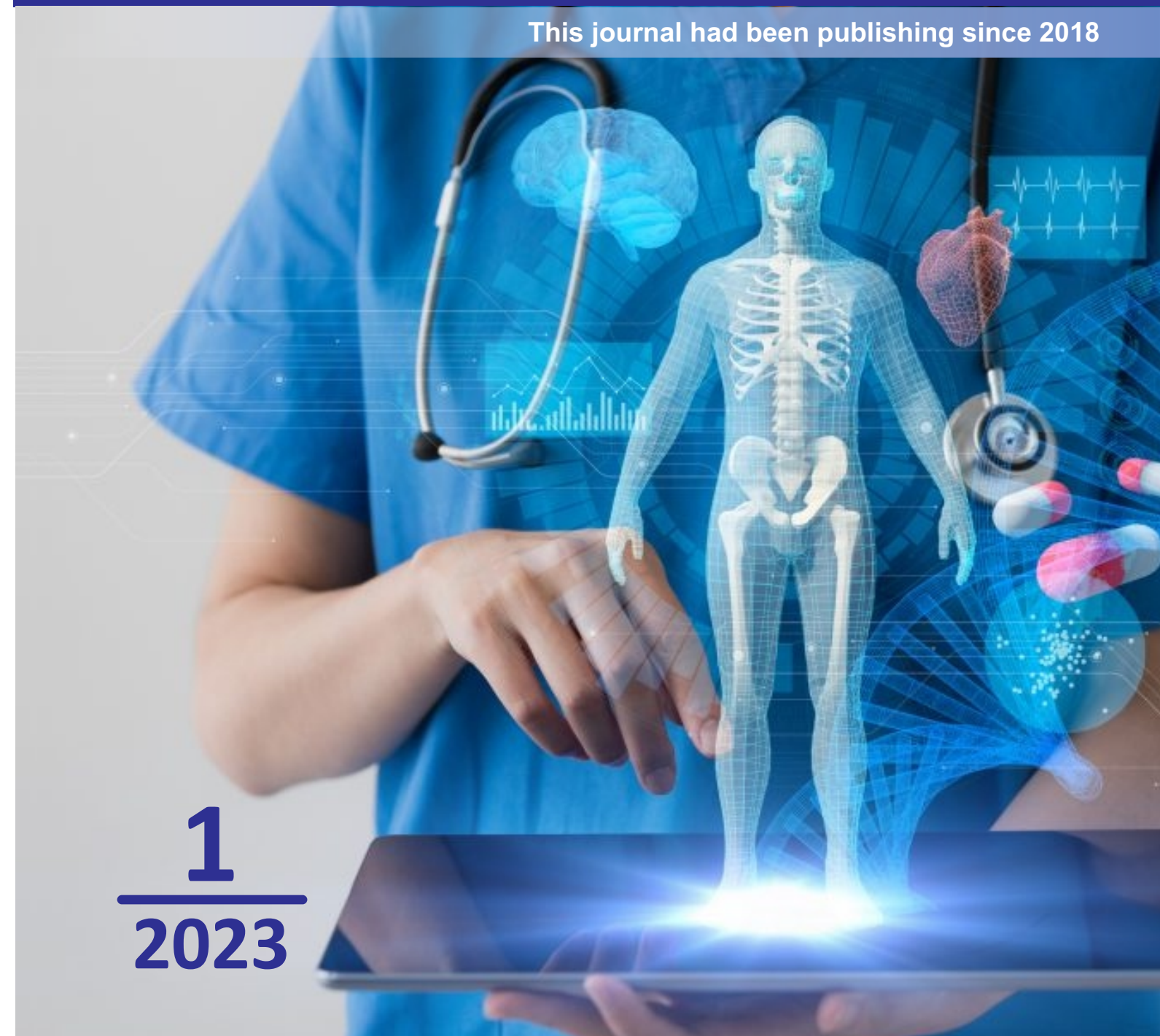


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## EFFECTIVENESS OF COMPLEX TREATMENT OF PATIENTS WITH ACUTE PERITONITIS

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### ABSTRACT

In our research, we tested the effectiveness of complex treatment of patients with acute peritonitis with lymphotropic therapy with antibiotics and thymalin according to our method.

**Key words:** peritonitis, lymphotropic drug administration, acute peritonitis, thymolin.

### INTRODUCTION

Acute peritonitis-acute inflammation parietal. and visceral leaflets of the peritoneum. [1] Typically, peritonitis endangers the life of the patient and requires urgent medical attention. Untimely and inadequate treatment of acute peritonitis can lead to lethal outcome. [3,5] In the field of surgery, acute peritonitis a common disease. The reason can be called that most acute surgical diseases and abdominal injuries are often complicated by peritonitis.

#### Research objective

The purpose of this study was to assess the effectiveness of the use of a solution of furacilin on a hypertonic salt basis, lymphotropic administration of antibiotics and thymalin in patients with acute peritonitis.

#### Patients and methods

The study included acute peritonitis patients in the surgical department I - Clinics Tashkent. Patients were divided into 3 groups. The first group included 103 patients treated with traditional methods. The second group consisted of 89 patients who were treated after the operation abdominal flushing with a 10% hypertonic chloride solution solution (1:5000) sodium at a ratio of 2:1, antibiotics

injected lymphotropic. In the third group there were 106 patients in which Thymalinelymphotropic therapy has been included in our comprehensive treatment.

### Results

Group 1 patients had local peritonitis in 42 (40.8%) diffuse in 36 (34.9%), spilled in 25 (24.3%) patients. Reactive - 44.7%, toxic - 44.7 47.9% and the terminal stage at 7.44%. 46.1% of the operated general condition was severe and very severe. 23.1% of patients had various concomitant diseases. The main clinical and laboratory indicators for teams examined prior to the intervention, are shown in table 1.

Table 1

Peritonitis indicators	Peritonitis prevalence	1 group	2 group	3 group
Tachycardia (in 1 min)	Local	102,8±8,61	96,9±7,1	101,4±9,3
	Diffuse	113,2±10,9	119,1±8,6	121,9±6,7
	Spilled	128,3±5,7	131,2±3,9	127,8±11,3
Body temperature (in degrees)	Local	37,6±0,7	36,9±1,01	37,3±1,2
	Diffuse	37,7±0,8	37,8±0,7	38,8±0,8
	Spilled	38,6±0,5	38,3±0,9	38,1±0,91
Breathing rate (in 1 min)	Local	25,1±1,8	27,2±2,6	24,3±1,9
	Diffuse	29,3±2,1	31,5±2,4	30,6±2,7
	Spilled	31,4±3,2	34,1±3,9	34,9±3,06
White blood cells (thousands)	Local	10,9±1,9	11,1±1,09	10,2±1,0
	Diffuse	14,1±1,1	16,6±1,51	18,8±2,2
	Spilled	20,3±1,7	19,7±1,8	22,9±1,9
Lymphopenia (in %)	Local	21,3±0,85	22,2±0,96	19,7±1,01
	Diffuse	17,4±1,1	15,5±0,9	14,7±1,2
	Spilled	12,03±0,91	11,8±0,77	10,1±0,8
ESR (mm/h)	Local	12,7±1,02	14,3±2,1	17,8±1,9
	Diffuse	29,3±2,7	30,2±1,9	32,5±2,7
	Spilled	45,8±4,1	39,7±2,3	52,16±4,8
LII (in unit)	Local	8,1±0,12	8,7±0,2	8,9±0,21
	Diffuse	11,1±0,7	12,8±0,3	13,1±0,11
	Spilled	13,4±0,9	13,3±0,05	14,4±0,9

With serous and serous hemorrhagic inflammatory exudate surgical wound stitched tight and installed microirrigators for intraperitoneal administration of

antibiotics. Abdominal vent was vented with pus cavities with tubular drains for exudate outflow, antibiotic therapy and washing.

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Patients with local peritonitis in the postoperative period received traditional antibiotic therapy and intravenous infusion therapy. Lethal there were no outcomes.

Patients with severe diffuse and spilled peritonitis received complex intensive therapy: barbus, antibacterial therapy, correction metabolic disorders, hypovolemia and paralytic intestinal obstruction. Despite treatment, 10 patients died in this group - 4 patients (3.45%) diffuse, 6 (8.57%) spilled. Basic cause of death was acute cardiovascular insufficiency caused by the development of multi-organ deficiency as a result of severe endotoxiosis.

In the second group, local peritonitis was 40 (41.7%), diffuse in 37 (38.5%), spread in 19 (19.8%) patients. Reactive in 46 (46.9%), toxic - 43 (43.9%), terminal stage in 9 (9.2%). This patient after rapid intervention was washed abdominal concoction of a furacilin solution (1:5000) with 10% hypertonic sodium chloride solution in a 2:1 ratio, antibiotics injected lymphotropically.

Deaths in patients with local peritonitis no. Average stay decreased by 3 days, which is significantly less than the I group. Lethality at 1% diffuse, 5.7% diffuse.

In the third group, local peritonitis was 30 (30.3%), diffuse in 43 (43.4%) and diffuse in 26 (26.3) patients. Reactive in 49 (46.2%), toxic in 48 (45.2%) and in 9 (8.4%). In these patients lymphotropic thymalin therapy. [2,4]

The average hospital stay was less than 2 days compared to 2 days of group and 5 days of compared to 1 group. Treatment time reduced to 1.5 and 2 times compared to I and II group.

No deaths at local peritonitis. Diffuse peritonitis lethality was 0.34%, when spilled 2.9%.

As a result of the therapy received, there is a pronounced curative effect, reduced pulse rate, stabilization of AD, reduction of CD, reduction of intoxication, increase percent of lymphocytes and other improvements homeostasis.

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