

**THE METHOD OF PRIMARY NECROECTOMY IN THE TREATMENT OF
SOFT TISSUE TROPHIC ULCERS IN PATIENTS WITH DIABETES***Tursunov Feruz O'ktam o'g'li**Samarkand State Medical University "Clinical laboratory diagnostics and DKTF
with clinical laboratory diagnostics course" trainee assistant of the department**Boboqulova Aziza**Samarkand State Medical University**1-course clinic ordinator*

Introduction. Surgical soft tissue infection in patients with diabetes the clinical picture continues in an atypical manner, if there are no characteristic signs of a purulent process and patients are treated by other specialists. In primary care late diagnosis of pathology due to lack of opportunity to conduct instrumental research methods was Patients with this pathology developed sepsis with organ failure cases are diagnosed. According to WHO, 5-6% of the population of developed countries suffer from diabetes, and the number of these patients is constantly growing and doubles every 10-15 years.

**СПОСОБ ПЕРВИЧНОЙ НЕКРОЭКТОМИИ ПРИ ЛЕЧЕНИИ
ТРОФИЧЕСКИХ ЯЗВЫ МЯГКИХ ТКАНЕЙ У БОЛЬНЫХ САХАРНЫМ
ДИАБЕТОМ***Турсунов Феруз Уктам угли**Самаркандский Государственный медицинский университет**"Клиническая лабораторная диагностика и ФПДО с курсом клинической
лабораторной диагностики" ассистент-стажер кафедры**Бобокулова Азиза**Самаркандский Государственный медицинский университет**клинический ординатор 1 курса*

Введение. Хирургическая инфекция мягких тканей у пациентов с сахарным диабетом клиническая картина протекает нетипично, если нет характерных признаков гнойного процесса и пациенты проходят лечение у других специалистов. В первичном звене медицинской помощи диагностируется поздняя диагностика патологии из-за отсутствия возможности проведения инструментальных методов исследования, у пациентов с данной патологией развился сепсис с органной недостаточностью. По данным ВОЗ, 5-6% населения

развитых стран страдают сахарным диабетом, и число этих больных постоянно растёт и удваивается каждые 10-15 лет.

With a history of diabetes mellitus of more than 20 years, the probability of damage to the lower extremities exceeds 80%, while 40–70% of all non-traumatic amputations are performed in patients with diabetes mellitus, and immediate postoperative mortality can reach 20% or more [2]. A key step in the treatment of trophic ulcers is surgical treatment and its main component is primary necrectomy. It is this that is currently associated with improving the results of surgical treatment of wound and ulcerative defects of the foot in patients with diabetic foot syndrome. Traditional knife necrectomy has certain limitations associated with possible blood loss, which significantly limits its use in patients with burn wounds and has served as an incentive to search for more gentle, but at the same time radical methods. In particular, these include ultrasound and hydrosurgical dissection [3]. Recently, the method of vacuum therapy has been actively discussed both as a primary necrectomy and in the complex treatment of diabetic trophic ulcers.

The purpose of the work is to evaluate the effectiveness of vacuum therapy as a primary necrectomy in patients with trophic ulcers against the background of diabetic foot syndrome.

Purpose: Early purulent-inflammatory diseases of soft tissues in diabetes search for methods or methods of diagnosis.

Materials and methods. We have 32 patients with purulent-inflammatory diseases of different localization. We studied one patient. At the same time, all patients are different before being admitted to the polyclinic was undergoing inpatient treatment in institutions. 9 of them lower limbs, thrombophlebitis 12, 5 people with chronic kidney failure and 6 people with soft tissue treated for infiltration. Because the treatment was ineffective, these patients were transferred to our department conducted.

To evaluate the effectiveness of various methods of primary necrectomy, clarify the indications and timing of their use, a prospective randomized clinical trial was conducted in 160 patients suffering from stage 1-2 diabetic foot syndrome according to the Wagner classification (Wagner M., 1980). In the surgical department of the NIKEL clinic, patients were randomly (in a 1:1:1 ratio) divided into 3 groups (comparison group, first main group, second main group). Patients of the first group (comparison group), numbering 49 people, underwent knife necrectomy using surgical instruments. When performing “knife necrectomy”, fibrin deposits and soft tissue necrosis were removed using standard surgical instruments - scissors, scalpel, Volkmann spoon. Patients of the first main study group (78 people) underwent necrectomy using hydrosurgical system Versajet II plus. A thin stream of saline solution necrosis of soft tissues and fibrin was excised from the surface of the wound

and removed into the suction device. After the operation, the wounds were washed with antiseptic solutions.

The average operation time was 23 ± 5 minutes. In the first and second groups of the study, surgery was performed under local or regional anesthesia. Naropin solution 0.75% was used as an anesthetic in a dose of 5 to 20 ml. In the second main group (33 people), necrectomy was performed using the PICO vacuum system. The set includes an adhesive-based sorption bandage, a portable device for creating negative pressure, a system of tubes and connectors, and additional adhesive films to create a sealed environment. A dressing from a disposable set was tightly fixed to the wound to create a sealed environment; using a system of tubes and connectors, the dressing was connected to a device that created negative pressure. Exudate and fibrin from the wound, using negative pressure, entered and were absorbed into the sorption bandage on the wound. The average time the dressing was on the wound was 2 ± 1 days. In the postoperative period, dressings of the resulting wound were performed using wound coverings

"PovidoneIodine" or "PolyPran". In all study groups, surgery was performed under local or regional anesthesia. Naropin solution 0.75% was used as an anesthetic in a dose of 5 to 20 ml.

Results and discussion. According to the results of this measurement, according to the algorithm, he scored more than 25 points patients have absolute indications for opening attention. At the same time, the dynamic observations are the same shows that if there are already 4 signs, it is mild in patients with diabetes suspect the presence of a necrotic process in the tissue and apply its rating, then deep instrumental studies should be conducted.

When assessing the timing of the disappearance of edema, no significant differences were found in the study groups. When studying the timing of the appearance of secondary necrosis after primary necrectomy, we chose days 1-3, days 4-6, and days 7-10 as controls. On days 1-3 in the comparison group, secondary necrosis was detected in $18\pm 1.4\%$, in the first main group - in $1.2\pm 1.7\%$, in the second main group.

Soft tissue surgery in patients with diabetes timely early diagnosis of infection and detection of the risk of progressive purulent-necrotic process. It is important to evaluate and prevent the development of sepsis. The described diagnostic method is simple and open to professionals of all levels, especially entry-level diabetes is one of the most effective diagnostic methods used in people infected with

There were no secondary necrosis in the ulcers in any observation. On days 4-6 after primary necrectomy, secondary necrosis was detected in the comparison group in $26\pm 3.6\%$, in the first main group - in $17.5\pm 2.1\%$, in the second main group - in $16.6\pm 2.4\%$ of patients. On days 7-10 in the comparison group, secondary necrosis was recorded in $8\pm 0.9\%$ of patients, in the first main group - in $7.5\pm 1.1\%$, in the second

main group - in 6.6 ± 0.8 % of patients. When analyzing the dynamics of the ulcer surface area, it was noted that the rate of decrease in the ulcer area increases from the group in which knife necrectomy was used to the group using the PICO vacuum system. Thus, the minimum average rate of reduction in ulcer area was observed in the comparison group (3.57 ± 0.24 % per day), the most.

REFERENCES:

1. Tursunov Feruz O'Ktam O'G'Li, Raximova Gulchiroy Olim Qizi, Isroilova Umidaxon, Turayeva Shaxnoza ASSESSMENT OF CARBOHYDRATE METABOLISM IN PATIENTS WITH DIABETES AND COVID-19 // ReFocus. 2022.
2. Кудратова З.Э., Турсунов Ф.У., Мусаева Ф.Р., Абдулхаев Иброхим АТИПИК МИКРОФЛОРА ЭТИОЛОГИЯЛИ Ў ТКИР ОБСТРУКТИВ БРОНХИТЛАРИНИНГ Ў СИГА ХОС КЛИНИК КЕЧИШИ // ReFocus. 2022.
3. Feruz O'ktam o'g T. et al. Qandli diabet va covid-19 bilan kasallangan bemorlarda glikemiya va glyukozuriya taxlili //Journal of new century innovations. – 2023. – T. 23. – №. 1. – С. 94-98.
4. Dilshod ogli X. H., Uktam ogli T. F. RIVOJLANAYOTGAN MAMLAKATLARDA ICHIMLIK SUVINI TOZALASH VA MUAMMOLAR. – 2023.
5. Burkhanova D. S., Tursunov F. O., Musayeva F. THYMOMEGALY AND THE STATE OF HEALTH OF CHILDREN IN THE FIRST YEAR OF LIFE //Galaxy International Interdisciplinary Research Journal. – 2023. – T. 11. – №. 10. – С. 62-64.
6. Feruz O'ktam o'gli T., Mengdobilovich M. N. ANALYSIS OF GLYCEMIA AND GLUCOSURIA IN PATIENTS WITH DIABETES AND COVID-19 //Open Access Repository. – 2023. – T. 4. – №. 2. – С. 177-181.
7. GLOMERULONEFRIT KASALLIGIDA SITOKINLAR AHAMIYATI LK Isomadinova, FA Daminov Journal of new century innovations 49 (2), 117-120
8. СОВРЕМЕННАЯ ЛАБОРАТОРНАЯ ДИАГНОСТИКА ХРОНИЧЕСКОГО ПИЕЛОНЕФРИТА У ДЕТЕЙ ЛК Исомадинова, ФА Даминов Journal of new century innovations 49 (2), 112-116
9. SAMARQAND TUMANI KESIMIDA HOMILADOR AYOLLARDA VITAMIN D YETISHMOVCHILIGI QZEMF Isomadinova L.K JOURNAL OF NEW CENTURY INNOVATIONS 45 (1), 177-180
10. Dushanova G. A., Nabiyeva F. S., Rahimova G. O. FEATURES OF THE DISTRIBUTION OF HLA-ANTIGENS AMONG PEOPLE OF THE UZBEK NATIONALITY IN THE SAMARKAND REGION //Open Access Repository. – 2023. – T. 10. – №. 10. – С. 14-25.

11. Berdiyeva Sh.Sh., Ahadova M.M., Ochilov S.A. COMPLICATIONS OF TREATMENT OF ACUTE HEMATOGENOUS OSTEOMYELITIS, LITERATURE REVIEW, Galaxy International Interdisciplinary Research Journal 293-298
12. Kudratova Zebo Erkinovna, Karimova Linara Alixanovna Age-related features of the respiratory system // ReFocus. 2023. №1. URL: <https://cyberleninka.ru/article/n/age-related-features-of-the-respiratory-system>.
13. Бердиярова Ш.Ш., Юсупова Н.А., Ширинов Х.И. Клинико-лабораторная диагностика внебольничных пневмоний у детей, Вестник науки и образования, 80-83
14. Isomadinova L.K. Qudratova Z.E. Shamsiddinova D.K. Samarqand viloyatida urotiliaz kasalligi klinik-kechishining o'ziga xos xususiyatlari. Central asian journal of education and innovation №10. 2023, P. 51-53
15. Berdiyeva Sh.Sh., Yusupova N.A., Murtazaeva N.K., Ibragimova N.S. Clinical and laboratory features of chronic hematogenic osteomyelitis// TJM - Tematics journal of Microbiology ISSN 2277-2952 Vol-6-Issue-1-2022, P. 36 – 43.