INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563
eISSN 2394-6334 https://www.ijmrd.in/index.php/imjrd Volume 11, issue 01 (2024)

EMERGENCY AND INTENSIVE CARE INDIVIDUAL STATE OF EMERGENCY IN ACUTE INTESTINAL INFECTIONS IN CHILDREN

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ABSTRACT: The analysis of 350 patients treated in the intensive care unit at the AII for the past 5 years. The mainstay of therapy for this condition is timely and adequate correction of fluid and electrolyte balance and hypoproteinemia with infusion therapy, as in the first days of receipt of the patient as well as for the entire period of ongoing losses. Generalized forms of intestinal infections, septicemia occurring with pronounced symptoms of intoxication often in salmonellosis, yersiniosis, klebsielleze and represented 33 % of all intensive care unit patients. Such patients dezintoksikation - correcting fluid therapy with elements of parenteral nutrition. Neurotoxicosis. In our study, was observed in 7 % of patients. This condition is most often seen in severe forms of dysentery, with a combination of viral (SARS) and bacterial (intestinal) infections [4]. Therapeutic measures directed at normalizing hemodynamics, prevention of brain edema with ganglioblokators, neyroplegics drugs, corticosteroids. A differentiated approach to the assessment of emergency conditions with acute intestinal infections in children and their adequate treatment reduce mortality in critically ill patients admitted for acute intestinal infections.

Key words: Intensive therapy, special relief, acute intestinal infection, diarrhea, dehydrate.

Introduction. 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 diseases, 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, as a result, to a decrease in the body's resistance [1,2].

Despite the sufficiency of literature 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.

The goal of our research is that with acute intestinal infections, in addition to various degrees of exicosis and toxicosis, children may develop other pathological conditions that require intensive therapeutic measures.

Material and research methods. We analyzed 350 patients treated in the intensive care unit for acute intestinal infections over 5 years (2005-2010). 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.

When determining the indications for hospitalization in the intensive care unit, we distinguish the following emergency conditions in children with ACI and, accordingly, carry 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 10% of fluid with the development of hypokalemia and hypoproteinemia [4]. 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. 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 clinical and laboratory monitoring is necessary. Informative laboratory indicators are the level of hematocrit and the concentration of electrolytes in the plasma, primarily K+ and Na+, as well as the level of total protein. As an infusion we use an isosmic glucose-polyionic solution (contains sodium 86 mmol/l). Of the colloidal solutions in the acute phase, the most suitable is rheopolyglucin. We use albumin solutions after eliminating 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 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, chimes) 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 klebsiosis. 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, and an increased leukocyte index of intoxication within 3-8 units.

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 are given detoxification and corrective infusion therapy with elements of parenteral nutrition. The total amount of calories should be 100-110 kcal.kg/day. According to indications, we use immunoglobulin (intravenously), direct blood transfusions, native (or frozen) plasma, and heparin therapy at a rate of 150-250 units. heparin per kg. body weight, we also use proteolysis inhibitors (contrical, gordox).

3. Neurotoxicosis. In our observations, it was observed in 7% of patients. It manifests itself as a generalized reaction with hyperthermia, tachycardia, shortness of breath, anxiety, and clonic-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. They were also observed during the period when, against the background of an ongoing intestinal infection, the child developed complications in the form of acute otitis media, 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 of intoxication, metabolic acidosis and compensatory hypocapnia, and disturbances in the blood coagulation system were noted. I require similar states

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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