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Symptoms of the Systemic Inflammatory Response in Acute Severe Poisoning by Agents Affecting the Central Nervous System

Kuvatov Z. X.

Bukhara State Medical Institute Bukhara Branch of the Scientific Center
of Emergency Medicine of the Republic

Relevance. The most common psychotropic drugs that cause severe acute poisoning include the neuroleptic azaleptin (leponex) and the antidepressant amitriptyline, as well as combinations of psychotropic medications. The severity of the condition of patients with acute poisoning is due, on the one hand, to the formation of exotoxic shock, on the other, to pronounced metabolic disorders with the development of endogenous intoxication syndrome. As a result, multiple organ failure is formed, which is the direct cause of death.

The severity of the condition of patients with acute severe poisoning by drugs affecting the central nervous system is due to pronounced dysfunctions of various organs and body systems due to the specific action of xenobiotics, as well as developing hypoxia, leading to the development of life-threatening complications, which often determines the outcome of chemical trauma. A number of authors note that hypoxia in critical conditions causes the formation of a systemic inflammatory response consisting of increased production of pro-inflammatory mediators, activation of cytokines and kinins, increased vascular permeability, increased blood viscosity and microthrombosis. Systemic inflammatory reaction and hypoxia are always associated with activation of proteolytic processes, coagulation and fibrinolytic systems.

There is no information about the role of systemic inflammatory reaction syndrome in the development of infectious complications in patients with acute poisoning by drugs affecting the central nervous system, which are one of the reasons for the increased duration of treatment of patients and the possible risks of death in the somatogenic phase of acute poisoning.

Of no small importance are the long periods and difficulties in treating the developed inflammatory complications. Thus, these issues require detailed study, since their solution involves the possibility of improving the effectiveness of treatment of this patient population. In connection with these arguments, the solution of the above problems through the implementation of the planned research work is timely and relevant.

In the presence of certain clinical diagnostic criteria, CB acquires a purely clinical concept - systemic inflammatory response syndrome (SIRS), which is considered as an important pathogenetic link in critical conditions of various etiologies of a non-infectious and infectious nature with a risk of developing multiple organ failure syndrome. Cytokines, products of hemostasis activation, free radicals, biogenic amines, nitric oxide, platelet aggregation factor,

neuroendocrine humoral factors and other mediators play an important role in the development of the body's CVD to damaging factors of various nature.

Conclusion. The possible connection between acute poisoning, purulent infection and the outcomes of acute poisoning with substances of neurotropic action is not considered. In this regard, the subject of this study will be the diagnosis of CVD and the assessment of its role in the pathogenesis of acute poisoning with substances of neurotropic action, as well as the development of a pathogenetically sound method of its treatment.

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