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MODERN APPROACHES TO INTENSIVE THERAPY OF ACUTE INTESTINAL INFECTIONS IN CHILDREN IN ANDIJAN

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Annotation: The article presents the features of the clinical course of acute intestinal infections. The intoxication syndrome is described, its dynamics is shown, assessed by leukocyte intoxication indices, and the severity and severity of the intoxication syndrome is characterized by an integral indicator - the level of molecules of average mass. The expediency of using infusion solutions as a means of pathogenetic therapy that realizes a detoxification effect and normalizes homeostasis is substantiated. The dependence of the onset of a favorable outcome of the disease on the dynamics of the main clinical symptoms and the leukocyte index of intoxication is shown.

Key words: Diarrhea, infection, intensive care, toxicosis, hospitalization, intensive care, toxicoinfection, therapeutic effect.

Relevance of the work. Despite the successes achieved in the fight against many infectious diseases, the problem of diarrheal diseases in Uzbekistan, as well as throughout the world, continues to remain relevant. The medical and social significance of the problem is determined not only by the significant spread of diseases, but also by the high frequency of severe complicated forms of the disease, especially among young children. In addition, diarrheal diseases indirectly contribute to an increase in the incidence of other infections, as they lead to exhaustion and, consequently, to a decrease in the body's resistance [1,2]. Despite the sufficiency of literary data devoted to the study of diarrheal diseases and their treatment, many clinical and organizational aspects of the problem of acute intestinal infections, especially in young children, continue to remain unresolved. Treatment of emergency conditions in acute intestinal infections (AI) is often reduced only to the elimination of various degrees of exicosis using oral and intravenous rehydration [3].

Purpose of the study.

To study the pathological conditions that arise during acute intestinal infections and other pathological conditions that require intensive therapeutic measures.

Materials and methods of research. An analysis was conducted of 350 patients treated in the intensive care unit for acute intestinal infections over 5 years (2019-2023). Patients treated in the intensive care unit accounted for 12.5% of all children admitted to the hospital with ACI, the majority of them (89%) were infants.

Research results. When determining the indications for hospitalization in the intensive care unit, we distinguished the following emergency conditions in children with acute intestinal infections and, accordingly, carried out differentiated therapeutic measures:

1. Intestinal toxicosis with exicosis II - III degree. This condition occurs frequently, in 42% of cases, usually with acute intestinal infections, accompanied by watery diarrhea and repeated vomiting, that is, with escherichiosis and food toxic infections. However, in infants it can develop with a severe form of acute intestinal infection of any etiology. The main component of the disorders should be considered exicosis with a loss of 5 to 15% of fluid with the development of hypokalemia and hypoproteinemia. The latter are often detected after correction of exicosis and elimination of hemoconcentration. In patients under one year of age, exicosis is mainly isotonic in nature; a decrease in sodium is rarely observed [4]. Disorders of the central nervous system, microcirculation and acid-base status are secondary. The basis of therapy for this condition is timely and adequate correction of water-electrolyte balance and hypoproteinemia using infusion therapy, both on the first day of the patient's admission and for the entire period of ongoing losses. To assess the adequacy of the treatment, constant laboratory monitoring is required in the clinic. Informative laboratory indicators are the level of hematocrit and the concentration of electrolytes in plasma, primarily K+ and Na+, as well as the level of total protein. We used an isosmic glucose polyionic solution (contains sodium 86 mmol/l) as an infusion agent. Of the colloidal solutions in the acute phase, the most suitable is rheopolyglucin. Albumin solutions were used after elimination of dehydration; their use as a "starting solution" is undesirable. The volume of infusion therapy depends on a number of factors: the age of the child, the degree of exicosis, the volume of ongoing losses through stool and vomiting, the absorption of food and drink, etc. But drawing up corrective programs and using standard solutions allows the doctor to quickly make the necessary calculations. Cocarboxylase, ATP, and drugs to improve microcirculation (trental, kurangil) are also added to the infusion media. More than half of the children in this group can be treated without the use of antibiotics, or receive them only by mouth.
2. Generalized forms of intestinal infections, septicemia, occurring with severe symptoms of intoxication. Patients with these forms accounted for 33% of all patients in the intensive care unit; these conditions are most often observed with salmonellosis, yersiniosis, and klebsiellosis [5]. They are characterized by the presence of two or more lesions, of which pneumonia and acute otitis media are the most common, pyelonephritis is less common and myocarditis is rare. The severity of the patients' condition is explained mainly by bacterial intoxication; the following are noted: lethargy, refusal to eat and drink, fever, infrequent vomiting, enlarged liver and spleen, intestinal paresis. Laboratory tests reveal subcompensated metabolic acidosis, hypokalemia, hypoproteinemia, changes in the blood count, leukocyte index increased within 3-8 units, and intoxication. For patients in this group, a quick etiological diagnosis using serological reactions and the correct selection of antibacterial drugs, bacteriological examination of discharge from the nose, ears, culture of urine and feces with determination of the sensitivity of the isolated flora to antibiotics are important. Such patients undergo detoxification-corrective infusion therapy with elements of parenteral nutrition. The total amount of calories should be 100-110 kcal kg/day. According to indications, immunoglobulin (intravenously), native (or frozen) plasma was used, and heparin therapy was performed at a rate of 150-250 units. heparin per kg of body weight, proteolysis inhibitors (contrical, gordox) were also used.[5] Neurotoxicosis in our observations was noted in 7% of patients. It manifests itself as a generalized reaction with hyperthermia, tachycardia, shortness of breath, anxiety, and clinical-tonic convulsions are often observed. This condition was more often observed in severe forms of dysentery, with a combination of viral (ARVI) and bacterial (intestinal) infections. It was also observed during the period when, against the background of an ongoing intestinal infection, the child

developed complications in the form of acute otitis, pneumonia, etc. Exicosis in such patients was usually mild, tissue turgor remained normal, the large fontanel was filled or bulged. Laboratory tests usually revealed leukocytosis in the blood, an increase in the leukocyte index, intoxication, metabolic acidosis and compensatory hypocapnia, and a disturbance in the blood coagulation system was noted [6]. Such conditions require the most urgent measures: they included relieving seizures using intravenous administration of seduxen (0.5 mg/kg) and pipolfen (1-2 mg/kg). In severe cases, this was achieved by lowering body temperature using physical and medicinal methods. In case of convulsions, a lumbar puncture was performed for therapeutic and diagnostic purposes (therapeutic effect due to a decrease in cerebrospinal fluid pressure). Therapeutic measures were aimed at normalizing hemodynamics, preventing cerebral edema with the help of ganglion blockers, neuroplegic drugs, and corticosteroid hormones. For severe tachycardia, beta-blockers (obzidan) were used. This drug was administered slowly, under the control of the pulse rate and even the ECG. During the first phase of treatment, infusion media containing sodium were strictly limited. After the elimination of the phenomena, neurotoxicoinfusion therapy was carried out (if the need remained) according to generally accepted principles of correction.

Conclusion: In addition to toxicosis and exicosis in severe forms of acute intestinal infections in children, it is also necessary to take into account the development of shock, acute renal failure and the occurrence of a toxic-dystrophic state. Thus, a differentiated approach to the assessment of emergency conditions during acute intestinal infections in children and their adequate therapy can reduce mortality among intensive care patients admitted for acute intestinal infections.

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