International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 03 ISSUE 10 PAGES: 42-46
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893) (2023: 6. 184)
OCLC – 1121105677
Publisher: Oscar Publishing Services

Journal Website: https://theusajournals.com/index.php/ijmscr

Research Article

OUR EXPERIENCE IN IMPROVING THE EFFECTIVENESS OF TREATMENT OF PATIENTS WITH ACUTE THROMBOPHLEBITIS OF SUBCUTANEOUS VEINS OF THE LOWER EXTREMITIES

Submission Date: October 08, 2023, **Accepted Date:** October 13, 2023,
Published Date: October 18, 2023
Crossref doi: https://doi.org/10.37547/ijmscr/Volume03Issue10-08

Umetaliev Dilshod Alievich
Andijan State Medical Institute, Uzbekistan

Azizov Gofur Abdurakhimovich
Andijan State Medical Institute, Uzbekistan

ABSTRACT

The results of examination and treatment of 112 patients with acute thrombophlebitis of subcutaneous veins of the lower extremities were studied. According to the method of treatment, the patients were divided into 2 groups: the main group consisted of 62 patients receiving lymphotropic therapy, and the control group consisted of 50 patients to whom medications were administered by the traditional method.

KEYWORDS

Acute thrombophlebitis of the lower extremities. Complex treatment with the use of lymphotropic therapy.

INTRODUCTION

Despite the presence of a huge arsenal of various methods of conservative and surgical treatment of patients with venous pathology of the lower extremities, the percentage of unsatisfactory results of this category of patients ranges from 10 to 60%. Acute thrombophlebitis of superficial veins is one of the most common diseases in all countries of the world. The number of such patients does not decrease every year, but there is a clear tendency for their growth. [1], [3], [5], [6]. The thrombotic process in the superficial veins can be a source of deep vein damage. [2] ,[4] , [7].

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 03 ISSUE 10 PAGES: 42-46
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893) (2023: 6. 184)
OCLC – 1121105677
Publisher: Oscar Publishing Services

The purpose of the work: The analysis of the results of treatment of patients with acute thrombophlebitis of subcutaneous veins of the lower extremities in 112 patients, depending on the method of treatment. In 62 patients, lymphotropic therapy was used in complex treatment and in 50 control groups of patients, the traditional treatment method was used. The study groups did not include patients with the spread of thrombophlebitis along the large saphenous vein to the upper third of the thigh.

MATERIALS AND METHODS OF THE STUDY

We studied the results of the use of lymphotropic therapy in 62 patients with acute thrombophlebitis of the superficial veins of the lower extremities. In 83 patients, the localization of the pathological process was in the basin of the large saphenous vein and in 29 patients in the basin of the small saphenous vein. Basically, the pathological process was localized on the lower leg in the lower and middle third of the thigh. In 76 patients, acute thrombophlebitis was a complication of varicose veins of the subcutaneous veins of the lower extremities.

Studies have revealed that the main group of patients 84 (75%) were admitted 3-5 days after the appearance of the first clinical signs of the disease. Upon admission, patients had moderate and sometimes more pronounced pain at the site of the thrombus localization, which increased when walking. Along the affected thrombosed vein, redness was noted due to the inflammatory process with its gradual transition to the surrounding tissues, sometimes there was swelling of the skin along the thrombosed vein, which was palpated as a painful seal along the subcutaneous veins that did not disappear with the elevated position of the limb and was soldered to the skin and surrounding tissues. Body temperature sometimes rose to subfebrile, and with a pronounced inflammatory process, there was an increase in body temperature to 38-38.50 C and an increase in inguinal lymph nodes.

Diagnosis and evaluation of the effectiveness of treatment was carried out by studying the state of regional blood flow. The study of the circulatory and lymphatic system using ultrasound Dopplerography. Radionuclide lymphoscintigraphy and scanning using technetium–99 Tc labeled technetium were used to determine the lymph flow.

In order to improve the results in complex treatment, we applied lymphotropic therapy. Lymphotropic therapy was performed with lidase 16 units; heparin at a dose of 70ed./ per 1 kg; with a solution of 1ml lasix-1%. In the presence of pronounced inflammatory phenomena, lymphotropic antibiotic therapy was additionally included. A semi-alcoholic compress was applied to the injection sites. Depending on the severity of the pathological process, the course of treatment ranged from 6 to 8 daily sessions.

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 03 ISSUE 10 PAGES: 42-46
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893) (2023: 6. 184)
OCLC – 1121105677
Publisher: Oscar Publishing Services

Results and their discussions: In patients of the main group, during the course of lymphotropic therapy, pain stopped on the 2-3 day of treatment, hyperemia, edema decreased by 3-4, and the peripheral infiltrate gradually disappeared. By 7-9 days of treatment, palpation revealed painless seals along the affected subcutaneous vein. In the early stages, edema decreased and the difference in the volume of the diseased limb decreased compared to the healthy one.

To determine hemocoagulation in patients on the second day after admission, a coagulogram was studied, both from the ulnar vein (central blood flow) and from the femoral vein of the affected limb in order to study regional blood flow. The examination revealed in patients with acute thrombophlebitis of subcutaneous veins a shortening of blood clotting time to 4.1□0.3 min in the central and to 3.8□0.2 min in the regional, the time of plasma tolerance to heparin was shortened by 12 and 20%, respectively (P<0.01), and the prothrombin index increased by 7.3 and 16.6%.Fibrinogen increased in the central and regional blood flow by 14.2 and 29%, respectively. A positive reaction to fibrinogen B was detected in 80% of patients in the central bloodstream and in all patients in the regional one. The data are statistically reliable (P<0.01). There was a moderate decrease in fibrinolytic activity in the central bloodstream (9%) and pronounced violations of fibrinolytic activity in the regional bloodstream (30%) (P<0.01).

After a course of lymphotropic therapy, hemocoagulation studies before discharge, mainly on days 9-11, showed that blood clotting time increased and reached an average of 5.1□0.3 minutes by the end of treatment in both central and regional blood flow, prothrombin activity decreased and amounted to 87-88% in central blood flow and 89-90% in regional. Plasma tolerance to heparin decreased and amounted to 8'1 and 8'2, respectively, by the end of the course of treatment. Plasma recalcification time decreased in the central and regional blood flow, and amounted to 115 ± 4.1 and 118±2.6, respectively. The reaction to fibrinogen B was negative in the central and regional blood flow. Studies have also shown an increase in the fibrinolytic activity of the blood and a decrease in fibrinogen

In order to study the lymph flow in patients with acute thrombophlebitis of subcutaneous veins, the resorption function of the lymphatic system was studied. In the radionuclide study, the intensity of radionuclide excretion from the tissue depot after 60 minutes was 19%, and the rate of lymph movement in the limb was 10.7 ± 0.6 mm/min.

The rate of lymph flow and the intensity of RFP excretion from the tissue depot in patients with acute thrombophlebitis under the skin veins of the lower extremities (n-24)

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 03 ISSUE 10 PAGES: 42-46
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893) (2023: 6. 184)
OCLC – 1121105677
Crossref doi Google Scholar WorldCat MENDELEY
Publisher: Oscar Publishing Services

Clinic. forms Survey.gr.	Lymph flow rate (mm/min)		Inten. output. RFP made of fabric.depot (%) for 1 hour	
	The original.	After.treatment.	The original.	After.treatment.
an old blood clot. Subcutaneous veins.	10,7±0,6	13,5±1,2 P<0,1	19	24
Contr.gr. Zdorov.persons. (n-20)	14,1		24	

In the control group of healthy individuals, the time of reabsorption of RFP from the tissue depot after 1 hour was 24%, and the speed of lymph movement in the limb was 14.1 mm/min. The results of the study after the treatment showed that the reabsorption of radionuclide and the rate of lymph flow were somewhat accelerated in terms of up to 10-12 days from the onset of the disease. We explained this by the compensatory function of the lymphatic system aimed at drainage of edematous fluid. In the future, a decrease in the reabsorption function was noted to 19%. After the course of treatment with lymphotropic therapy, radionuclide reabsorption after 60 minutes was maintained by 24%, and the lymph flow rate was 13.5 ± 1.2 mm/min. Thus, after the treatment in this group of patients, the indicators of the lymph flow rate and the intensity of the removal of RFP from the tissue depot were within the control group of healthy individuals.

In patients of the control group with acute thrombophlebitis of subcutaneous veins, pain decreased on 7-8 days, edema decreased and acute inflammatory phenomena were stopped by 9 days. On the 12th – 13th day, the seals decreased along the course of the affected veins. The average stay of patients in the main group in a hospital bed was 7□1 day in the control group - 11□1 day.

CONCLUSIONS

1. Patients with acute thrombophlebitis of the superficial veins of the lower extremities have disorders of microhemo - and lymphocirculation in the form of veno – and lymphostasis.

2. In this category of patients, microcirculation improved faster against the background of lymphotropic therapy, edema decreased and inflammatory phenomena were stopped, the duration of stationary treatment was reduced compared to the control group.

REFERENCES

International Journal of Medical Sciences And Clinical Research (ISSN – 2771-2265)
VOLUME 03 ISSUE 10 PAGES: 42-46
SJIF IMPACT FACTOR (2021: 5. 694) (2022: 5. 893) (2023: 6. 184)
OCLC – 1121105677
Publisher: Oscar Publishing Services

1. Diagnosis and treatment of thrombophlebitis of the superficial veins of the extremities.
2. Recommendations of the Association of Phlebologists of Russia :Phlebology. 2019;13(2): 78-97
3. Kiriyenko A.I., Matyushenko A.A., Andriyashkin V.V. Acute thrombophlebitis. M.: Litterra, 2006.
4. Shevchenko Y.L., Stoiko Y.M. Fundamentals of clinical phlebology. M.: Chicot. 2013;312.
5. Saveliev V.S. Phlebology. Guide for doctors M. 2001.
6. Beyer-Westendorf J. Contradictions in venous thromboembolism: to treat or not to treat upper vein thrombosis. The book of the educational program ASH. 2017; (1): 223-230.
7. B london M., Rimini M., Bunamo H., Venstra D.L. Fondaparinux for Isolated thrombosis of the superficial veins of the legs. breast. 012;141(2):321-329.
8. Galanov J., Besson J., Genti S., Presles E., Kucera M., Suvester M., etc.
9. Superficial vein thrombosis and recurrent venous thromboembolism: a generalized analysis of two observational studies. Journal of thrombosis and hemostasis. 2012;10(6):1004- 1011.