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7 ЖИЛД, 6 СОН

ЖУРНАЛ БИМЕДИЦИНЫ И ПРАКТИКИ

ТОМ 7, НОМЕР 6

JOURNAL OF BIOMEDICINE AND PRACTICE

VOLUME 7, ISSUE 6



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УДК 616.001.17-07-084+616-089

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BURN SEPSIS - A TERRIBLE COMPLICATION THERMAL INJURY

For citation: Akhmedov Rakhmatillo Furqatovich, Karabaev Khudoiberdi Karabaevich, Tuxtayev Firdavs Muxiddinovich. Burn sepsis - a terrible complication thermal injury. Journal of Biomedicine and Practice. 2022, vol. 7, issue 6, pp. 372-375

 <http://dx.doi.org/10.5281/zenodo.7585759>

ANNOTATION

One of the most severe complications leading to high mortality is sepsis of burn patients, accompanied by the formation of secondary metastatic purulent foci in various organs and tissues. Its development is preceded by bacteremia resulting from the translocation of bacteria from many reservoirs of infection into the bloodstream. An indispensable condition for the formation of secondary foci of infection is the insufficiency of natural immunity factors and immunodeficiency, which develop as a result of a severe burn injury.

Keywords: burn sepsis, microflora, diagnostics.

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ОЖОГОВЫЙ СЕПСИС - ГРОЗНОЕ ОСЛОЖНЕНИЕ ТЕРМИЧЕСКОЙ ТРАВМЫ

АННОТАЦИЯ

Одним из наиболее тяжелых осложнений, приводящих к высокой летальности, является сепсис обожженных, сопровождающийся образованием вторичных метастатических гнойных очагов в различных органах и тканях. Его развитию предшествует бактериемия, возникающая в результате транслокации бактерий из многих резервуаров инфекции в русло крови. Непременным условием образования вторичных очагов инфекции является недостаточность факторов естественного иммунитета и иммунодефицит, которые развиваются в результате тяжелой ожоговой травмы.

Ключевые слова: ожоговый сепсис, микрофлора, диагностика.

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KUYISH SEPSISI - TERMIK SHIKASTLANISHNINIG OG'IR ASORATLARI

ANNOTATSIYA

O'lim ko'rsatkichining yuqori bo'lishiga olib keladigan eng og'ir asoratlardan biri bu turli organlar va to'qimalarda ikkilamchi metastatik yiringli o'choqlarning shakllanishi bilan birga kechadigan kuyish sepsisidir. Uning rivojlanishidan oldin bakteriyalarning ko'plab infeksiya rezervuarlaridan qonga o'tishi natijasida kelib chiqadigan bakteremiya kuzatiladi. Ikkilamchi infeksiya o'choqlarini shakllantirishning ajralmas sharti tabiiy immunitet omillarining yetishmasligi va og'ir termik shikastlanishi natijasida rivojlanadigan immunitet tanqisligi hisoblanadi.

Kalit so'zlar: kuyish sepsisi, mikroflora, diagnostika.

INTRODUCTION. Sepsis is a pathological process, which is based on the reaction of the body in the form of generalized (systemic) inflammation to an infection of various nature [1]. The problem of diagnosis and treatment of generalized infection in severely burned patients, which consistently ranks first among the possible causes of death in patients with extensive burns, still remains relevant, since mortality from burn sepsis, according to various authors, ranges from 23 to 82% [2].

PURPOSE OF THE STUDY. To study the composition of the microflora in blood and wounds in severely burned patients with sepsis and to improve the outcome of thermal injury.

MATERIALS AND METHODS. To fulfill the tasks of assessing the prognostic and diagnostic value of a number of laboratory markers of burn sepsis in severely burned patients, we conducted a prospective study, during which the main attention was paid to identifying the etiology of the process using bacteriological and cytological data.

To achieve the goals and objectives before the study, data from a total of 130 victims with thermal injury were used, who were treated in the combustiology department of the Samarkand branch of the RSCMC from 2017 to 2020.

The patients were aged 17 to 76 years (average 48.5 ± 2.0 years). Of these, there were 74 men (56.9%), women - 56 (43.1%). 82 (63.1%) victims were of working age. All observed patients had an area of deep IIIB-IV degree burns over 20% (up to 85%) of the body surface (average $41.5 \pm 2.5\%$).

According to clinical and laboratory data (hemoglobin (Hb), albumin - globulin test (A/G), lymphocytes, leukocytes, body temperature above 38°C) and bacteremia recorded in patients more than 3 times, we diagnosed sepsis in 80 burned patients. .

The microflora and its sensitivity to antibacterial agents were analyzed in 45 patients, aged 17 to 76 years (mean age 41.5 ± 4.3), there were 29 men and 16 women. The area of deep burns ranged from 25% to 65 % of the body surface (average $39.5 \pm 5\%$). The examination was carried out at admission, then on days 4-5 and 10-15 of treatment. Blood for sterility was taken from the central vein. The cultivation of microorganisms was carried out according to the standard method of microbiological analysis of blood on a double medium. The result was evaluated by the presence of colonies of microorganisms. In addition, the analysis of crops from wounds for microflora was carried out. In isolated pathogenic and conditionally pathogenic microorganisms, sensitivity to 15-20 antibiotics produced in far and near abroad was determined.

RESULTS AND DISCUSSION: In blood cultures with positive results, *S. Aureus* (13 cases - 37.2%), *Enterococcus* (10-28.6%), *Ps.aeruginosa* (5-14.3%) prevailed, and 74.3% of the pathogens were multiresistant strains (Table 1).

Table 1

The structure of pathogens isolated from the blood of burn patients

Type of pathogen	Number of samples		Including resistant	
	Abs.	%	Abs.	%
S. aureus	13	37.2	eleven	31.4
Enterococcus	ten	28.6	ten	28.7
Ps. aeruginosa	5	14.3	2	5.8
S. epidermidis	3	8.6	one	2.8
Candida	2	5.7	0	0
E. coli	one	2.8	one	2.8
Acinetobacter	one	2.8	one	2.8
Total samples	35	100	26	74.3

From wounds with positive results, S. Aureus (42 cases - 37.8%), bacteria of the Escherichia coli group (30-27.1%), Ps.aeruginosa (20-18%) were predominantly sown. Polyresistance of microorganisms sown from wounds to antibacterial drugs was noted in 63.1% (Table 2).

Table 2

The causative agents of suppuration of burn wounds

Type of pathogen	Number of samples		Including resistant	
	Abs.	%	Abs.	%
S. aureus	42	37.8	37	33.3
E. coli	thirty	1 27.1	ten	9.1
Ps. aeruginosa	twenty	18.0	eleven	9.9
S. epidermidis	ten	9.0	3	2.7
Streptococcus	four	3.6	four	3.6
Enterococcus	3	2.7	3	2.7
Acinetobacter	2	1.8	2	1.8
Total samples	111	100	70	63.1

In patients with critical and supercritical deep burns, the risk of developing generalized infectious complications of burn disease increases significantly. In this regard, in patients with extensive deep burns of more than 20% of the body surface, we include antibacterial therapy in order to prevent and then treat complications of burn disease in complex therapy immediately after the patient is removed and the state of burn shock. All antibacterial drugs are administered to these patients intravenously. An absolute indication for immediate and intensive antibiotic therapy is the development of infectious complications of burn disease. The appointment of antibacterial drugs for burned patients should be based on a comprehensive assessment of their condition, taking into account the extent of the damage, its depth, the stage of the burn disease, its complications,

A comparative analysis showed that the developed and implemented principles of intensive complex therapy for burn sepsis and rational surgical tactics in patients with deep burns contributed to a decrease in overall mortality in the second period (2017-2020) compared to the first (2014-2016) - from 72.5% to 45%.

CONCLUSION: The rational use of antibiotic therapy in the complex treatment of burn patients can reduce the frequency and severity of infectious complications of burn disease, but to this day they are a serious threat to the lives of victims with thermal injury. That is why the continuous improvement of methods for the prevention and treatment of burn sepsis remains one of the priority tasks of combustiology.

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БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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ЖУРНАЛ БИМЕДИЦИНЫ И ПРАКТИКИ

ТОМ 7, НОМЕР 6

JOURNAL OF BIOMEDICINE AND PRACTICE

VOLUME 7, ISSUE 6

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