



Diabetic Paw Syndrome, Diagnostic and Treatment Technologies

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Abstract: In terms of the number of diseases most prevalent worldwide, diabetes mellitus ranks third after cardiovascular and malignant tumors (cancer). 30-70% of patients with diabetes worldwide have diabetic foot syndrome. Our article examined 45 patients with type 2 diabetes mellitus who received inpatient treatment in Samarkand City Medical Association and Samdtu multidisciplinary clinic with purulent-necrotic complications. According to our preliminary scientific studies, the most optimal method, which leads to more rapid clearance of the wound from necrotic tissues and reduce the average duration of treatment in hospital, is the use of ascorbic fluid in local and complex surgical treatment of purulent-necrotic soft tissue wounds in diabetic patients.

Key words: diabetic paw, purulent-necrotic lesions, diabetes mellitus, fasciitis.

Introduction. In terms of the number of most common diseases worldwide, diabetes ranks third after heart disease and malignant tumors (cancer). If you look at the geography of diabetes abandonment, it is now gaining momentum in South America (over 15%), in the ACS (4%), in Russia (3-4%) and in the developed world. Every year the number of people with diabetes (5-6%) more than doubles, every 15 years. However, it should be said that if we ourselves are able to control our bodies well, then diabetes is not the cause of our lifestyle in this aloxide. If we move to an active lifestyle, we will get rid of the complications of diabetes in the future. Physical activity is an essential part of human life. Naturally, the weakening of physical activity in many leads to the "disease of civilization. This angina, atherosclerosis, gastric and intestinal ulcers and obesity. Diabetes mellitus is now accompanied by these diseases. According to observations of Japanese scientists, people who have a personal car develop type 2 diabetes 2 more often than pedestrians. As physical activity becomes the most important factor in the life of each person, diabetes should become the main way of life. Among the main factors that lead to type 2 diabetes are obesity and hereditary factors - ham muxim. At I level of obesity diabetes is 2 times more common, at II level - 5 times more common, at III level - up to 10 times more common. Those who constantly engage in physical activity, the breakdown of fats in the body increases, body weight decreases, the content of fat in deposits improves. This, in turn, eliminates factors in the development of all kinds of vascular diseases like atherosclerosis. Nowadays, with the increasing number of patients with type 2 diabetes mellitus, their complications are common. Some

complications (purulent-necrotic inflammation in the soft tissues) were observed within a month or two after diabetes mellitus. Vacholanki in practice for diabetes mellitus is currently observed in patients who have been ill for 10-15 years. 30-70% of patients with diabetes worldwide have diabetic paw syndrome. Among people with diabetes, cases of early disability and completion with the consequences of death are gaining momentum. In more than 3 million people worldwide, it eventually leads to gangrene and amputation of the leg. Compared to the total number of amputations, 50-70% of leg amputations are performed with diabetes mellitus. Globally, one amputation occurs every 30 seconds as a result of diabetes mellitus.

Purpose of the study: Improvement of complex, surgical and local technologies for treatment of purulent-necrotic complications in joints and soft tissues in diabetes.

Materials and Methods of the Study: 45 patients with soft tissue diabetes mellitus type 2 who received inpatient treatment with purulent-necrotic complications were examined in Samarkand City Medical Association and Samsu multidisciplinary clinic. There were 25 men (55,5%) and 20 women (44,5%). It was found that the main causes of purulent inflammation of soft hair in patients with diabetes mellitus are phlegmon, abscesses, paraprocytes, purulent wounds on paws, suppuration of wounds after surgery, which developed after gluteal injections. The correct and competent diagnosis of purulent-necrotic soft tissue inflammation is Muhim hysoblimis. To this it is necessary to pay attention to the anamnesis, determine the age and lifestyle of patients, and especially to identify concomitant diseases in elderly patients. Very often patients get to the hospital in time to receive positive treatment results. Timely clinical and laboratory tests, UTI, Doppler ultrasound, fluoroscopy, radiography and, in some cases, MRI, MSgt are the most important factors for a correct diagnosis. With purulent-necrotic complications of soft spills patients were divided into two groups, 25 (55.5%) patients were included in the first main group and new methods of local complex treatment were used. In the second group, the traditional method of local treatment was used in 20 (44.5%) patients.

Results of the study and their discussion: The main reasons for the rapid development of purulent-necrotic complications in the soft tissues of diabetic patients are the appearance of fasciitis. When fasciitis develops, superficial fasciitis is most often pronounced and subsequently progresses to teritagitis prolapse. During this period of the disease, the primary symptoms are not apparent and cause much more difficulty in diagnosis. Local clinical signs of necrotizing fasciitis have pronounced features, and specific local symptoms in the skin are not visually detected. Fasciitis, in particular, develops rapidly, a state of intoxication occurs, and patients begin to have severe diarrhea. In recent years, phlegmon and abscesses in the soft tissues after injection have been found to be very common. With placental disease, patients have such serious complications that all kinds of medications that are injected into the breech area are injected too deeply. Due to the fact that the group of patients we observed were admitted late to the hospital, their behavior became much more serious and signs of sepsis appeared. When treating such patients, it is necessary to properly organize local treatment with laboratory tests, (determination of blood and urine sugar levels, detoxification, infusion and transfusion therapy, antibacterial therapy. In local treatment we are based on 3 principles, which in recent years are mostly performed immediately: timely surgical opening of early purulent cavities (phlegmons and abscesses), sanation of the remaining cavity, necroectomy and adequate drainage. In recent years in the purulent-septic department we use "Acerbin" liquid for local treatment of patients. After sanation of the remaining cavity and necroectomy the wound was sprayed with acerbin and a dressing was applied. Sharp Bone has keratolytic, antiseptic and wound-healing properties. It contains the following components: salicylic acid (has the property of clearing the wound of dead hairs), benzoic acid (antibacterial and carminative effect on fungi) and malic acid (consists in the formation of granulation in the wound and strengthening the epithelium). The basis of the components in acetone is water, which has no toxic properties. After opening of purulent-necrotic phlegmon and

abscesses in the patients of the main group who were under our observation, the wound was spray with acetone liquid and a dressing moistened with this liquid was apply. The laid binder would prevent acetone from drying out while retaining moisture. An occlusive binder with acetone applied to the wound maintains a saline environment in the wound and leads to the melting of necrotic hairs. In purulent necrotic ulcers, fibrin and dead facial hairs begin to separate when the wound is next washed, softening and turning into a gel-like consistency. The state of exudation in the wound decreases, the cloudy serous fluid secreted from the wound changes to transparent fluid, and reddish granulations form on the wound surface. This condition signals the progression of the wound into the second stage. In addition, after opening of large and deep phlegmon and abscess the remaining cavity was dated and partial necrectomy was perform, the wound was sprayed with acetone liquid in the combined state and a napkin with levomikol was applied. In our opinion, levomecol has a property to adsorb exudate, increasing the force of interaction. Depending on the length of the open wounds, the dressing was apply twice a day. The treatment results of both groups of patients compared the mixture of conventional oil levomecol and lorobin in patients with a group of patients who used acetone versus patients with topical application, the wounds were cleared of necrotic hairs 4-5 days earlier. As a result, the wounds went into phase II 7-8 days earlier and secondary sutures were possible. The duration of treatment of patients in the hospital was reduced to 5-6 days.

Conclusion: In patients with diabetes mellitus, the use of ascorbic fluid in local and complex surgical treatment of purulent necrotic wounds of soft tissues is considered the most optimal method, which leads to more rapid clearance of the wound from necrotic tissues and a reduction in the average time of healing in the hospital.

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