
GENERAL LEVEL OF INTOXICATION IN ACUTE PAROPROCTITIS

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Abstract:

Symptoms of intoxication in acute paraproctitis are one of the most common complaints among proctological diseases. Acute paraproctitis is an acute inflammation of the perirectal rectum, an inflammatory process arising from the anal crypts and anal glands. In 2023, in the clinic named of Rustamov, 50 patients with acute paraproctitis intoxication were studied and underwent surgery. According to the anatomical localization of the primary disease in patients, it manifests itself in different clinical manifestations. Almost all patients showed acute paraproctitis pain. Patients with subcutaneous proctitis complain of perianal discomfort and itching. The pain is often caused by increased pressure on the perineum from sitting or defecation. In acute paraproctitis, symptoms of intoxication such as fever, chills were observed in most patients. We divided the examined patients into 3 groups according to the degree of intoxication. Blood leukocyte intoxication index (LII) was calculated according to the Kalf-Kalif formula.

Keywords: acute paraproctitis, proctology, surgical treatment.

Introduction

Theme actuality: Acute paraproctitis is observed in 5-58% of cases in a severe form (in the ischiorectal, pelviorectal, retrorectal, pelvic cavity), in 4.0% of cases the pus burst into the abdominal cavity, in 1.2% of the cases the thighs and spread to the genitals. After surgery, repeated paraproctitis or rectal leakage occurs in 24-88% of cases, in 627.9%. In order to prevent intoxication in patients, the operation should be performed by a specialist as soon as possible. Acute paraproctitis operations went well in all 50 patients. 60% of the patients have now been discharged from the clinic after recovery, and the remaining 40% of the patients are in satisfactory condition. Timely operation is necessary so that acute paraproctitis of patients does not recur, or it does not turn into rectal fistula, and moreover, it does not lead to anal sphincter deficiency.

According to the location and severity of paraproctitis, a radical and two-stage surgical operation is performed. In a radical operation, the purulent cavity is opened, cleaned, and the purulent channel and internal hole are destroyed. This method is performed in mild forms of paraproctitis. Two-stage operations: 1) the purulent cavity is opened, sanitized, and the inner hole is drained with a ligature. In the second stage, the fistula is cut 2) the purulent cavity is opened and sanitized. In the second stage, the fistula tract is cut. These methods are used in severe forms of paraproctitis. In order to clean the wound from pus and accelerate regeneration, local treatment with antiseptic (3% peroxide, potassium permanganate solution, betadine, dimexide 25% solution) is used.

Vishnevsky liniment, Levomekol ointment once a day or used twice. Local ozone therapy, ultraviolet rays and other physiotherapeutic methods are also used. Antibiotic therapy should be carried out to have a general effect on the purulent inflammatory process. For the etiological treatment of acute paraproctitis, carbapenem derivatives, drugs of the cephalosporin group, and relatively less drugs of the penicillin and fluoroquinolone groups with a general effect are used. In order to reduce intoxication and speed up wound healing, it is advisable to use local antiseptic treatment and detoxification agents in addition to antibiotic therapy. Reosorbilact, Succinasol, Sorbilact and other saline infusion preparations are used as detoxification drugs. Succinasol, which contains succinic acid, is a natural metabolite of the Krebs cycle in cell metabolism, which increases the production of ATF. Therefore, it increases microcirculation in tissues, enhances regeneration, and helps in rapid recovery of hemodynamics.

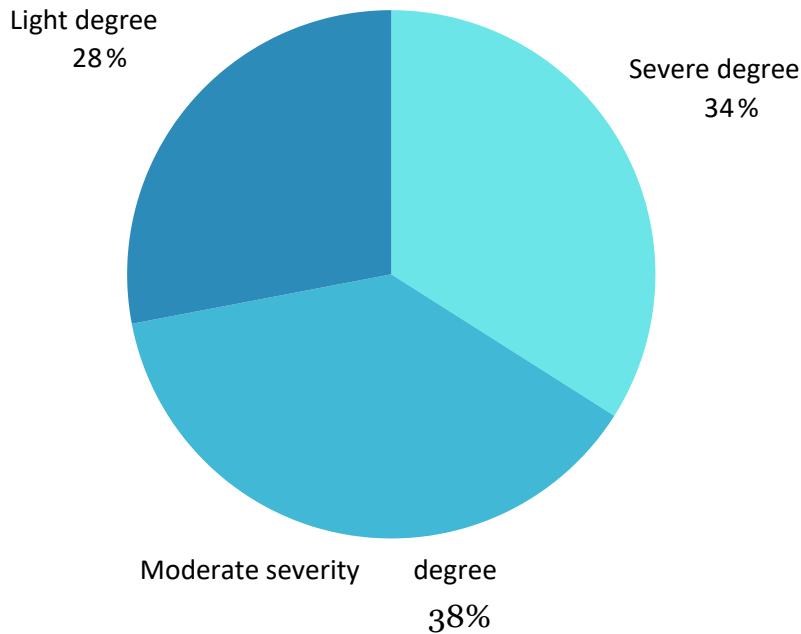
Aim of research. Assessment of general intoxication levels in patients.

Materials and methods. The intoxication levels of patients were analyzed of Rustamov's clinic in the Tashkent. In 2023, acute paraproctitis intoxication levels were studied in 50 patients. The age of the patients under observation is 22-70, 32 of the patients are male and the remaining 18 are female. Patients were treated for 4-12 days. All patients underwent surgery under spinal anesthesia to open the purulent cavity and rehabilitate. In the postoperative period, local antiseptics were used once or twice a day. According to the level of intoxication, the examined patients were divided into 3 groups: light, medium, and severe. The blood leukocyte intoxication index (LII) was calculated according to the

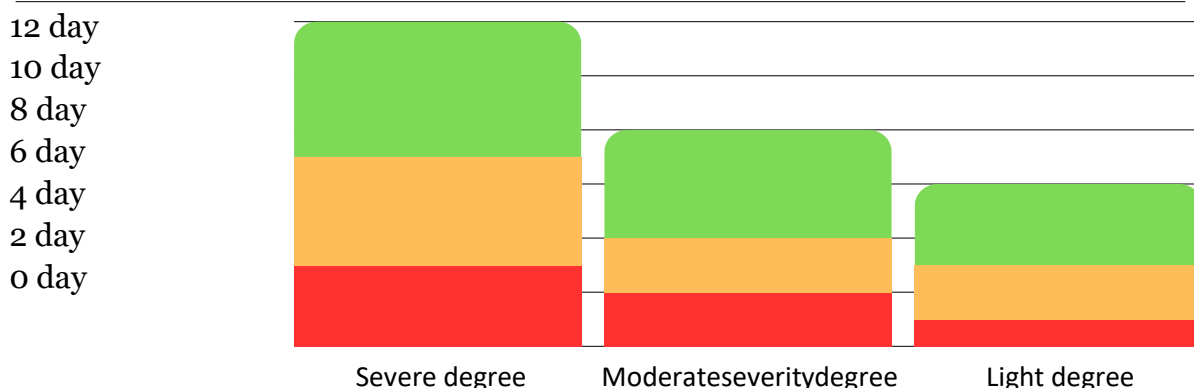
$$LII = \frac{(4M+3Y+2B+S) \times (Pl+1)}{(L+Mon) \times (E+1)}$$

where M -myelocytes, Y -young, B -banded nucleus neutrophils, S -segmented nucleus neutrophils, Pl -plasma cells, L -lymphocytes, Mon-monocytes, E -eosinophils. In the norm LII is 1.0 ± 0.5 In addition, it is necessary to consider hemoglobin, erythrocyte and ESR in patients.

The results of the research. The results showed that acute paraproctitis patients had lower levels of intoxication after surgery. In the preoperative period, 14 patients had an average LII of 4.2 ± 1.1 severe intoxication, 19 patients had an average LII of 3.9 ± 0.8 moderate intoxication, and 17 the average LII in the patient is 3.2 ± 0.7 mild level of intoxication. Levels of intoxication of patients in the preoperative period LII Kalf Kalif formula percentage indicators:



Changes in intoxication levels in patients after surgery during 12 days



According to the results of the analysis: patients with a mild degree of intoxication were discharged from the clinic on 6 days, patients with a moderate degree of intoxication on 8 days, and patients with a severe degree on 12 days.

Conclusion. The operation is performed under lumbar anesthesia. The main task of the surgeon is to make a wide incision of the purulent cavity, to find its internal hole using a special probe and cut it, to clean it with antiseptic and to determine the location of the anal sphincter of the fistula.

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