



## PRINCIPLES OF DIAGNOSIS AND TREATMENT OF ACUTE PURULENT-DESTRUCTIVE LUNG DISEASES

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<p><b>Received:</b> December 4<sup>th</sup> 2021 <b>Accepted:</b> January 4<sup>th</sup> 2022 <b>Published:</b> February 13<sup>th</sup> 2022</p>	<p>Thanks to the organization and improvement of diagnostic methods, new methods of treatment, surgical techniques, significant progress has been made in the treatment of acute purulent-destructive lung diseases (APDLD). However, this problem remains relevant today. In recent years, there has been an increase in the number of patients with severe and complicated forms of AHDD [1]</p> <p>As we know, according to studies [2,3,4] the percentage of development of pulmonary-pleural complications in lung abscesses ranges from 30% to 70%, and the incidence of gangrenous forms from 28% to 74%. Despite various approaches to the treatment of AHDD, the results of complex treatment can hardly be considered satisfactory. There is still a high mortality rate, which ranges from 12.7% to 77.8% in various forms of purulent-necrotic process. Management and treatment of patients with this pathology requires an individual approach and a set of therapeutic measures.</p>

**Keywords:** Acute Purulent-Destructive Lung Diseases(APDLD), Acute Lung Abscess, Lung Gangrene, Treatment.

### THE PURPOSE OF THE STUDY:

To improve the result of treatment and the principle of diagnosis of patients with acute purulent-destructive lung diseases.

### MATERIALS AND METHODS:

To conduct the study, we studied 3 groups of patients with purulent-destructive lung diseases. The patients were hospitalized at the Republican Center for Purulent Surgery at the TMA Clinic from 2019 to 2021. To achieve the purpose of the study, the following methods were chosen: analysis and generalization of literature sources on the subject of the study, analysis of anamnestic data, analysis of medical documentation, quantitative and qualitative data analysis.

Statistical processing was carried out using the MS Excel 2010 program. The sample of persons involved in the study was 573 patients, which we divided into the following groups:

Group 1 - 249 patients (43.4%). At the same time, a significant part were patients with abscessing pneumonia - 122 patients (49%), then with acute lung abscess - 71 patients (28.5%), acute gangrenous lung

abscess - 32 (12.9%) and lung gangrene - 24 patients (9.6%).

232 patients with purulent-destructive lung diseases with pleural complications made up group 2 (40.5%). At the same time, in 41.8% of cases (97 patients), the complication was widespread, and 58.2% of cases (135 patients), the complication was in the form of limited empyema or limited pyopneumothorax (26.1%).

Group 3 included patients with only purulent-inflammatory diseases of the pleura (parapneumonic empyema of the pleura) without lung destruction - 92 patients (16.1%).

The strategic direction of treatment of patients with APDLD in these years was the active use of sparing methods of treatment: one, two or several options for drainage of a purulent focus, lavage of the focus and measures aimed at relieving perifocal inflammation. These principles were implemented either by a separate endotracheal or transthoracic route (47.3%), or they were combined (52.7%). The task of limiting the inflammatory process was solved by the use of long term intraarterial catheter therapy - DVACT (21.6%), abscess (8.98%), thoracoabscessoscopy (0.59%), combined double drainage of the abscess



cavity (1.18%), microdrenation of the pleural cavity (17.6%) and macrodrenation of the pleural cavity (24.6%).

#### **RESULTS AND THEIR DISCUSSION:**

As a result of the therapy, complete recovery was achieved in 42.8% of cases (245 patients), and clinical recovery was achieved in 37.2%. Chronization of the process was noted in 74 patients (12.9%). The total mortality rate was 7.1%. At the same time, 6.4% in group 1 and 10.8% in group 2. There was no lethality in group 3. The average bed-day was 11.4+1.0 days. At the same time, the largest number of bed days accounted for patients of the second group (15+1.3 days).

#### **CONCLUSIONS.**

Thus, today, in the treatment of patients with APDLD, we consider it necessary to actively use sparing methods of purulent focus sanitation. At the same time, in patients with severe forms of APDLD (lung gangrene) of endotracheal and transthoracic methods of rehabilitation, a long-term intra-arterial catheter therapy should be a mandatory and vital component of the complex of therapeutic measures. But these studies are still ongoing and require further study and collection of materials.

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