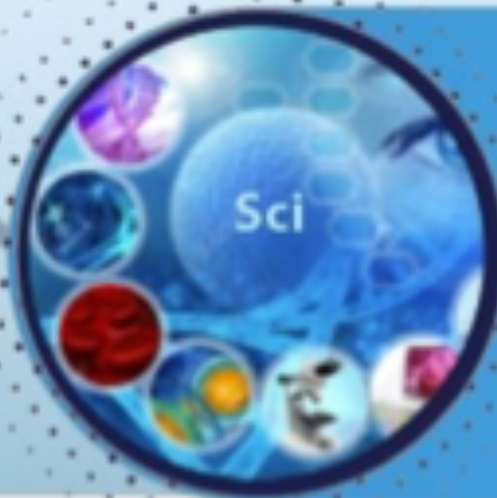




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«**YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI**»

**Ilmiy-amaliy konferentsiyaning tezislari
to'plami**

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Necrotic Soft Tissue Infection Developed After Insect Bites

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BACKGROUND

Even though nowadays, there is a wide choice of means and methods in diagnostics and treatment of various forms of surgical infections of soft tissues, the problem of treating these patients has not lost its urgency since recently, the cases of patients in neglected stages have become more frequent. The purpose of the research is to study the reasons for the spreading of necrotic infection of soft tissues, which develops after insect bites, along with the development of methods of diagnostics and treatment.

MATERIAL AND METHODS

We analysed the results of the treatment of 9 patients who were hospitalised at the Department of General and Paediatric Surgery No. 1, in the Department of Purulent Surgery of the TMA multidisciplinary clinic, for the period from 2022 to 2023. The patients were divided

into two groups: control - 4 patients treated with conventional treatment tactics and main - 5 patients differentiated with active surgical tactics. Patients with caracourt and scorpion stings dominated among the studied patients, while patients with mite, bumblebee, and bee stings were less frequent. Male patients prevailed in both groups. After the bites, three patients from the control group and two from the main group were treated in the hospital at their residence, and the rest of the patients applied directly to our department. All patients, after a short preoperative preparation, underwent surgical interventions aimed at wide opening of the pathological focus, with the maximum permissible necrectomy. The algorithm of local treatment was differentiated depending on the phase of the wound process. The main point was the prescription of empirical antibacterial therapy, which began from the first hours of the patient's admission to the hospital. It included IV-genera-

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tion cephalosporins, ornidazole, clindamycin, and aminoglycosides, with mandatory inclusion of antifungal drugs in high daily doses. Correction of water-electrolyte balance was an indispensable condition. The main distinguishing feature of the leading group was early surgical intervention without waiting for clinical manifestation, aimed at the wide opening of the lesion area and creating conditions of adequate aeration with drug sanitation.

RESULTS

Among the treated patients in the control group, there was one lethal outcome, and two patients underwent amputation of the affected limb due to the progression of the process. In the main group, one patient underwent amputation of the upper limb due to progressive necrosis; the other patients managed to save the limb. The analysis of complications and lethality allowed us to identify the main reasons for the process progression, which include conservative

therapy with waiting tactics (waiting for clinical signs of purulent process development), inadequate primary surgical interventions (small incisions), incomplete necrosectomy ('sparing' tactics), inadequate antibacterial therapy (small doses, lack of previous antibiotic therapy). When such tactics are carried out, the inflammatory process does not stop and becomes necrotic. Toxic necrosis rapidly spreads to neighbouring other tissues, expanding the zone. At the same time, there is no active purulent discharge.

CONCLUSION

Thus, to improve the treatment results of patients after insect bites and to prevent the progression of necrotic changes in soft tissues, early surgical intervention with adequate antibacterial therapy and differentiated local management of the wound process is necessary.