TASHKENT MEDICAL ACADEMY

Journal of Educational and Scientific Medicine

Special Issue 5
Volume 2 | 2024

OAK.uz
Google Scholar

ISSN: 2181-3175

Special issue of
«JOURNAL OF EDUCATION AND SCIENTIFIC MEDICINE»
Volume 2, Issue 5
ISSN: 2181-3175

ISSN: 2181-3175

«YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI»

Ilmiy-amaliy konferentsiyaning tezislar to'plami

Toshkent, 28 oktyabr, 2024

Journal of Education & Scientific Medicine

ISSN 2181-3175

Tashkent Medical Academy

Special issue

Open © Access

Modern Combined Treatment of Lung Abscesses in Diabetic Patients

[1]Khamdamov Sh.A.

BACKGROUND

The standard treatment for lung abscess consists of systemic antibacterial therapy, which is based on the suspected or proven bacterial spectrum of the abscess. Secondary abscesses, despite targeted antimicrobial therapy, are associated with a poor prognosis, which depends on the general condition of the patient and the underlying disease; lethality reaches 75%. Negative prognostic factors are old age, severe concomitant diseases, immunity suppression, bronchial obstruction and neoplasms. Surgical intervention due to the failure of conservative treatment is required only in 10% of patients, while the probability of success reaches 90%, and postoperative mortality ranges from 0 to 33%. The success of treatment after percutaneous drainage is achieved in 73-100% of cases with an acceptable (0-9%) mortality rate. Treatment of lung abscesses requires an integrated approach consisting of local (vacuum aspiration of the cavity contents) and in general (a combination of several antibiotics, infusions of general strengthening and protein preparations).

MATERIAL AND METHODS

In the department of general and pediatric surgery complications of diabetes mellitus in the clinic of the Tashkent Medical Academy, 28 patients aged 22 to 68 years have been cured over the past 1.5 years. Of these, 8 are women, 20 are men. In most patients, the abscess was located in the middle and lower lobes of the right lung. All patients have type II diabetes from 4 to 15 years. Comprehensive diagnostics of patients and clinical and biochemical analyses included overview radiography of the lungs and chest MSCT. Analysis of instrumental studies' results showed that the cavities' diameters were from 5 to 16 cm. In 4 patients without diabetes mellitus, multiple abscesses with a diameter of 2 to 4 cm were found. These patients are not included in this analysis.

[1] Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: sheralikhamdam1010@gmail.com

How to Cite: *Khamdamov Sh.A. Modern combined treatment of lung abscesses in diabetic patients / Scientific-Practical Conference «Current Problems of Surgical Soft Tissue Infections», Tashkent, 2024, October 28 // Journal of Educational & Scientific Medicine (Special issue), 2024. Vol. 2, Issue 5, P. 33–34.*

RESULTS

From the first day, an endocrinologist consulted all patients and received sugar-reducing drugs. Treatment in a hospital, if the patient's condition is allowed and no severe respiratory failure is observed, includes the appointment of antibiotic therapy in loading doses from the first day to create a specific background. On 2 to 3 days after the start of antibiotic therapy, patients underwent transthoracic drainage with puncture and drainage of the abscess cavity and sampling of material for bacteriological seeding with determination of sensitivity to antibiotics. It should be noted that patients were simultaneously prescribed several types of broad-spectrum antibiotics in shock doses. For example: cefoperazone 2 grams + sulbactam 1 gram, 2 times a day, for two days. From the third day, all patients received cefoperazone 1 gram + sulbactam 0.5 grams, 2 times a day. Along with this, all patients received clindamycin 600 mg 2 times a day. In the absence of an increase in urea and creatinine in the blood, patients were prescribed amikacin 0.5 grams 2 times a day to enhance the effect of antibiotics. At the same time, all patients were connected to a vacuum aspiration apparatus after drainage of the abscess cavity. The cavity was sanitized 4 times daily with antiseptic solutions (Dioxidin, Decasan) and antibiotics (metronidazole, ciprofloxacin) to speed up the purification process. The cavity was washed for an average of 5 days, and aspiration was stopped after purification of the discharge from purulent impurities. If no pathological discharge appeared during the next 2 days, the drainage tube was removed after a control radiography. By day 7-8, injections (infusions) of antibiotics were stopped and patients were transferred to tablet forms, according to the results of an analysis for sensitivity to antibiotics. Along with antibiotics, all patients received fungicidal drugs (fluconazole). Patients were discharged from the clinic with a recommendation to continue taking tablet forms of antibiotics and fungicides at home.

CONCLUSION

Thus, it follows from the above that an integrated approach is needed to treat lung abscesses in patients with diabetes mellitus. This approach consists of simultaneously using several types of broad-spectrum antibiotics and active aspiration of the cavity contents.