

INITIAL MANIFESTATIONS CONSTANT SEPTIC DISEASES

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Thus, with the initial manifestations of postpartum infectious diseases (endometrium and mastitis), both platelet and procoagulant units of the hemostasis system are simultaneously activated, but the formation of pronounced platelet-fibrin clots in the microvasculature is not observed. A characteristic hemostasiological sign is a decrease in the content of antithrombin III and the almost complete absence of disaggregation during stimulation of platelet aggregation with small doses of ADP.

Keywords: DIC-disseminated intravascular coagulation; ADP - Adenozindisphosphoric acid; ESR - erythrocyte sedimentation rate; APTT - activated partial time thromboplastin; FFD - fibrin - fibrinogen degradation products.

ЧИЛЛА ДАВРИДА УЧРАЙДИГАН СЕПТИК КАСАЛЛИКЛАРНИНГ БОШЛАНГИЧ КЎРСАТКИЧЛАРИ

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Чилла даври инфекция септик касалликлариди (эндометрит ва маститда) аёл организмиди тромбоцитлар активацияси бир зайилда, шунингдек гемостаз тизимида прокоагулянтлар кузатилмайди. Яъни аёл организмнинг микроциркулятор тизимида тромбоцитар фибрин қон ивиши кузатилмайди. Гемостазиограммада антитромбин камайиб кетиши ва шу тарзида дезагрегация намён бўлади.

Калит сўзлар: ДВС - томир ичиди қон ивиш жараёнининг бузилиши; АДВ - Аденозиндифосфорная кислота; ЕЧТ - эритроцитлар чўкиш тезлиги; ФФДМ - Фибрин, фибриноген деградацион махсулот.

НАЧАЛЬНЫЕ ПРОЯВЛЕНИЯ ПОСЛЕРОДОВЫХ СЕПТИЧЕСКИХ СОСТОЯНИЙ

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Характерным гемостазиологическим признаком является уменьшение содержания антитромбина III и почти полное отсутствие дезагрегации при стимуляции агрегации тромбоцитов малыми дозами АДФ. При начальных проявлениях послеродовых инфекционных заболеваний (эндометрит и мастит), происходит одновременная активация как тромбоцитарного, так и прокоагулянтного звеньев системы гемостаза, однако образования выраженных тромбоцитарно-фибриновых сгустков в микроциркуляторном русле не отмечается.

Ключевые слова: ФФДП - фибрин - фибриногеновые деградационные продукты; АДФ - Аденозиндифосфорная кислота; СОЭ - скорость оседания эритроцитов; АЧТВ - активированный частичный тромбопластин времени; ДВС-диссеминированное внутрисосудистое свертывание крови.

Relevance

T rigger mechanisms of occurrence of DIC syndrome in septic processes are damaged vascular endothelium endo- and exotoxins, at which the selection of tissue thromboplastin activating Hageman factor (XII); reacting endo- and exotoxins with platelet aggregation, the release of adenosine diphosphoric acid (ADP), serotonin, histamine, platelet factor 3 and 4, the release and hemolysis of erythrocyte, etc. thromboplastin (1,6). (Muller-Berhaus et al.).

Installed General pathological role of non-specific syndrome of disseminated intravascular coagulation (DIC) in the pathogenesis of severe sepsis. In recent years, greatly expanded vision of the role of the hemostatic system in the process of inflammation, stress, immunity (MI Kuzin et al.)

However, heparin treatment for severe sepsis is not always effective due to long-existing ICE syndrome, in which intensely consumed heparin cofactor anti-thrombin III, released antiparinoxy platelet factor 4,

progresses metabolic acidosis. In this connection becomes important differential assessment of all parts of the hemostatic system with initial manifestations of postpartum infection (2,3).

The presence of DIC syndrome in patients with postpartum septic diseases was pathogenetic rationale for the inclusion of heparin in the complex therapeutic measures (4,5).

The most frequent clinical forms are postpartum endometritis infectious diseases and mastitis (BL Gurtovoy et al.: Gibbs and Huff). Timely diagnosis and early rational treatment of the initial stages contribute to the prevention of more severe septic complications postpartum period. Meanwhile, the comprehensive treatment of these conditions undertaken even in the initial phase of disease is not always sufficiently effective.

To a certain extent this can be explained by underestimation of some of the pathogenesis of inflammatory diseases postpartum.

In the available literature we have not met reports of hemostasis system state at the initial clinical manifestations

of endometritis and mastitis after childbirth. These circumstances formed the basis for our research.

Purpose of the study: Studies initial manifestations postpartum sepsis.

Materials and methods

There were examined 90 patients with postpartum endometritis (45) and mastitis (45). The control group consisted of 30 women with uncomplicated postpartum period. The average age of patients with postpartum endometritis $29,3 \pm 1,6$ years, mastitis - $28,4 \pm 1,4$ years.

The clinical picture of initial manifestations postpartum endometritis characterized rise in body temperature to 38°C , uterine tenderness on palpation, turbid appearance lochia with an unpleasant odor, a moderate increase of ESR (20 mm / h), a slight shift to the left of the formula white blood. All the patients with serous mastitis marked increase in body temperature to $38-39^{\circ}\text{C}$, the appearance of pain in the breast, skin hyperemia over the lesions; in the thickness of the prostate determined sealed painful areas without clear contours. In the investigation of blood detected moderate leucocytosis (15 000- 20 000 1 L), left shift of formula with an increase in white blood leukocyte numbers stab, increased erythrocyte sedimentation rate of 25-30 mm / h.

Hemostasis was investigated by the following methods for determining the concentration of fibrinogen, activated partial thromboplastin time. (APTT) using standard reagents, fibrin-fibrin-degradation products of genes (DPFF) in serum by immunoassay test, the number of platelets counted in a particle counter.

Results of the study:

In the study of collagen-aggregation revealed a slight shortening of the latency time and increase collagen secretory intensity aggregation, indicating that the increase of the secretory function and reaction of "release" during the activation of platelet function in patients with initial manifestations of postpartum infectious diseases. In assessing functional properties of platelets attracted attention disaggregation in the absence of 80% aggregation upon stimulation by low doses of ADP. At the same time, significant changes in aggregation upon stimulation with high doses of us not marked ADP.

hemostasis in patients with initial clinical manifestations of postpartum endometritis and mastitis. general biological regularities observed identical changes in the hemostatic system, the essence of which lies in the activation of procoagulant hemostasis and reduction of the anticoagulant potential of the blood; any distinct differences caused nosological form of the disease, we have not found.

The activation of procoagulant hemostasis indicating a slight shortening of the APTT, which characterizes the state of the intrinsic pathway of blood coagulation and

expressing the total activity of the major plasma clotting factors. Apparently, this phenomenon explains the decrease in the content of antithrombin III, which, being a natural blood anticoagulant, responsive to activation of coagulation factors (XII, XI, IX, VII, V, II), forming complexes with them. It should be noted that we studied patients detected increased concentrations of soluble fibrin complexes and DPFF, indicating a lack of pathological intravascular coagulation.

Conclusions:

Thus, with initial manifestations of postpartum infectious diseases (mastitis, endometritis), there is simultaneous activation of both platelet and procoagulant components of hemostasis system, but the formation of pronounced platelet-fibrin clots in the microvasculature is not marked. A characteristic feature is hemostasiological decrease in antithrombin III, and almost complete lack of disaggregating platelet aggregation at low doses of ADP stimulation.

hemostatic system research with a reasonable estimate of the anticoagulant potential of blood (antithrombin III) and functional properties of platelets allows you to quickly identify the activation of the hemostatic system and to take measures for prevention of pathological intravascular coagulation. Due to the ability of low doses of heparin (1500 U / day) Increase of blood anticoagulant potential, it may be advisable its use in treatment of endometritis initial manifestations and mastitis.

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