APPLICATION OF THE DRUG "BAKTIZEV" IN THE COMPREHENSIVE TREATMENT OF PURULENT INFLAMMATORY DISEASES OF THE MAXILLOFACIAL REGION

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Relevance. The number of patients with pyoinflammatory diseases of the maxillofacial region, despite the active introduction of new bactericidal and bacteriostatic drugs, is increasing [1, 2]. In addition, purulent-inflammatory diseases of the maxillofacial region (MFO) can lead to the development of such formidable complications as acute odontogenic mediastinitis, meningitis, sepsis, thrombosis of the dura mater sinuses.

Usually mixed odontogenic infection of microflora, facultative bacteria are mainly green streptococci (in particular, Streptococcus mutans, Streptococcus milleri), as well as non-sporeforming anaerobes (Peptostreptococcus spp., Fusobacterium spp., Actinomyces spp.).

Literature data of foreign and domestic authors show that in case of odontogenic inflammatory diseases, Staphylococcus spp. (15%), Streptococcus spp. (6%) and obligate anaerobic bacteria (79%). Anaerobes are represented by gram-positive microorganisms - Bacteroides spp., Fusobacterium spp., Gram-positive cocci (N.G. Korotkikh, G.V. Toboev. - Voronezh: SOIGSI, 2010).

Thus , the literature data have shown that the problem under study remains an urgent problem in the practice of maxillofacial surgery

Purpose of the study. To study the main properties of the drug "Baktisev" in the complex treatment of purulent-inflammatory diseases of the maxillofacial region

Materials and research methods. The examination and treatment of patients was carried out at the clinical base of the Department of Maxillofacial Surgery of the Samarkand State Medical Institute in the specialized department of maxillofacial surgery of the Samarkand City Medical Association. In accordance with the intended purpose of the study, we carried out a comprehensive examination of patients with inflammatory diseases of the PMO in the dynamics of treatment with the use of a drug approved for use in healthcare practice—the Baktizev solution. In 27 patients—in the period 20-202021 inpatient treatment with abscesses, phlegmons, periostitis and osteomyelitis of the CLE of odontogenic and non-odontogenic nature. As part of the complex therapy, the purulent cavity was washed daily with

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the "Baktizev" solution. In addition, the drug was used as an antiseptic solution by rinsing the oral cavity daily 5-6 times a day. Microbiological examination was carried out after the operation, the opening of the purulent focus and in the dynamics of the disease. Clinical studies were carried out according to the standard scheme and included interviewing patients, collecting anamnesis of the disease, anamnesis of life, physical research methods (examination, palpation, percussion) and instrumental, additional research methods (laboratory, microbiological, X-ray examination of the bones of the facial skeleton and skull), as well as expert advice.

Results and discussion: According to the etiological factor, odontogenic ones prevailed among abscesses and phlegmons of the PMO - 95% (31 people), abscesses and phlegmon of the PMO of non-odontogenic etiology were 5% (2).

Among the phlegmons of odontogenic etiology, phlegmon of the submandibular region and the floor of the oral cavity prevailed.

According to the results of the bacteriological examination method studied by us, in 100% of patients with phlegmons of the maxillofacial region, monocultures of microorganisms were isolated from the foci of inflammation.

Staphylococcus aureus was the most sensitive (100%) to clindamycin ,vancomycin , cefotoxime , gentamicin ; 50% to cefazolin , oxacillin , ofloxacin , level loxacin .

Beta-hemolytic streptococcus in 100% of cases was sensitive to ce-fotaxime, azithromycin,

ofloxacin, doxycycline, ampicillin incombination with sulbactam, clindamycin, vancomycin. In 50% of cases, sensitivity to nitrofurantoin was detected.

E. coli in 80-100% of cases was sensitive to cefotaxime, cefuroxime, gentamicin, amikacin; less than 50% - to ofloxacin, ampicillin in combination with sulbactam.

Pseudomonas aeruginosa in 50-79% of cases was sensitive to ceftazidime, ceftriaxone, amikacin, polymyxin B,ofloxacin, ciprofloxacin; was not sensitive (was resistant!) to doxycycline, ampicillin in combination with sulbactam, cefuroxime, nitrofurantoin.

The study of the peculiarities of the clinical course in patients with purulent-inflammatory diseases of the maxillofacial region showed that the therapy carried out with the Baktisev solution in the complex of treatment has its own antibacterial efficacy with a bacterostatic and bactericidal effect.

Conclusions:

- 1. In 97% of patients with phlegmons and 83% of patients with abscesses of the maxillofacial region of the disease are odontogenic in nature, the entrance gate of infection to the tissue is teeth with foci of acute or chronic infection:
- 2. As a result of the study, it was found that the occurrence of strains producing beta-lactamases among gram-positive anaerobic cocci is 87-100%.
- 3. The conducted study proves the effectiveness of using cephalosporins of II-III generations for the treatment of patients with phlegmon of the maxillofacial region.

Thus, the use of Baktizev solution in the complex treatment of patients with inflammatory diseases made it possible to improve the condition of patients and prevent the development of purulent-inflammatory complications due to its positive qualities. Microbiological examination shows that when using the Baktizev solution in complex treatment, it reduces the number of microorganisms after opening the purulent focus and in the dynamics of the disease, and cleansing the purulent cavity after the operation also helped.

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