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# «YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB

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## VAC-therapy in the Treatment of Patients with Phlegmons of the Neck, with Diabetes Mellitus

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#### BACKGROUND

The developed phlegmon in the neck is aggravated by the presence of concomitant diseases, in particular diabetes mellitus. A danger to the life of a patient with phlegmon of the neck is due to the anatomical and topographic features of this area, the rapid spread of the inflammatory process through the cellular spaces, and the development of mediastinitis and generalisation of the infection. Our study aimed to investigate VAC therapy's effectiveness in treating patients with phlegmon of the neck in diabetes mellitus.

### MATERIAL AND METHODS

This study included 29 patients with diabetes mellitus who developed cervical phlegmon, without age restrictions, for the period from 2018 to 2019. The patients were divided into two groups: the leading group - 16 and the control group - 13. A distinctive feature was the use of traditional treatment methods in the control group, which consisted of drainage and subsequent ointment dressings according to the phase of the wound process. In the leading group, a hydrophobic polyurethane sponge dressing with an average pore size of 1066 µm was used, which was cut to the size and shape of the existing postoperative cavity and placed in the wound defect. A drainage tube with an adapter

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was placed over the sponge, and the dressing was sealed with an incisional film. The RE-NASYS device was used as a source of negative pressure. GO, Smith&Nephew (USA). The level of negative pressure was 100 mm Hg. The dressings were changed once every 3 or 5 days.

### RESULTS

Reduction of bacterial contamination of wound tissues below critical with NPWT was achieved on average by day 3 versus day 7 with traditional methods of local wound treatment. On the 7th day of treatment, the degree of bacterial contamination of wounds in the leading group averaged 102 -103 microbial cells per 1 g of tissue, in the comparison group - 105. The average duration of inpatient antibacterial therapy was 5.2 days in the leading group and 12.6 days in the comparison group. In the control group, the process progressed in 4 patients; mediastinitis developed, which led to repeated

drainage operations and in 2 cases, the patients died. Such complications were not observed in the leading group. Comfort for patients is also of great importance when in the leading group; due to active aspiration and the creation of hermetic conditions, the number of dressings and, accordingly, negative sensations that persisted in the control group were reduced.

### **CONCLUSION**

Including VAC therapy in treating patients with phlegmon of the neck contributes to the fastest possible cleansing of the wound cavity, speedier relief of manifestations of the systemic inflammatory reaction and a reduction in the length of stay of patients in the hospital. Widespread implementation prevents the development of mediastinitis and, accordingly, reduces mortality.