

TOXIC POLYNEUROPATHY IN ARSENIC POISONING

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Abstract: The article presents the features of the course of arsenic polyneuritis and describes a clinical case of suicidal arsenic poisoning.

Keywords: Polyneuropathy, arsenic, clinic, diagnosis, treatment.

INTRODUCTION

Polyneuropathy is a systemic disease of the peripheral nervous system, which is characterized by diffuse damage to the peripheral nerve fibers that make up various nerves, and therefore manifests itself in relatively symmetrical symptoms and tomatism. Unlike mononeuropathy and most types of multiple neuropathy, the unit of damage in which is the nerve trunk, including various types of fibers, with polyneuropathy, relatively selective damage to a certain class of nerve fibers is possible.

MATERIALS AND METHODS

The cause of polyneuropathies can be various diseases that affect the peripheral nervous system, and the main pathological process can unfold far beyond the nervous system.

Based on etiology, seven main groups of polyneuropathies can be roughly distinguished: 1) idiopathic polyneuropathies - inflammatory (Guillain-Bar syndrome, re) or non-inflammatory (chronic idiopathic axonal polyneuropathy); 2) metabolic polyneuropathies (diabetic, hepatic, etc.); 3) toxic polyneuropathies (exogenous and endogenous); 4) infectious polyneuropathies (with leprosy, diphtheria, neuroborreliosis, HIV, infection); 5) according to, lineuropathy in systemic diseases (sarcoido, ze, systemic connective tissue diseases, you, culitis); 6) paraneoplastic polyneuropathies; 7) hereditary polyneuropathies.

RESULTS AND DISCUSSION

The differentiation of polyneuropathies into two main groups is of important diagnostic and prognostic significance: 1) axonopathies - mainly when the axons of nerve fibers are compressed; 2) demyelinating neuropathies – damage to the myelin sheaths.

The condition for successful treatment of any form of polynev, ropathy is an accurate diagnosis of the underlying problem, levania, allowing for etiotropic and pathogenetic therapy. However, even after the most thorough examination, in at least a third of cases, the cause of polyneuropathy cannot be established. Clarification of the etiology of polyneuropathy should be based on a dual approach. On the one hand, analysis of the symptoms, symptoms and course of polyneuropathy, classifying it as axonopathies or demyelinating neuropathies allows us to significantly narrow the range of possible causes. On the other hand, a thorough history taking and a set of standard studies make it possible to exclude the most common causes of this syndrome. When collecting anamnesis, it is important to remember that events related to the causes of the disease (infection, infection, exposure to industrial or household currents, chemical substances, taking a new drug) occur several weeks before the appearance of the first symptoms of polyneuropathy. It is necessary to obtain information about working conditions, somatic concerns, medications, and dietary habits. It is important to collect a family history, and

sometimes to examine the patient's relatives. When examining, you need to pay attention to the presence of cavus foot, kyphoscoliosis and other skeletal deformities.

The main toxic effects are caused by: 1) exogenous toxins: alcohol, organic compounds, solvents, metals (lead, mercury, arsenic, tin, thallium, platinum), organophosphorus compounds, acrylamide; 2) medications: amioda, ron, dapsone, disulfiram, hydralazine, lithium, isoni, azide, metronidazole, nitrofurans, chloroquinil, diphenine, gold preparations, vinblastine, vincristine, pi, ridoxin in high doses; 3) endotoxins: paracan, ceromatous (cancer of the lungs, stomach, breast, female genital organs); blood diseases (malignant reticulosis, lymphogranulomatosis, multiple myeloma, leukemia).

Damages to the nervous system due to poisoning with arsenic and its compounds occupy a fairly significant place among other forms of toxic diseases. They can be observed in occupational, household, and drug intoxications caused by acute, subacute or chronic effects of arsenic or its compounds. Often, arsenic poisoning occurs as a result of its introduction into the body for the purpose of murder or suicide. We, shyak can be taken with food and drink. There are cases where arsenic was taken in a toxic dose by mistake - instead of soda or salt.

The diagnosis of arsenic polyneuropathy is verified using toxicological studies for arsenic content in hair, nails, urine, and feces. Both in acute and in exacerbation of chronic arsenic poisoning, the process conditionally develops according to certain phases that characterize the stage of pathological and compensatory conditions.

The first stage of acute or subacute poisoning is characterized by violent manifestations in the gastrointestinal tract: a short time (from half an hour to several hours) after exposure to the poison, nausea appears, persistent, often uncontrollable, vomiting, sometimes lasting up to several days; in some patients, vomiting continues for 2 weeks. At the same time, there is frequent loose stool, often mixed with blood.

The second stage of acute and subacute arsenic intoxication is characterized by gradual relief of acutely developed cerebral and gastrointestinal disorders. This phase usually lasts from no, how many days to 2 weeks. The mildest cases may end in complete recovery during this period. Often the second stage is a period of latent development of widespread organic changes in the nervous system, which are clinically detected only after some time.

The third stage is the phase of development of clinical symptoms of polyneuritis and their progression. The neuritic process in arsenic poisoning is initially accompanied by symptoms of irritation of non-tearing trunks, including its sympathetic hairs, con. Patients experience sharp pain in the limbs, accompanied by unpleasant paresthesias. The pain syndrome is very intensely expressed and is accompanied by symptoms of hyperpathy. The slightest touch to the skin, especially in the area of the lower extremities, causes sharp, diffuse pain, a burning sensation or electric current, radiating along the extremities.

CONCLUSION

Thus, the presented observation is of interest not only as a variant of toxic polyneuropathy that is rarely encountered at the present time, but also shows how important a careful clinical examination is in our age of "neuroimaging", a thorough analysis of the neurological status, of which there are many attention was paid at one time by Professor H.G. Khodos, and also emphasizes the continuing relevance of the postulate that "a detailed history is collected is half

of the formulation of a successful diagnosis.” A correct diagnosis is essentially a condensed, encrypted algorithm, a treatment regimen.

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