

UDK: 616.04-089-233-072.1

TRACHEO BRONCHOFIBROSCOPY FOR PULMONARY BLEEDING

Gafurov Zohijon Karimovich, Salakhiddinov Kamoliddin Zuxriddinovich

1 - Andijan State Medical Institute, Republic of Uzbekistan, Andijan;

2 - Andijan branch of the Republican Scientific Center for Emergency Medical Care, Republic of Uzbekistan, Andijan

ЎПКАДАН ҚОН КЕТИШДА ТРАХЕОБРОНХОФИБРОСКОПИЯ

Гафуров Зоҳиджон Каримович, Салахиддинов Камолиддин Зухриддинович

1 - Андижон давлат тиббиёт институти, Ўзбекистон Республикаси, Андижон ш.;

2 - Республика шошилинч тиббий ёрдам илмий маркази Андижон филиали, Ўзбекистон Республикаси, Андижон ш.

ТРАХЕОБРОНХОФИБРОСКОПИЯ ПРИ ЛЕГОЧНЫХ КРОВОТЕЧЕНИЯХ

Гафуров Зоҳиджон Каримович, Салахиддинов Камолиддин Зухриддинович

1 - Андижанский государственный медицинский институт, Республика Узбекистан, г. Андижан;

2 - Андижанский филиал Республиканского научного центра экстренной медицинской помощи, Республика Узбекистан, г. Андижан

e-mail: docmuslim@bk.ru

Резюме. Ўпка қон кетиши, турли патологик шароитларнинг оғир асоратлари бўлиб, ихтисослашган бўлимларда этиология ва патогенезни ҳисобга олган ҳолда диагностика, даволаш ва олдини олишга комплекс ёндашувни талаб қилади. Ҳозирги вақтда ўпка қон кетишини даволаш тактикаси гемостатик терапия, эндоскопик кўриш усуллари, рентген эндоваскуляр жарроҳлик усуллари, шунингдек даволашнинг жарроҳлик усуллари биргаликда қўлланган иборат. Ушбу патология билан оғриган беморларни даволаш натижаси кўп жиҳатдан ушбу асоратга олиб келган сабабга, шикастланган томирнинг калибрига, қон кетишининг табиати ва ҳажмига, ўз вақтида ихтисослаштирилган ёрдам кўрсатишга боғлиқ. Ушбу мақолада Республика шошилинч тиббий ёрдам илмий марказининг Андижон филиалининг Торақоваскуляр жарроҳлик бўлимида текширилган ва даволанган 394 бемор учун 2015 йилдан 2019 йилгача ўз даволаш материаллари келтирилган.

Калит сўзлар: ўпкадан қон кетиши, диагностика, даволаш, трахеобронхофиброскопия.

Abstract. Pulmonary hemorrhage, being a severe complication of various pathological conditions, requires an integrated approach to diagnosis, treatment and prevention, taking into account the etiology and pathogenesis in specialized departments. Currently, the tactics of treatment of pulmonary hemorrhage consists of the combined use of hemostatic therapy, endoscopic imaging methods, X-ray endovascular surgery methods, as well as surgical methods of treatment. The result of treatment of patients with this pathology largely depends on the cause that led to this complication, the caliber of the damaged vessel, the nature and volume of bleeding, timely provision of specialized care. This article provides its own treatment material for 394 patients with this pathology examined and treated in the department of thoracovascular surgery of the Andijan branch of the Republican Scientific Center for Emergency Medical Care from 2015 to 2019.

Key words: Key words: pulmonary hemorrhage, diagnosis, treatment, tracheobronchofibroscopey.

Pulmonary hemorrhage is a formidable pathology that determines the probability of a fatal outcome of various diseases and injuries.

According to the clinical recommendations approved at the V International Congress "Current trends in modern cardiothoracic surgery" dated June 25-27, 2015 in St. Petersburg, up to 50 nosologies and manifestations of other diseases in the form of syndromes can play a role in the occurrence of pulmonary bleeding.

In particular, the following are highlighted

1. Infectious diseases such as tuberculosis, abscess and gangrene of the lungs, pneumonia of various genesis, parasitic infections.
2. Bleeding associated with any medical diagnostic or therapeutic manipulations, such as bronchoscopy, puncture or drainage of the pleural cavity, catheterization of central vessels.
3. Bleeding associated with traumatic effects on organs and tissues, these are gunshot wounds or cold weapons, catatrauma, the results of an accident, etc..
4. Bleeding associated with oncological pathology is singled out separately.
5. Related to vascular pathology, such as thromboembolism of large and parenchymal vessels, as well as diseases of the cardiovascular system.
6. Pulmonary hemorrhages associated with violations of the morphological composition of the blood and, consequently, changes in the rheology of the blood - hemophilia, thrombocytopenia, platelet dysfunction, DIC syndrome).
7. Diseases of the vessels themselves and other causes of bleeding in the form of endometriosis, pneumoconiosis, etc.

As can be seen from the above, the causes of pulmonary bleeding are diverse, but they can all lead to a fatal outcome, and the main component of this is not acute blood loss, but acute respiratory failure associated with the obstruction of the tracheobronchial tree with blood.

From 2015 to 2019, 394 patients hospitalized for pulmonary bleeding were treated in the Department of Thoracic vascular Surgery of the Andijan branch of the Republican Scientific Center for Emergency Medical Care.

Of these, there were 206 males (52.2%), 188 females (47.7%), aged from 18 to 70 years.

At admission in 32 (8.1%) patients, the clinic of severe posthemorrhagic anemia prevailed, in 76 (19.2%) severe intoxication and respiratory insufficiency prevailed, in 11 (2.8%) cases patients with oncoprocess admitted at night, 35 (8.9%) patients with cardiological pathology. In 240 (61%) patients, episodes are not associated with any pathology and occurred against the background of a relatively prosperous condition.

Complaints of shortness of breath and a feeling of lack of air in 284 (72%) cases, general weakness in 178 (45%) cases, fever in 97 (24.6%) patients, pain in one or another half of the chest in 92 (23.3%) cases, cough with the release of saturated bloody sputum in 273(69.2%) cases, an episode of "full mouth" bleeding in 117 (29.6%) patients and in 4(1%) cases profuse bleeding.

All patients were examined according to the clinical protocols in force in the RNCEMP system. Anemia of one degree or another was detected in 382 (97%) patients, in 12(3%) patients with hemoptysis, the red part of the blood is normal, leukocytosis was detected in 123 (31.2%) cases, a decrease in total protein in 189 (48%) cases.

Polypositional X-ray and radiography revealed the presence of inflammation in 147 (37.3%) cases, enlarged heart borders in 53 (11.4%) cases, the presence of an oncological process in 11 (2.8) cases, the presence of complicated echinococcal cysts was revealed in 14(3.5%) patients. In 169 (43%) cases, X-ray examination revealed no pathology.

After a short course of hemostatic therapy, 342 (86.8%) patients underwent diagnostic tracheobronchofibroscopy,

At the same time, in 153 (44.8%) cases, multiple erosions were found to be the cause of bleeding, in 23 (6.7%) observations, the presence of an undiagnosed oncological process, and in 166 (48.5%) cases, the volume of the examination of pathology from the tracheobronchial tree did not reveal.

Thus, patients with pulmonary hemorrhage need to be hospitalized and examined to identify the cause of bleeding and to resolve issues of further treatment tactics. Separately, it is necessary to say about the significant role of tracheobronchofibroscopy in the diagnosis and treatment of patients with this pathology.

Literature:

1. Vencevicius V., Tsitsenas S. Diagnosis and treatment of pulmonary hemorrhages of various etiologies. Probl. tube. and lung pain. 2005;1: 40–43.
2. Levin A.V., Tseymakh E.A., Zimonin P.E. Treatment of pulmonary hemorrhages. Part 1. Etiology, pathogenesis, conservative treatment, collapse therapy, endoscopic methods. Probl. klin. med. 2008; 1: 90-95.
3. Levin A.V., Tseymakh E.A., Pletnev G.V. et al. The use of valvular bronchoblocation in patients with pulmonary hemorrhage with widespread tuberculosis. Probl. klin. med. 2006; 2: 61-66.
4. Utkin M.M., Kirgintsev A.G., Sviridov S.V. and others. Intubation of the trachea and bronchi in pulmonary bleeding. Anesthesiol. and reanimatol. 2004; 2: 32-34.
5. Poddubny B.K., Belousova N.V., Ungiadze G.V. Diagnostic and therapeutic endoscopy of the upper respiratory tract. M.: Practical medicine; 2006.
6. Yakovlev V.N., Rozikov Yu.Sh., Alekseev V.G., etc. The use of bronchoscopic methods of diagnosis and treatment in a multidisciplinary hospital. Moscow Medical Journal 2011; 2: 7-15.
7. Valipur A., Kreutzer A., Koller H. and others . Therapy with local hemostatic tamponade under the guidance of bronchoscopy for the treatment of life-threatening hemoptysis. Chest 2005; 127:2113-2118.
8. Zhan 3., Babtist E. Treatment of hemoptysis in the emergency department. Hospice. Doctor 2005; 1: 53-59.

ТРАХЕОБРОНХОФИБРОСКОПИЯ ПРИ ЛЕГОЧНЫХ КРОВОТЕЧЕНИЯХ

Гафуров З.К., Салахиддинов К.З.

Резюме. Легочное кровотечение, являясь тяжелым осложнением различных патологических состояний, требует комплексного подхода к диагностике, лечению и профилактике с учетом этиологии и патогенеза в условиях специализированных отделений. В настоящее время тактика лечения легочного кровотечения состоит из комбинированного использования гемостатической терапии, эндоскопических методов визуализации, методов рентгенэндоваскулярной хирургии, а так же оперативных методов лечения. Результат лечения пациентов с данной патологией во многом зависит от причины приведшей к данному осложнению, калибра поврежденного сосуда, характера и объема кровотечения, своевременного предоставления специализированной помощи. В данной статье предоставлен собственный материал лечения 394 пациентов с данной патологией обследованных и получавших лечение в отделении торакососудистой хирургии Андijanского филиала Республиканского Научного центра экстренной медицинской помощи с 2015 по 2019 годы.

Ключевые слова: легочное кровотечение, диагностика, лечение, трахеобронхофиброскопия.