

PURULENT DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

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Abstract: various pathological conditions of infectious nature currently occupy dominant positions among human diseases. Despite the different etiology and individual characteristics for inflammatory genesis, certain regularities of pathogenesis and clinical manifestations with application of unified principles of treatment are characteristic in many respects. The development of infection depends on such important factors as virulence and the dose of pathogenic microflora, as well as the immune defense of the body. Great importance is played by the entrance gate to the pathogenic infection, which can enter the body exo or endogenously.

Keywords: infection, bacterium, inflammation, purulent process.

The organism of modern man is always subject to all negative influences. The main reason for this impact on humanity is environmental pollution. Toxic and harmful substances can be present in food, water, in the surrounding atmosphere. But if you look closely! Everyone loves to admire the divine beauty given to us by nature [1]. But few people know that the plants that we meet in our daily lives are much more useful. Even if we take our usual green friends who grow up in every second home. Many green residents of our homes are real sorbents [2]. What is a sorbent?

Are there those who ask this question? So, sorbents are amazing substances that can absorb unnecessary toxins from our body [3]. Sorbents play the role of a connecting link between harmful chemicals. They collect all the garbage and remove them from the body [4].

Few people know that for the first time sorbents were described by Avicenna in one of his works, where he proposes to purify the body of toxins for its own good and for prevention. Draws attention to this teaching and Hippocrates. It was he who, using activated charcoal, carried out the disinfection of wounds [5].

Perhaps, thanks to these remarkable discoveries, today, in an age of complex ecology, mankind has received an excellent opportunity to save its body from many ills, clean it at home and prolong the age of its youth with sorbents. [6]

According to the statistics of the Ministry of Health of the Republic of Kazakhstan, purulent skin and subcutaneous cellular cells in children are found quite often, especially in newborns and children of the first 3 months of life. Frequent occurrence of purulent foci in children is explained by the anatomical and physiological features of the child's organism. [7]. According to available information, at present the number of complications after surgical interventions for purulent diseases reaches 33%.

Analysis of literature data showed that the microflora of a surgical infection varies from year to year. Along with pathogenic staphylococcus a leading role in the development of purulent cells has recently played a Gram-negative flora. [8]. It was found that the cause of purulent processes in many cases are microbial associations, including anaerobes, proteins and E. coli. Many authors divide the course of the wound process into two phases: the first is hydration, during which the wound is cleared of necrotic tissues; the second - dehydration, during which regeneration, epithelization and growth of granulation tissue [9]. A more pathogenetically justified classification was suggested by SS. Girgolaev [10], which is supported by many scientists. According to his data, during the wound process three phases are distinguished; The first phase is the phase of inflammation, during which complex pathophysiological and biochemical processes occur, preparing the wound for subsequent regeneration. During this period, morphological signs of regeneration are not determined. The second phase - the regeneration phase, ends with the filling of the wound with a granulation tissue. In the third phase, scar formation and epithelialization takes place. R. Ross [11] proposed a more concise system of periods of wound healing: the first stage - inflammation; the second - proliferation; the third is the reorganization of the rumen. The first two stages are associated mainly with the formation of granulation tissue, the last stage - with the formation of scar tissue. The most modern in practice is the classification proposed by M.I. Cousin et al. [12]. The authors share the wound process as follows: a) the phase of inflammation, which in turn is divided into the period of vascular changes and necrotic period; b) the second phase is divided into the regeneration period and the period of formation and maturation of the granulation tissue; c) the third phase is divided at the stage of reorganization of the rumen and epithelization. It is necessary to avenge that the late classification is convenient for use in practice. The first period reflects the sum of the successive vascular reactions characteristic of the mechanism of inflammation, and the isolation of the second period - necrolysis - is necessary from the clinical point of view of the course of regeneration and healing processes. It is very important to divide the inflammation phase into two periods. Proceeding from this, therapeutic measures in this period should be aimed at arresting the

inflammation and accelerating the cleansing of the wound. Reorganization of the scar and epithelization are one of the main components, completing the course of the wound process [13]. The classification proposed by the authors well reflects the main stages of the course of the wound process and determines the direction of treatment according to the phases of the course of the healing process. Many authors consider the endogenous pathway leading to the onset of wound infection [14]. This way of infection is possible during operations on the respiratory, gastrointestinal, genitourinary, and before the entry of microorganisms with blood and lymph flow. WHO experts in 1969 proved that the source of postoperative infection is the patient himself. Although the defenses of the body are not lowered and the operations proceeded without infection of the wound, in some cases the wound suppuration occurs, but in others there is no [15].

Important role in the development of purulent process is played by anatomophysiological features of tissues in the field of microflora introduction, dose, virulence and other biological properties of microbes, the state of immunological forces of the macroorganism.

Social problems are inseparable from medical problems. Unsatisfactory sanitary and hygienic living conditions, various negative psychoemotional conditions, lack of care for patients due to episodic patronage surveillance from the polyclinic, absence of close relatives, inadequate nutrition are some of the main reasons for the prolonged course of treatment for purulent infections. [16]

In development, condition and condition, including in other countries. Thus, in a group with a high index of social well-being, the tendency to limit and localize the purulent process is more pronounced. These patients are much less likely to require intensive forms of therapy, the timing of their treatment is relatively shorter, and the outcomes are more favorable.[17] In the group of patients with lower indices of social welfare, against the background of a reduced immune and general biological status, the presence of concomitant somatic diseases, there is a tendency to general intoxication of the organism and generalization of the process. Treatment in these patients is longer, the outcome of the disease is significantly worse than in other groups[18].

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