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DIAGNOSTIC MEASURES FOR PULMONARY BLEEDING

Z.K. Gafurov
Andijan state medical institute

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Abstract:

Pulmonary hemorrhage, being a severe complication of various pathological conditions, requires an integrated approach to diagnosis, treatment and prevention, taking into account the etiology and pathogenesis in specialized departments.

Currently, the tactics of treatment of pulmonary hemorrhage consists of the combined use of hemostatic therapy, endoscopic imaging methods, X-ray endovascular surgery methods, as well as surgical methods of treatment.

The result of treatment of patients with this pathology largely depends on the cause that led to this complication, the caliber of the damaged vessel, the nature and volume of bleeding, timely provision of specialized care.

This article provides its own treatment material for 394 patients with this pathology examined and treated in the department of thoracovascular surgery of the Andijan branch of the Republican Scientific Center for Emergency Medical Care from 2015 to 2019.

Keywords: Pulmonary , cardio-thoracic , tuberculosis .

Pulmonary hemorrhage is a formidable pathology that determines the probability of fatal outcome of various diseases and injuries.

According to the clinical recommendations approved at the V International Congress "Current trends in modern cardio-thoracic surgery" dated June 25-27, 2015 in St. Petersburg, up to 50 nosologies and manifestations of other diseases in the form of syndromes can play a role in the occurrence of pulmonary hemorrhages.

In particular , the following are highlighted

1. Infectious diseases such as tuberculosis, abscess and gangrene of the lungs, pneumonia of various genesis, parasitic infections.
2. Bleeding associated with any medical diagnostic or therapeutic manipulations, such as bronchoscopy, puncture or drainage of the pleural cavity, catheterization of central vessels.
3. Bleeding associated with traumatic effects on organs and tissues, these are gunshot wounds or cold weapons, catatrauma, the results of an accident, etc.
4. Bleeding associated with oncological pathology is singled out separately.
5. Related to vascular pathology, such as thromboembolism of large and parenchymal vessels, as well as diseases of the cardiovascular system.
6. Pulmonary hemorrhages associated with violations of the morphological composition of blood and, consequently, changes in the rheology of blood - hemophilia, thrombocytopenia, platelet dysfunction, DIC syndrome).
7. Diseases of the vessels themselves and other causes of bleeding in the form of endometriosis, pneumoconiosis, etc.

As can be seen from the above, the causes of pulmonary bleeding are diverse, but they can all lead to a fatal outcome, and the main component of this is not acute blood loss, but acute respiratory failure associated with the obstruction of the tracheobronchial tree with blood.

Currently, the classification of pulmonary hemorrhages proposed by E.G. Grigoriev (1990) is considered the most practical in application, in which the rate of blood loss and its volume are taken into account

(Table 1)

Degree		Volume of blood loss	
I	A	50 ml / day	
	Б	50-200 ml / day	
	B	200-500 ml / day	
II	A	30-200 ml / hour	
	Б	200-500 ml / hour	Life - threatening Personality
III	A	100 ml simultaneously	

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	Б	More 100 ml and obstruction of the tracheobronchial tree, asphyxia.	

From 2015 to 2019, 394 patients hospitalized for pulmonary bleeding were treated in the thoracovascular surgery department of the Andijan branch of the Republican Scientific Center for Emergency Medical Care.

Of these, there were 206 males (52.2%), 188 females (47.7%), aged from 18 to 70 years.

At admission in 32 (8.1%) patients, the clinic of severe posthemorrhagic anemia prevailed, in 76 (19.2%) severe intoxication and respiratory insufficiency prevailed, in 11 (2.8%) cases patients with oncoprocess admitted at night, 35 (8.9%) patients with cardiological pathology. In 240 (61%) patients, episodes are not associated with any pathology and occurred against the background of a relatively prosperous condition.

Complaints of shortness of breath and a feeling of lack of air in 284 (72%) cases, general weakness in 178 (45%) cases, fever in 97 (24.6%) patients, pain in one or another half of the chest in 92 (23.3%) cases, cough with the release of saturated bloody sputum in 273(69.2%) cases, an episode of "full mouth" bleeding in 117 (29.6%) patients and in 4(1%) cases profuse bleeding.

All patients were examined according to the clinical protocols in force in the RNCEMP system. Anemia of one degree or another was detected in 382 (97%) patients, in 12(3%) patients with hemoptysis, the red part of the blood is normal, leukocytosis was detected in 123 (31.2%) cases, a decrease in total protein in 189 (48%) cases.

Polypositional X-ray and radiography revealed the presence of inflammation in 147 (37.3%) cases, enlarged heart borders in 53 (11.4%) cases, the presence of an oncological process in 11 (2.8) cases, the presence of complicated echinococcal cysts was revealed in 14(3.5%) patients. In 169 (43%) cases, X-ray examination revealed no pathology.

After a short course of hemostatic therapy, 342 (86.8%) patients underwent diagnostic tracheobronchofibroscopy,

At the same time, in 153 (44.8%) cases, multiple erosions were found to be the cause of bleeding, in 23 (6.7%) observations, the presence of an undiagnosed oncological process, and in 166 (48.5%) cases, the volume of the examination of pathology from the tracheobronchial tree did not reveal.

Thus, patients with pulmonary hemorrhage need to be hospitalized and examined to identify the cause of bleeding and to resolve issues of further treatment tactics. Separately, it is necessary to say about the significant role of tracheobronchofibroscopy in the diagnosis and treatment of patients with this pathology.

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