Complex Treatment in Severe Forms of Acute Paraprocitis (Clinical Case)

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ABSTRACT

Acute Para proctitis is observed in 5-58% cases in a severe form (isheorectal, pelviorectal, retrorectal) (Sheligin Y.A. 2015, Musin A.I. 2017). In severe forms, the wound is cleared of purulent-necrotic tissue and regeneration is slow, and general intoxication is observed. Various means and methods are successfully used after opening the OP to reduce the time of wound cleaning and improve regenerative processes in it. This includes medicinal preparations based on proteolytic enzymes, chemical antiseptics, ointments and polyethylene glycols.

Keywords: Para proctitis, proteolytic enzymes, chemical antiseptics, ointments

Relevance of the problem: Acute paraproctitis is observed in 5-58% cases in a severe form (isheorectal, pelviorectal, retrorectal) (Sheligin Y.A. 2015, Musin A.I. 2017). In severe forms, the wound is cleared of purulent-necrotic tissue and regeneration is slow, and general intoxication is observed.

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B.M. Datsenko (1995) used water-soluble Levomekol, Levosin, Dioxykol, Oflotrimol S ointments, A.SH. Niyazov (2007) treated the purulent cavities with immobilized proteinases, combined with a puncture-wash sanitation, and then affected the purulent focus with an infrared laser "needle". M.F. Mustafoeva, M.M. Mamedov (2011) used an infrared low-intensity laser in combination with the composition "imozimase + metrogil P" to improve the results of surgical treatment in patients. A. P. Vlasov, I. V. Kulygin (2013) present the results of the treatment of patients with O'P, who received standard basic therapy, including antimicrobials, antihistamines, detoxification therapy, in addition, antioxidant Remaxol was prescribed and ozonated isotonic Nacl solution was intravenously infused. A.L. CHaryshkin, I.N. Dementiev (2013) used the method of local lymphotropic therapy.

K.I. Sergatsky et al. (2015), conducting bacteriological studies after the opening of the OP in the patient, suggested the most optimal algorithm for empiric antibiotic therapy - a combination of third-generation cephalosporins, aminoglycosides of the 2nd-3rd generation, or penicillins, including in the postoperative period, if necessary If there is, it is suggested to change the antibacterial drugs.

V.Z. Zagirov, Sh.A. Abdullaev (2005) shows that magnetophoretic wound healing reduces the time of their inpatient treatment, including postoperative complications.

Koplatadze et al. (2008) found that the introduction of ultraviolet light into the complex of treatment of patients with OP, including putrefactive and anaerobic, helps to improve the general condition more quickly, reduce pain and improve regenerative processes in the wound.

A. Wilhelm (2011) used the FiLaTS™ (Bio-lites, Germany) laser device with a wavelength of 1,470 nm and a power of 13 watts in combination with surgical treatment of acute and chronic paraproctitis.

E. Ozturk, B. Gulsu (2014) successfully used a 15-watt laser probe with a wavelength of 1470 nm and a repetitive energy of 100-120 J / cm for the treatment of anorectal diseases.

Great importance should be attached to immunocorrective treatment in patients with OP. Sufiyarova R.S. et al. (2012) report the successful use of lysozyme in combination with polyvalent bacteriophage in patients with OP in the postoperative period. A.L. Charyshkin, I.N. Dementiev (2013) developed a method of regional endolymphatic therapy in a patient with OP and introduced it into practical health care.

The good effect of using electroactivated solutions in the treatment of wounds after opening OP was reported by V.V. Alekseevnina et al. (2011) studied [157].

To estimate the dynamics of the inflammatory process, K.I. Sergatsky et al. (2015) studied the electrochemical parameters of wound contents in 62 patients with acute aerobic paraproctitis.

In order to reduce intoxication and accelerate wound healing, it is advisable to use detoxification drugs in addition to local antiseptic treatment and antibiotic therapy.

The aim of the problem. In severe forms of acute paraproctitis, reduction of general intoxication and acceleration of wound healing by using Succinasol drug with antibiotic therapy.

Material and method. The general condition and wound healing of patient K, who underwent the operation "Opening and sanitizing a purulent cavity" with the diagnosis of "acute horseshoe-pelviorectal paraproctitis" on 07/09/2022 at the "Soglom Umr" clinic in Tashkent city, were studied.

Results. Patient K came with complaints of severe pain in the back anal area, fever, and general weakness. The patient started having pain for 1 week from the anamnesis, and during the last 3 days, it started to bother him more. Redness, swelling and pain are detected in the back perianal area from 3 to 9 clockwise during local drying. It is not possible to see the rectum with a finger, there are severe pains and sphincterospasm. Body temperature 37-39C. The amount of leukocytes in the general blood analysis is 20.8x10*3/l. Leukocyte index intoxication (LII) – 4.1. Patient K underwent the operation "Opening and sanitizing the purulent cavity" under spinal anesthesia. During the operation, a purulent cavity was opened in the perianal area at 6 o'clock clockwise parallel to the sphincter with a 3 cm incision, 80-100 ml of white-brown pus was released. When the purulent cavity was examined, it was found that the back of the rectum and the sphincter continued along both sides. Therefore, the incision was expanded on both sides, the purulent cavity was cleaned with 3% peroxide solution, and hemostasis was performed using a coagulant. The wound was treated with betadine solution and a bandage with Vishnevsky ointment was applied.

In the postoperative period, the patient was injected with antibiotic - ceftriaxone 1.0 v/v every 12 hours, detoxification - succinasol 200 ml v/v 2 times a day, analgesic - diclofenac 3.0 v/m. The operative wound was washed twice a day with 3% peroxide solution, and a bandage with Vishnevsky and Levomekol ointment was applied. From the 2nd day after the operation, the patient was activated, his general condition improved. Body temperature, blood leukocyte count and LII decreased during day-to-day testing:

	Body temperature	Leukocyte (x10*3)	LII
Day 1	38-39C	20,8	4,1
Day 3	37-37,5C	14,3	1,8
Day 5	36,6-36,7C	10,4	1,2

The postoperative wound began to ooze on the 3rd day with daily dressing changes, and on the 5th day it was completely oozing and turned pale red. From the 7th day after the operation, a growth line appeared on the edges of the wound. The patient was under ambulatory control from the 5th day, and the healing of the wound was monitored. From the 15th day, the

pain and discomfort in the patient decreased, the regeneration of the wound increased. At the age of 1 month, the edges of the wound were reduced and scars were formed, so the oblepikha candle was kept burning. On the 45th day, it was found that the wound was completely healed.

Summary. In patients with severe forms of acute paraproctitis, in addition to local antiseptic and general antibacterial treatment, the effect of treatment was increased by using the detoxifying, antihypoxic and tissue metabolism enhancing drug - succinasol. LII, one of the common signs of intoxication, was relatively reduced in the case of succinasol, and the wound was cleared of pus and necrotic tissue faster.

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