# Use of Vacuum in The Treatment of Acute Lung Abscess in Patients with Diabetes

Oxunov A.O.<sup>1</sup>, Xamdamov Sh. A.<sup>2</sup> Tashkent Medical Academy

**Abstract** of acute lung diseases. This problem is of particular importance when considering the growth of patients with diabetes. It should be noted that the emergence of antibiotics is a result of not using antibacterial drugs. Since the implementation. According to various authors, the number of complications in patients remains high, regardless of the rapid development of modern technologies used in the treatment of modern technologies requires the purchase of expensive specialized costs, the economic sector of the lung is also important for diabetes. In the background of appropriate surgical methods, use vacuum therapy in the treatment of acute diabetes and help early decontamination and cleaning of fibrin tissue and fibrin, accelerate the last necrotic tissue and fibrin This allows us to reduce the time of patients.

Keywords: Lung Abscess, diabetes, treatment, vacuum therapy

#### Introduction

Globally, the number of patients with acute lung abscess has been increasing in recent years. [1,3]. According to different authors, the rate of development of the gangrenous form of an acute abscess is observed to increase from 48% to 74% [2].

Despite different approaches to the treatment of acute abscess against the background of diabetes, it is difficult to calculate the results of complex treatment. The mortality rate in different forms of purulent-necrotic process is still high and ranges from 12.7% to 77.8%.

A detailed analysis of scientific studies shows that most cases of complete recovery are associated with small-diameter uncomplicated purulent abscess, which is very rare in patients with diabetes. At the same time, the percentage of transition to a chronic form in diametric kata, and especially in gangrenous abscesses, ranges from 32% to 56% [2,4,6].

Such a high ratio of unsatisfactory results in the treatment of acute lungs is related to the similarity of a number of pathogenetic factors that adversely affect the vision of the wound process, [3,7,8,10]. Today, from pathogenetic point of view, the development of the acute pus of the lungs against diabetes in all cases is determined by combination and interaction of three key factors:

- 1) A sharp infectious inflammation of the parenchyma of the lungs;
- 2) Violation of bronchi's permeability;

Handsal flow disorders to help the development of the necrosis of the lung texture (microscopic).

In patients with diabetes, the purulent necrotic process will continue with a number of features: long-term, the emergence of poverty inflammation, the emergence of repeated and new destructive designs, active participation in nearby tissues in this process Production.

Many authors prefer modern effective methods of treatment of acute lungs, for example: active drainage of purulent spaces in the lungs. The use of this approach to the backdrop of the general antibacterial and detinting therapy reduces the term of hospitalization and economic costs.

Currently, the widespread use of vacuum therapy for pus diabetes in the background of diabetes led us to the idea of using this method in the treatment of the acute lung abscess.

The purpose of our study was to assess the possibility of using vacuum technologies in the treatment of acute lung abscess in patients with diabetes

## **Materials And Verification Methods**

TASHKENT MEDICAL ACADEMY has undergone treatment and examinated in the pus of the multidisciplinary clinic, and the results of treatment of 47 patients with acutely pulmonary abscess were undergone.

ISSN NO: 2770-2936

Date of Publication:24-11-2023

ISSN NO: 2770-2936 Date of Publication:24-11-2023

Among the nationts 20 nationts (50 60%) with concerning shows your deminsted. In 12 nationts the

Among the patients, 28 patients (59.6%) with gangrenous shapes were dominated. In 12 patients, the process purulent (25.5%), and 7 patients were observed in 7 patients (14.9%).

When the patients were distributed by gender and age, the lungs approved the trends, which are typical of purulent diseases: more than 41 to 60 years of age (83.8%) are more prone to disease.

In 54.4% of cases, the purulent-detatory process is located in the right lung, mainly at the bottom.

It should be noted that the high level of damage is shed by the main "gravitational force" II, VI segments (68.1%), related to the anatomical properties of tracheobronchial tree structure and purulent in the lungs. On the pathogenesis of the detatory process, the pathogenesis of tracheobronchial tree is indirectly approving the role of an important aspect of troops.

The patient is 3(6.4%) in the patient.

All patients suffer diabetes. However, in 3 (6.4%) patients, 1 type of diabetes in 44 patients - 2 types (93.6%). The main duration of diabetes was more than 10 years. The highest rate was due to the period from 11 to 20 years (40.4%). At the same time, we have been on more than 20 years of illness in 36.2% in cases of illness.

In the treatment of patients with acute lungs Abessesi, the main rule was to rehabilitate the furnace in the early and basic transferacial drainage and lungs.

When using vacuum therapy, the modified foam covered with two edges of the tip for transtroracular drainage, used Microphone Drain. The paralonic coating (spent) is fastened with a hermetic belt to prevent its disappearance. The free side of drainage is connected to an active aspect system, it consists of the software control block and two peristaltic pumps. The device works in various conditions (regime) depending on the degree of injuries of a particular clinical situation and the pulmonary tissue.

The program reorganization was carried out every 3 hours, which was used to be replaced by a vacuum mode (1 hour) created by the device in the "aspirations" mode. Vacuum level 40-60 mm mercury column stored at the level. This treatment method was used at ignition 3-5 days, then switched to active postgraduate

### **Results Received And Their Discussion**

The majority of patients (63.8%) were laid in the clinic from various therapeutic hospitals, where the rule received a net conservative treatment. When patients were admitted to the clinic, the period of the disease was mainly between 9 to 3 months. Of the 47 patients, only 14 (29.8%) were adopted within 2 weeks after the beginning of the disease.

In patients with abuse of diabetes, clinical manuals were mainly dependent on the nature of the disease, the existence of complications and their form. The main ones are the tensions, severity and destructive process, the availability and level of lung collapse, the volume and degree of damage to the pleural colap.

Most of the patients (53.1%) in critical condition, which aggravated the acute lung absxess, which aggravated the accuracy of diabetes. The situation in 38.3% of patients is rated in severe, 4.2 percent.

Almost all patients had to reduce phlegm, a decrease in body weight, weakness. The amount of phlegm varies from 20 to 30 million per day, from to 500 ml. The course of the process In patients with sepsis, the amount of spills increased by 100 ml, while 27.6% exceeded 200 ml. In cases of gangrenous processes and septic shocks or septic shocks, the spicy had 100% bad smell.

The pain in the field of chest is recorded in 2.1% and is usually in the acute-shaped patients with posural complications.

In patients during the remission period temperature reaction, as a rule, with the development of sepsis, it varies to 38-38.5 0 c.

The use of improved vacuumine therapy in the treatment of acute lung abscess has allowed them to comply with a multifaceted comparative analysis.

In liquidation process and creation of favorable conditions for reparative reactions in the liquidation and purulent cavity, creating favorable conditions for regurgation reactions [5,6,9].

On the 4th day of the treatment, many mononouslean cells were recorded on the cyograms, which brought it to the superiority of non-cellular elements of fibroslasts and connective tissue. Adequate level of its development is a decrease in alkali phosphonnicerationa activity, which has a large number of mononouslies in the abscess cavity, and their quick differentiation is fibroslasts and connective tissue led to the superiority

ISSN NO: 2770-2936
Date of Publication:24-11-2023

of non-cellular elements. Insufficient level of its development is a decrease in alkali phosphonnicerationa activity, with its composition correlates the regeneration process in the absess cavity.

In patients with gangrenous lungs, patients with absence was fully recovering at the end of the treatment rate in 14.9%. The tactical algorithms conducted in 21.3% of patients ended with clinical recovery. In 38.3% of cases, late therapeutic patients led to the chronic processes of the patients who applied with very developed symptoms of the soles. Subsequently, these patients were conducted for surgical treatment of the thoracic department.

In patients with the Gangrenous smoking Abess, the mortality rate was 25.5% (12 patients).

In patients with acute pony lungs, the results further enjoyed the results, i.e. full recovery in patients, clinical recovery in 44.5%. The use of vacuum technology has ensured that the process does not lead to a chronic inflammation of the process. In 1 patient, the measures taken due to the development of complications in the form of large quantities of bleeding in large quantities ended with death, not yielding the desired result.

It is known that the derivatives of tissues around the wound produce local toxicities during inflammatory process [4,10].

When using a low-dimensional vacum in the treatment of purulent gaps, a number of researchers will comment on the effects of a few components, necrosis, necrosis, and microorganisms, so the blood of toxins. prevents the absorption of the vascular cavity and the lymph system) [7,9,10]. Thus, the assistant role of the vacuum is a slag between the wound tissue and the positive changes in microscectulation: determines the normalization of local oxidation-returns and to reduce the formation of toxic substances and stop the mass access to the total blood flow [1, 3,4,8].

Analysis of septic complications showed that patients or this type of sepsis in all cases in patients with gangnetic smile from diabetes. At the same time, patients with a purulent oven, as well as the characteristics of the organ dysftance made patients with a specific general inflammatory reaction (25.5%).

The dynamics of septicular views of the acuti of the vicinity of the diabetes of suicide during treatment was that it was possible to eliminate in 15 days as a result of the introduction of vacillary technologies in clinical practice. No patients with dysfunction and instant hemodynamic of the organ during the observations were observed. By the 7th day of the dynamic follow-up, the majority of patients (87.2%) passed to aseptic form of the disease. However, 1 (2.1%) in the patient remained a clear inflammatory process, which affects the septeat of the disease, and signs of sepica to 4 patients (8.5%), as well as lungs. A complete reorganization of the purulent gap in a state where the inflammatory reaction in tissue is maintained.

Patients with sepsis syndrome prevailed in patients with acute pony lungs on the background of suitable diabetics. At the same time, there were no symbols in the other 12 (25.5%) patients.

In one patient (2.1%), complications such as the flegmonary of the chest were identified after the transferacial drain.

Thus, the analysis of the treatments of patients with acutely lung abscess on the background of the diabetes, showed the positive aspects of vacuum technologies:

- 1. In the postoperative period, the use of programmed rehabilitation with vacuum technologies in the postoperative state is fully consistent with the principles of active surgery and improves the results of treatment with these nobleness.
- 2. In the study, the lungs were reliably proved to clear the microbial particle (P < 0.001) and the inpatio duration of patients decreased by 1.6 times.
- 3. In complex thereness of patients with the acutive lung abscess, the use of vacuumens in complex therestry on the background of the diabetes, helps them clear the purulent cages, and clear them from purulent cisses and fibrin, and shortens the period of hospitalization.

#### References

- 1. Охунов А.О., Бабаджанов Б.Д., Пулатов У.И. Причины генерализации инфекции у больных с гнойно-воспалительными заболеваниями мягких тканей на фоне сахарного диабета // Вестник Ташкентской Медицинской Академии. -2016. -№4. -С.89-93
- 2. Охунов А.О., Пулатов У.И., Охунова Д.А. Случай особенности клинического течения гнойновоспалительного заболевания мягких тканей на фоне сахарного диабета // EUROPEAN

ISSN NO: 2770-2936 Date of Publication:24-11-2023

RESEARCH: INNOVATION IN SCIENCE, EDUCATION AND TECHNOLOGY- London, United Kingdom, 07-08 июня 2018 г.-Р. 88-92

- 3. Охунов А.О., Хамдамов Ш.А., Охунова Д.А. Гнойно-деструктивные заболевания легких, патогенез и современные принципы их лечения
  - Проблемы современной науки и образования, 2018. -9 (129)-С.35-43
- 4. Вакулич Д.С.; Карпицкий А.С.; Панько С.В.; Первый опыт малоинвазивного лечения гнойнонекротических заболеваний легких и плевры с использованием «управляемой вакуумной асперации»// Гродненский государственный медицинский университет; редкол.: В.А. Снежицкий (отв.ред.), С.Б. Вольф, Н.М.Курбат.-Гродно, 2018.№70.
- 5. Куптель, М.А.; Татур А.А.; Попов М.Н. Торакостомия с использованием повязок с отрицательным давлением VAC-терапия// Гродненский государственный медицинский университет; редкол.: Г.Г.Кондратенко.-Гродно, 2018.Ч. 2–С.246-249.
- 6. Бенян А.С., Медведчиков-Ардия М.А. Новые технологии в хирургическом лечении пациентов с гангренозными абсцессами легких// Тольяттинский медицинский консилиум.-2016. №3-4. С-7-12.
- 7. Мухамедов Х.Б.М., Шевлюк Н.Н., Третьяков А.А., Стадников А.А., Фадеев С.Б., Морфофункциональная арактеристика экспериментальной модели ограниченной хронической эмпиемы плевры и особенности репаративного гистогенеза при ликвидации полости путем имплантации композитного материала// ВНМТ. 2016. №3.
- 8. Петухов В.И., Кондерский Н.М., Ермашкевич С.Н., Русецкая М.О., Янковский А.И., Кунцевич М.В., Результаты лечения пациентов с абсцессами легких//Хирургия. Восточная Европа.-2015. №4(16).-С. 57-64.
- 9. Пинчук Т.П., Ясногорский О.О., Гурьянова Ю.В. и др. Диагностическая и лечебная бронхоскопия у пациентов с гнойно-деструктивными заболеваниями легких//Хирургия. Журнал им.Н.И.Пирогова.-2017.№8.-С.33-39
- 10. Feki W., Ketata W., Bahlou N. Abces du poumon: diagnostic et prise en charge Lung abscess: Diagnosos and management// Revue des Maladies Respiratories.-2019. Volume 36, numero 6.-pages 707-719.