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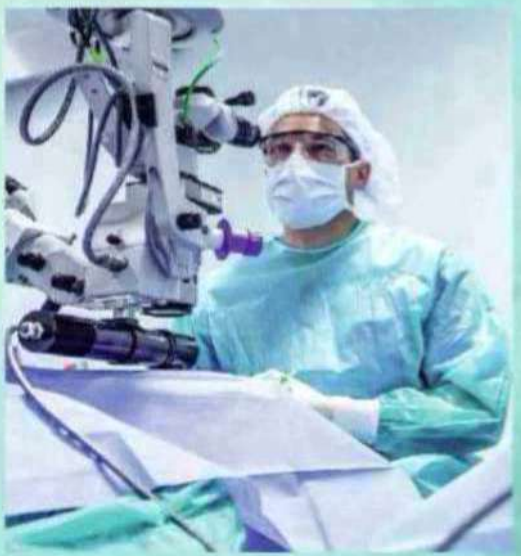

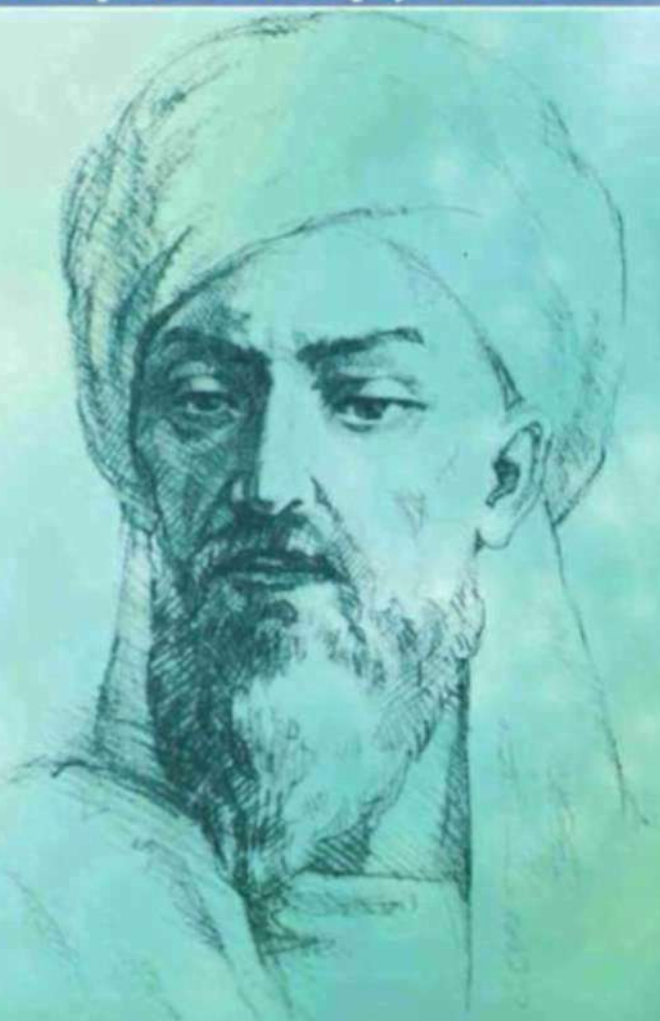

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NEW DAY IN MEDICINE

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THE SIGNIFICANCE OF FERRITIN IN THE BLOOD IN THE TREATMENT AND DIAGNOSIS OF PATIENTS WITH PHLEGMONA OF THE MAXILLOFACIAL ZONE

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✓ ***Resume***

The trophic development of organs and tissues is impeded by decreased hemoglobin synthesis brought on by low iron levels in bone marrow and blood plasma. Iron deficiency anemia is the term for this illness.

Referrals for 211 patients with maxillofacial inflammation (ages 28–43) were received by the BRMMC's Department of Maxillofacial and Plastic Surgery. Ninety-three patients were assigned to the control group, while 118 of the 211 patients were assigned to the study group. The 211 patients had purulent phlegmon of the upper jaw, purulent periostitis of the upper jaw, and purulent periostitis of the lower jaw in 52, 51, and 44 cases, respectively. 64 patients had purulent phlegmon of the lower left jaw. a diagnosis of retromolar purulent periostitis.

Patients in the main group were advised to drink Gyno-Tardiferon in addition to the standard treatment regimen and rinse their mouths ten times a day with a covulla root decoction.

The hyperemic conditions at the incision sites disappeared (due to stabilizing the oxygen supply to the tissues), the patients' sleep improved, they became more alert and active, and a decoction made from the roots, leaves, and forge seeds has analgesic, antibacterial, antiseptic, and passivating effects of active microflora. For these reasons, Gyno-Tardiferon plays a positive role in helping patients regain their health.

Key words: Blood plasma, medicinal plant, iron substance, hemoglobin, pus, tooth, odontogen.

YUZ-JAG’ SOXASI FLEGMONASI BILAN KASALLANGAN BEMORLARDA QON TARKIBIDAGI FERRITIN MIQDORINING DAVOLASH VA TASHXISLASHDAGI AHAMIYATI

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✓ ***Rezume***

Temir tanqisligi atamasi ostida, organ va to’qimalarning trofik rijovlanishining tormozlanishi suyak iligi va qon plazmasidagi kam temir miqdori tufayli gemoglobin sintezining pasayishi natijasida sodir bo’ladigan holat tushuniladi.

BVKTTMning yuz-jag‘ va plastik jarrohligi bo‘limiga yuz ‘-jag‘ sohasida yallig‘lanish jarayonlari bilan og‘rigan (28–43 yosh) 211 nafar bemorga murojaat bilan keldi, ulardan 93 nafari bemor nazorat guruhiga, 118 nafari tadqiqot guruhiga taqsimlandi. 211 bemorning 52 tasida yuqori jag'ning yiringli flegmonasi, 51 tasida pastki jag'ning yiringli flegmonasi, 44 tasida esa pastki jag'ning yiringli periostitlari kuzatilgan. 64 bemorda pastki chap jag'ning yiringli flegmonasi bor edi.

Asosiy guruhdagi bemorlarga standart davolash tartibiga qo'shimcha ravishda Gyno-Tardiferon ichish va og'zini kuniga o'n marta kovul ildizi qaynatmasi bilan yuvish tavsiya etilgan. Jarohat joylaridagi giperemiya (to'qimalarning kislorod bilan ta'minlanishi barqarorlashishi tufayli) yo'qoldi, bemorlarning uyqusi yaxshilandi, ular tetik va faolroq bo'ldi, shuningdek, kovulning ildizlari, barglari va urug'laridan tayyorlangan qaynatma faol mikrofloraga og'riq qoldiruvchi, antibakterial, antiseptik va passivlashtiruvchi ta'sir ko'rsatdi.

Kalit so’zlar: qon plazmasi, dorivor o’simlik, temir moddasi, gemoglobin, yiring, tish, odontogen.

ЗНАЧЕНИЕ ФЕРРИТИНА В КРОВИ В ЛЕЧЕНИИ И ДИАГНОСТИКЕ БОЛЬНЫХ ФЛЕГМОНОЙ ЧЕЛЮСТНО-ЛИЦЕВОЙ ЗОНЫ

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✓ ***Резюме***

Трофическое развитие органов и тканей тормозится снижением синтеза гемоглобина, вызванным низким содержанием железа в костном мозге и плазме крови. Железодефицитная анемия – термин, обозначающий это заболевание.

В отделение челюстно-лицевой и пластической хирургии БРММЦ поступило направление на 211 пациентов с воспалительными процессами челюстно-лицевой области (28–43 лет). Девяносто три пациента были отнесены к контрольной группе, а 118 из 211 пациентов были отнесены к основной группе. Из 211 пациентов наблюдались гнойная флегмона верхней челюсти, гнойный периостит верхней челюсти и гнойный периостит нижней челюсти в 52, 51 и 44 случаях соответственно. У 64 больных была гнойная флегмона нижней левой челюсти. диагноз ретромолярный гнойный периостит.

Больным основной группы было рекомендовано дополнительно к стандартной схеме лечения пить Гино-Тардиферон и полоскать рот отваром корня ковуллы.

Исчезли гиперемические состояния в местах разрезов (за счет стабилизации снабжения тканей кислородом), улучшился сон больных, они стали более бодрыми и активными, а отвар, приготовленный из корней, листьев и семян кузницы, оказывает обезболивающее, антибактериальное, антисептическое, пассивирующее действие активной микрофлоры. По этим причинам Гино-Тардиферон играет положительную роль, помогая пациентам восстановить здоровье.

Ключевые слова: Плазма крови, лекарственное растение, вещество железа, гемоглобин, гной, зуб, одонтоген.

Relevance

The disorder known as iron deficiency anemia is brought on by low iron levels in bone marrow and blood plasma, which prevent hemoglobin synthesis and, consequently, organ and tissue growth. TTK has been a significant issue for a long time due to its widespread use. Anemia affects 2,167,400,000 people worldwide, according to World Health Organization (WHO) estimates, of whom 80–90%, or 1,950,660,000, have chronic kidney disease. The indicator for the developed world is lower than that of the developing world. In North America and Europe, 7,511% of women of childbearing age suffer from IDA. Appropriate, sensible nutrition, high meat consumption, and low pregnancy rate all help to explain this condition. In many metabolic processes, the body uses iron, a trace element. The body obtains most of the iron from apoptotic erythrocytes through recirculation. Additionally, when iron is consumed with food, enterocytes in the upper part of the gastrointestinal tract (GT) absorb it.

As this element is frequently linked to anemia, it is necessary to meet the body's iron needs. The proximal portion of the GT, the "duodenum+small intestine" complex, is where iron is absorbed, according to studies employing radioactive iron and D-xylose[1]. The two types of iron that are present in food and pass through the duodenum are heme cholate, which is found in meat and fish and makes up 30–40% of all iron and is better absorbed, and nonheme cholate, which is found in fruits, vegetables, grains, nuts, and plant products and makes up 60% of all iron and is relatively poorly absorbed. In this case, ceruloplasmin reduces trivalent Fe3+ to Fe2+ by acting as a ferroxidase. In the basolateral region of duodenal-intestinal enterocytes, ceruloplasmin and hefestin transform reduced Fe2+ into Fe3+. This process ensures that when iron is converted to transferrin, no dangerous substances are released. Hepcidin, ferroportin, hephestin, divalent metallotransporter, and cytosol are involved in the conversion of iron from food to biometal. Iron is kept in reserve, outside of cells, and inside of cells in the body [3, 6]. Iron in cells is kept in:

1) First of all, in hemoproteins (hemoglobin, myoglobin, cytochrome, catalase and peroxidase)

2) Non-heme iron-storing enzymes (succinate dehydrogenase, acetyl-coenzyme-A-dehydranase, NADNcytochrome, S-reductase and others) contain extracellular iron in transferrin and lactoferrin proteins, which carry out the function of transporting iron ions. R-globulins contain the blood plasma protein transferrin. It is produced in the liver of the human body. Trivalent iron ions are transported by the transferrin group protein lastoferrin. The proteins ferritin and hemosiderin, which are found in the muscles, spleen, and liver, are known as iron stores. When there is a cellular iron shortage, this is activated. Considering the aforementioned, it was observed that when primarily female patients with inflammatory diseases of the maxillofacial region were referred to the face-jaw and plastic surgery department of BRMMC, they recovered in varying amounts of time, or that in some cases, their general condition worsened instead of recovering [2.4.6.8.10.12]. When general blood tests were performed, the results showed normal indicators, and when it was decided to also check the level of ferritin in the blood, the ferritin level in the blood of patients with inflammatory diseases of the face-jaw region, which healed quickly, was equal to 57.00-100.00 μg/.

In patients with IDA, inflammatory diseases of the face-jaw area also last longer than in a healthy person and can cause various complications.

Purpose of the study. Clinical-diagnostic treatment of patients with inflammatory diseases of the face and jaw in the presence of iron deficiency anemia (IDA).

Materials and methods

The Department of Maxillofacial and Plastic Surgery at BRMMC received 211 applications from patients with maxillofacial inflammation, ranging in age from 28 to 43. Ninety-three of the 211 patients were placed in the control group, while 118 were placed in the main group. Out of 211 patients, 64 had purulent phlegmon of the lower left jaw, 52 had purulent phlegmon of the upper jaw, 51 had purulent periostitis of the upper jaw, and 44 had purulent periostitis of the lower jaw. Retromolar purulent periostitis was the diagnosis given to these patients.

To obtain accurate research results, the following recommendations were followed:

biomaterial was strictly given on an empty stomach, food should be at least 8 hours before venipuncture;

It is important to drink clean and unsweetened water. This greatly simplifies the procedure for receiving biomaterial and reduces the risk of hemolysis (destruction of red blood cells in the test tube). Any violation of the rules for obtaining and storing biomaterial is a reason for mandatory cancellation of the analysis;

The patient was to avoid physical and emotional stress for 30 to 40 minutes prior to taking the biomaterial, and all iron-containing medications were to be discontinued for three days. The biochemical composition of the biomaterial under study is impacted by stress, which also stimulates the endocrine system.

Cadmium sulfate, as per the Klochkov method, and immunohistochemical techniques with specific antisera were used for laboratory diagnosis. In actuality, potassium iron sulfide and hydrochloric acid were utilized in conjunction with the histochemical method—the Berlin Lazuri (iron sulfide) or Perls reaction—to identify iron (III) oxide salts.

The maximum amount of protein is observed in newborns. Thus, in the first 2 months, the level of ferritin in the blood reaches 600 μg / l.

Then its value gradually decreases. In the period from 2 months to six months, normal indicators are from 55 to 210 μg / l.

After six months, the indicator is quite stable up to 15 years. Its normal value varies from 8 to 143 μg/l.

Appropriate indicators after the onset of puberty in a young man: 21 - 250 μg / l.

Generally, women have slightly lower ferritin levels than men. Thus, the norm under the age of 15 is from 7 to 120 μg / l. Normal values for girls over 15 years old are from 10 to 125 μg/l.

Ferritin analysis was performed on the primary group of patients based on the aforementioned indications. Once it was found that the ferritin level was relatively low (30.0-38.00 μg/l), Gino-Tardiferon, which raises ferritin levels in the blood, was given daily in addition to the conventional treatment plan. For 14 days, drinking twice was advised. Following the ferritin analysis, which revealed that the amount of ferritin in the control group was relatively low (30.0-38.00 μg/l), the oral cavity was treated ten times a day using the conventional treatment method, and it is advised to rinse with furatsilin solution [1.3.5.7.9.11.13].

Research results and discussion

In the analysis of the obtained results, the trend of purulent odontogenic inflammation in both compared groups is quantitatively very close to each other. In both groups, the causes of purulent odontogenic

inflammation were mainly large teeth (untimely treated teeth, improperly treated teeth, pathological condition of the 8th tooth, teeth under an expired metal crown, oral cavity that the cavity hygiene is in a bad state). In the presence of purulent odontogenic inflammatory diseases in both groups, the importance of first medical and specialized aid is great, because the effectiveness of the treatment procedures, the survival of complications, and the high quality of the patient's life depend on these aspects.

In both groups of patients, the microbes that got inside the fat cell gathered around the blood vessels in it and the inflammatory process started. The development of this process took place in 5 stages: 1) swelling; 2) infiltration; 3) purulent tissue damage; 4) tissue necrosis; 5) surrounding and delimiting the resulting purulent inflammation with granulation tissue. Initially, serous inflammation was observed in the fat cells.

After the purulent hearth was cut open, the pus was removed from the cavity, the inflammatory process began to be eliminated, and the causative teeth were removed.

Conclusion

All clinical indicators of the inflammatory process in the phlegmonous process were highly developed in both patient groups. The maxillofacial system is more disturbed, the patient has a high body temperature, significant signs of intoxication, an elevated ESR index, and other negative blood changes. However, in the majority of patients, the aforementioned complaints and clinical symptoms show that the tincture of the skull root On the fourth day, there was a positive change after beginning to rinse the cavity and take Gino-Tardiferon twice a day. First, the asymmetric change caused by facial swelling vanished, the pain decreased to a low frequency, and the ability to chew was restored. Based on this, it should be said that after drinking Gino-Tardiferon, the patients' sleep improved, they became more alert and active, hyperemic conditions in the incision areas disappeared (as a result of the stabilization of oxygen delivery to the tissues), and from the roots, leaves and seeds of the koval the prepared decoction has analgesic, antibacterial, antiseptic and passivation properties of active micro flora, and has taken a positive place in the recovery of patients' health.

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