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Research Article

RESULTS OF CONSERVATIVE TREATMENT OF AUTOIMMUNE DISEASES THROMBOCYTOPENIC PURPURA

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ABSTRACT

Autoimmune thrombocytopenic pur¬¬pur (ATP) is one of the most common forms of hemorrhagic diathesis. It is known that the pathogenesis of ATP is based on an autoimmune process, when, for various reasons, antiplatelet autoantibodies are synthesized in the human body, which also have an antimegakaryocytic orientation.

KEYWORDS

Antimegakaryocytic, thrombocytopenic pur¬¬pur, glucocorticoid therapy, ecchymoses.

INTRODUCTION

ATP is not a rare disease in the structure of hematological pathology. ATP is detected among adults and children, ranging from 1 to 13 % per 100,000 people. For example, in Uzbekistan, ATR is registered among children with a frequency of 1.5-2.0 cases per 100 thousand population (1, 2, 5). According to U. A. Altybaev (1984), Robert-Mc Milan (1997, USA), K. M. Abdukadyrov (2004), N. E. Sukhodoev (2005), the effect of treatment with glucocorticoid therapy (GC) was obtained from 60% to 96%. However,

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glucocorticoid therapy in 20% -100% of cases gives complications, often from the gastrointestinal tract when taking per os.

Therefore, the search for methods of preventing complications and reducing them is constantly ongoing.

The pathogenetic treatment of ATP is the use of glucocorticoid hormones, but taking per os hormones often leads to complications from the gastrointestinal tract (GIT).

Given the pronounced side effects of long-term use of corticosteroids, especially when taking them per os, other methods of corticosteroid administration are being sought to reduce or prevent complications of glucocorticoid (corticosteroid) therapy. In this regard, the inhaled method of administration of corticosteroid hormones to patients with AP deserves attention, although in the available literature we could not find any works devoted to the study of the use of corticosteroid hormones in the form of inhalations in patients with AP. Therefore, the improvement of conservative treatment of ATP is undoubtedly of great scientific and practical interest for modern hematology and surgery.

Research material and methods. The ¬results of conservative treatment¬¬¬¬ of patients with AD were analyzed. We examined and¬ ¬treated 184 patients with the diagnosis of "AP" in the surgical department of the clinic of the Research Institute of G and PC of the Ministry of Health of the Republic of Uzbekistan.¬ There¬ were 102 patients with chronic AP and 82 patients with acute AP. Men-68, women-116. ¬ All patients received hormone treatment: - including traditional ¬treatment-95 patients (men -38 (40.0%), women -57 (60.0%)), hormone inhalation treatment-89-patients (including 36 men (40.4%), and 53 (59.6%) – women).

The following criteria were used to verify APS¬¬¬(except for complaints, medical history, and objective examination): 1. Thrombocytopenia (platelets<150x109/l) in the absence of other deviations ¬in the calculation of formed blood elements. 2.¬ Absence of clinical and laboratory signs of the disease in blood relatives. 3. Normal¬¬ or increased number of megakaryocytes in the bone marrow. 4. The absence of clinical manifestations of other diseases or factors that can cause thrombocytopenia in patients. 5. The effect of corticosteroid therapy.

In addition to general blood and urine tests, biochemical tests, and coagulograms, patients with AP underwent ultrasound examination of internal organs, electrocardiography, X-ray examination of the lungs, and endoscopic examination of the gastrointestinal tract and viral substance according to indications.

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Patients complained of hemorrhagic syndrome: petechiae and ecchymoses on the skin, nasal, uterine bleeding, bleeding from the gums and gastrointestinal tract, which more often appeared when the platelet level was below 30x109/l. The duration of the disease at the time of the first visit to the hospital ranged from 3 days to 6 months in the acute form of ATP. In the anamnesis, the duration of the disease ranged from 6 months to 18 years in the chronic form of ATP, and during this time, patients received hormones in tablets from 2 to 7-8 times.

Corticosteroids were prescribed for traditional treatment of 2-2.5 mg/kg in acute form, 1-1.5 mg/kg in chronic form of ATP per os and parenterally. Inhalation (a solution of prednisone and dexamethasone) was performed on a Boreal nebulizer inhaler (manufactured in Italy) at a dose of 1-2.0 mg/kg. In addition, patients received fibrinolysis inhibitors, vascular wall protectors, biological membrane stabilizers, and topical treatment for nasal and gingival bleeding. Patients with severe anemia were transfused red blood cell mass.

Gastrointestinal complications were found in 39 (21,2%) patients with ATF; gastroduodenitis in 14, gastric ulcer in 3, duodenal ulcer 12 in 2, colitis in 3, gastrointestinal discomfort in 15, stomach pain in 2.

RESEARCH RESULTS

Patients were inhaled at a dose of 1.0 to 2 mg / kg per day¬. Of the 32 patients with OATP, the clinical and hematological effect (CGE) was obtained in 26 (81,3%) patients, with an average of 6.22 bed days, and the clinical effect (CE) in 3 (9,4%) patients, with an average of 7.5bed days. Clinic and clinical-hematological effect (K and CGE) was obtained in 29 (90,7%) patients, on average for 6.99 bed days 3. No effect was obtained in 3 (9,4%) patients. In patients with OATP who received inhaled therapy with corticosteroids, the hemorrhagic syndrome began to disappear on 3-4 days, the platelet count began to rise from 5-7 days of treatment.

62 patients with Acute AP, starting from the first or second day of admission, received together with other GC drugs hormones (prednisone and dexamethasone) in tablets and injections at a dose of 1.5-2.0 mg/kg per day. The results of traditional hormone therapy in adults and children withAacute AP showed that CGE was obtained in 40 (6,5%) patients, with an average of 12.2,2 bed days. CE was obtained in 3 (4,8%) patients, with an average of 1, 8, 5, 5 bed days. K and KGE were obtained in 43 (69,4%) patients, on average for1, 5, 4, 4 bed days. In 19 (30,6%) patients, the effect of hormone therapy was not obtained. Hormone treatment for more than 3-4 weeks of MI was ineffective.

The results of inhalation therapy in adult patients with chronic form A of AP (AXAP). Inhalation was performed at a dose of up to 2 mg/kg per day. Out of 57 patients who received inhalation therapy, CGE was

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26 obtained in 26 (45,6%) patients, with an average of 6, 1 bed days, and CE was 24 obtained in 24 (42,1%) patients with an average of 7, 2 bed days, and in 7 (12,3%) patients without effect. 50 (78,7%) patients received CT and CGE in an average of 6.5 bed days. Starting from 2 and 4 days, hemorrhagic syndrome was stopped in all patients.

62 patients with chronic AHATP received traditional treatment, including HA hormones as pathogenetic therapy at a dose of 1.0-1.5 mg/kg per day. From the traditional treatment of GC with hormones ATP CGE , 13 (22,3%) patients received CGE in 10,3 bed-days on average. Clinical remission (CR) in 34 (52,8%) patients, averaging 1,22,2 bed days. C and CGR were obtained 47 in 47 (75,1%) patients, on average for 1,3,3 bed days, in 15 (24,2%) patients without effect with the preservation of hemorrhagic syndrome. Hemorrhagic syndromes began to disappear from 3-5 days in patients with remission.

Thus: 89 patients with OATP and HATP received dosed cold inhalation of corticosteroids of hormones, while in patients with OATP, C and CGR were obtained in 90.7% of cases in an average of 6.9 days, in contrast to the traditional treatment of 75.1% and in 11.3 days. In patients with AXa, TPK and CGR were obtained in 87.7% of patients, at 6.5 days, on the contrary, in 75.1% and 11.3 days. Patients did not get the effect, they still had skin hemorrhagic diseases, in the form of ecchymoses.

Discussion of the results. Thus, the inhaled method of administration of corticosteroid hormones in a dosed cold ¬form on a Boreal nebulizer device to patients with acute and chronic ATP is not inferior in its results to traditional treatment with oral and parenteral GC administration and has such positive aspects as: no complications from inhalation, good tolerability of the procedure, prevention of neurosis, hysteria, ¬patients with corticosteroid hormone manipulation; absence of withdrawal syndrome; prevention of parenteral infection; cost - effectiveness by reducing the amount of hormones, blood components, and other medications administered by GC and reducing bed days. In comparison with traditional treatment, remission was achieved 3.7% earlier in the acute form of ATP and 4.2% earlier in the chronic form of ITP.

CONCLUSIONS

1. Inhaled administration of corticosteroid hormones in a dosed cold form on a Boreal nebulizer device to patients with acute and chronic forms of ATP is an alternative to the existing traditional method of conservative treatment. From the inhaled administration of HA, in comparison with traditional treatment, remission was obtained earlier in the acute form of ATP by 3.7, in the chronic form of ITP by 4.2 bed days. It prevents a number of complications of corticosteroid therapy and transmission of parenteral hemotransmissive infection.

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2. Inhaled administration of corticosteroid hormones in patients with ATP disease is indicated, especially in children and in people with diseases of the gastrointestinal tract. It is contraindicated in patients with severe general condition on the background of the underlying disease and intolerance to corticosteroid inhalation.

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