The results were analyzed according to indices of developing a burning disease, cytological examination, lipid peroxidation study and antioxidant defense (vitamin “E”, ceruloplasmin), pro-inflammatory interleukins (IL-1β, IL-6, IL-8, TNF-α), on the first and 10-th day of therapy. The degree of differences was considered to be significant when p < 0.05.

Results: Due to more active processes developing in the wound earlier terms of forming marginal (7,6 ± 1,6 days) and complete epithelization of wounds (28,2 ± 3,3 days), scarring (31,3 ± 2,4 days) (p < 0,05) were determined for certain in patients of the main group in comparison with patients of the control group (10,7 ± 1,4 days, 20,9 ± 3,8 days, 29,9 ± 2,3 days, 39,7 ± 3,2 days accordingly). Duration of the temperature reaction is 11,9 ± 0,6 days and that of the painful syndrome in the main group made up 13,4 ± 0,7 days. These indices in the control group made up 16,6 ± 0,7 days and 19,9 ± 1,5 days accordingly (p < 0,05).

Cellular composition of the wounds on the first day of therapy did not significantly differ in patients of both groups. In the 21-st day of therapy regenerative and regenerative – inflammatory types of cytograms were determined in patients of the main group while inflammatory and regenerative type of cytograms remained in patients of the control group.

Patients with superficial burns in both groups had excessive and lingering hyperproduction of pro-inflammatory interleukins (IL-1β, IL-6, IL-8, TNF-α). Application of the proposed method furthered the decrease of their level and acceleration of repairation processes. By the 10-th day of therapy in patients of the main group having burning wounds the level of IL-1β content in the serum decreased by 45,5% (from 132,9 [21,5; 302] to 72,4 [8,7; 127,6]), IL-6 – 40% (from 112,5 [51,4; 216,7] to67,5 [13,9; 120,8], IL-8 – 49,3% (from 230,4 [123,8; 328,5] to 116,7 [69,8; 254,6]) and TNF-α – 62,8% (from 43,2 [15,04; 67] to 16,07 [6,7; 45,8]), and in the control group only – 18,3%, 2,9%, 3,6%, 6,5%, accordingly.

At the beginning of therapy there were not significant differences in indices of lipid peroxidation and AOD in patients of both groups. M.u. indices decreased by 46,8% and r.c. indices – by 47,9% in patients of the main group by the tenth day of treatment while m.u. indices decreased by 20,4% and r.c. indices – by 31,7% in patients of the control group. The content of AOD components increased significantly in the main group than in the control one. In patients of the main group the content of vitamin “E” increased by 39,1% and that of ceruloplasmin – by 35,4% and in the control group – by 8,7% and - by 3,6% accordingly.

Conclusion. Application of HBO and antioxidant therapy with dihydroquercetin (Lavitol cosmetic”, BAA “Lavitol – B”), activates the process developing in the wound that allows to improve the results of treatment of patients with superficial burns.

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FEATURES OF BRONCHIAL ASTHMA CLINICAL COURSE IN CONJUNCTION WITH BRONCHIECTASIS

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Abstracts. International data indicate an increase in the prevalence of bronchiectasis in recent years. In connection with the expansion of computer diagnostics abilities and an increase in the detectability of bronchiectasis in various diseases, interest in this problem has greatly increased. Presenting a clinical case of comorbid patient observation with the presence of steroid-dependent bronchial asthma and COPD, the so-called cross-over syndrome, in combination with cystic hypoplasia and bronchiectasis.

Key words: bronchiectasis, bronchial obstruction, bronchial asthma

International data are showing an increase in the prevalence of bronchiectasis in recent years. Bronchiectasis (BE) among other lung diseases are taking part from 10% to 30%. With fluorography of chest organs, it’s detected in 1-2 of 1000 people, and in the survey with the use of bronchography - in 0.5% of the population. According to pathoanatomical studies, bronchiectasis occurs in 2-4% of the adult population. Bronchiectasis in 2/3 of the patients was noted before the age of 20 years. At the age of 10 years, bronchiectasis is equally common in boys and girls, but among adults, men suffer more often than women 1.5-3.0 times [1,2,3].

Material and methods. In connection with the expansion of the possibilities of computer diagnostics (use of high-resolution and spiral computed tomography) and an increase in the detectability of bronchiectasis in various diseases, interest in this problem has visibly increased. In Europe F.C. Ringshausen et al. reported an increase in the number of
The pathophysiological mechanism of development of BE is most correctly understood in terms of the hypothesis of the “vicious circle”: progression of the disease is associated with insufficient evacuation of sputum in the airways, bacterial colonization, inflammation of the respiratory tract and their structural damage. Therefore, the goal of therapy should be to stop or reverse these processes and thereby “break the vicious circle”.

The state of moderate severity, the auxiliary musculature participates in the act of breathing. Chest of emphysematous form, breathing weakened, dry wheezing wheezes on exhalation, BR - 28 per minute. The heart sounds are muffled, rhythmic, the accent of 2 tones on the pulmonary artery. According to CT of chest organs: cystic hypoplasia and bronchiectasis in the lower lobes of both lungs, the internal diameter of the bronchi is greater than the neighboring arteries, there is no typical form of bronchi (the same diameter as the parental branch> 2 cm), the walls of the bronchi are thickened, thin-walled cystic formations, with horizontal levels of fluid levels. The conclusion of fibrobronchoscopy: signs of diffuse endobronchitis, intensity of inflammation III, hyperreactivity of bronchi II, a positive Sul sign. Subsequently, sanative bronchoscopies were performed. In the sprouting on microflora: pneumococcus x106, hemophilic rod x105, sensitive to amoxiclav, cefriaxone, levofloxacin.

Clinical diagnosis: Bronchial asthma, mixed form (atopic, infectious-dependent), severe uncontrolled course, steroid-dependent variant, exacerbation. COPD, mixed type, severe course, exacerbation. Cystic hypoplasia and bronchiectasis of the lower lobes of both lungs. CPH, compensation stage. RI-II. Conclusions. This clinical case is interesting for the patient’s comorbid state - the presence of steroid-dependent BA and COPD - the so-called cross-over syndrome - in combination with cystic hypoplasia and bronchiectasis, which dictates the need for a personified approach to choosing the amount of therapy to achieve asthma control and prevention of exacerbations.

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PECULIARITIES OF HEART RHYTHM DISTURBANCE IN CHILDREN WITH PATHOLOGY OF THE GASTROINTESTINAL TRACT

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Abstract: This article is devoted to the problem of arrhythmias in children with gastrointestinal pathology and their correlation with vegetative nervous system. A comparative assessment of arrhythmias in children with gastrointestinal pathology and without it. Children and adolescents with with gastrointestinal pathology have more wide range of cardiac arrhythmias and conduction failure. There is a group of changes associated with peculiarities of autonomic regulation (bradycardia, rhythm migration). These peculiarities require an integrated approach to the treatment of such patients with the use of vegetotrophic drugs.

Key words: children, gastrointestinal tract, heart rhythm disturbance.

Chronic pathology of the digestive tract in children is one of the topical problems of modern medicine. Extremely wide prevalence of the pathology of the gastroduodenal zone, the incidence of gastrointestinal tract (GI) diseases to the prolonged, recurrent course of frequent development of complications, a decrease in the quality of life of patients, economic losses pose the problem of fighting chronic gastroduodenal pathology in the category of so-