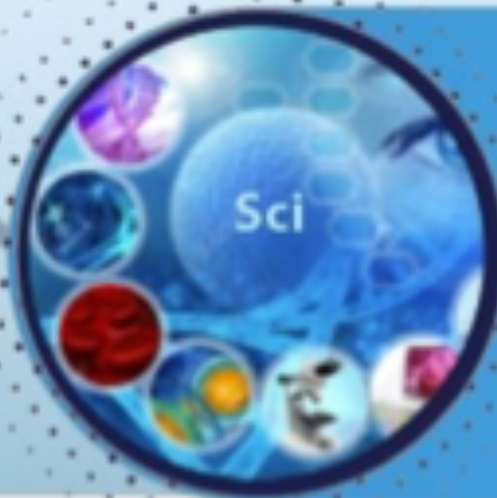




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# «**YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI**»

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# Modern Views on the Treatment of Patients with Diabetic Foot Syndrome

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## BACKGROUND

There is a significant increase in the number of patients with diabetes mellitus (DM). Thus, according to experts from the World Health Organization (WHO), about 422 million people are suffering from DM in the world, and by 2040, the number of people with this disease will reach 642 million. This pathology leads to the development of various complications, one of which is diabetic foot syndrome (DFS), which occurs among 15% of patients with DM. The problem of prevention and treatment of DFS is relevant since this disease worsens the quality of life of patients and leads to their disability. In addition, the risk of limb amputation increases. Thus, 15-70% are performed on patients with DM out of the total number of amputations.

## MATERIAL AND METHODS

In the purulent department of the Tashkent Medical Academy clinic, over the past three years, the results of treatment of 201 patients with diabetic foot syndrome have been analyzed, and an integrated approach was used at all stages of treatment. All patients were admitted to the purulent surgery department in an emergency (63 (31.3%) patients) and planned (138 (68.7%) order, within 1 to 3 months (on average -  $28.4 \pm 17.1$  days) from the onset of disease manifestations to the moment of admission to the hospital. All patients with infected ulcers underwent material collection for bacteriological examination (determination of flora in the wound and sensitivity to antibiotics) and blood cultures (to exclude septicemia, given the long course of the ulcer defect). Bypass opera-

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tions were performed in 21 (10.4%) patients in whom critical ischemia was stopped.

## RESULTS

Clinical evaluation of the effectiveness of local treatment included the following parameters: reduction in the size of the wound surface, the appearance of granulation, and the beginning of marginal epithelialization. Positive results in complete epithelialization of trophic ulcers were achieved in 139 (69.2%) patients admitted to the hospital. The time of complete epithelialization on the dorsum of the foot averaged  $43.2 \pm 5.2$  days, and the duration of treatment in the hospital averaged  $47.1 \pm 18.4$  days. Complete healing of trophic ulcers was not achieved in 23 (11.4%) patients, mainly with the neuroischemic form of DFS. Among the patients admitted urgently on the first day of hospitalization, 38 (18.9%) patients underwent amputations at various levels; subsequently, against the background of the progression of the infectious process, amputations were performed in 7 more

patients (3.5%), including three patients (1.5%) who underwent reamputations. After discharge from the hospital, only 58 (28.9%) patients followed the recommendations for foot unloading and daily foot skin care. It was noted that among patients who used foot unloading and orthopaedic insoles, relapses of trophic ulcers were observed in 5 (2.5%) patients. Among those who did not follow the recommendations for foot care, relapses were noted in 27 (13.4%) people.

## CONCLUSION

The issues of treating DFS remain relevant today. The introduction of new medications, various dressings with the possibility of specific selection according to the stage of the wound process, minimally invasive angiosurgical technologies, and plastic materials into surgical practice make it possible to offer new approaches to managing patients with DFS.