

MORTALITY RATE OF THE PATIENTS DEPENDING ON THE EXTENT OF Fournier GANGRENE

Objective: Assessment of mortality depending on the extent of Fournier gangrene. **Methods:** We present 70 patients treated for Fournier gangrene during a period of 16 years. 65 men and 5 females with ages ranging from 26-84 years. Depending on the source of infection our patients was divided into 3 groups: first group (25 patients) - anorectal, second (40 patients) - urogenital, third group (5 patients) - to remote or near the perineum. 20 (80%) patients from the first group had a major degree of infection spread (more than 2 anatomical regions). The infectious process had involved scrotum or vulva, groin, anterior abdominal wall, the lumbar region, chest, thigh, pelviorectal space, retroperitoneal uni- or bilateral. At 5 patients with minor degree the infection had spread to the groin. In the second in three patients (7.5%) infection involved penis, at 9 (22.5%) patients - scrotum, at 5 (12.5%) patients, scrotum and penis, at 8 (20%) patients - scrotum penis and groin. In this group 15 (37.5%) patients had major degree of spread of infection: scrotum, penis, female vulva, groin, prevesical space, anterior abdominal wall, lumbar, paranephral, chest, thigh uni- or bilaterally. In the 3rd group the source of infection in two patients was wound supuration after appendectomy and groin herniotomy. The other two patients had gangrene Fournier because of Rihter strangulated hernia, one of them (84 years) died from the infectious process spread throughout thigh, left abdominal wall, groin and left vulva. In the last one - femoral vein thrombosis after injecting drugs through fistula in v.femorale. **Results:** The mortality rate in 2 groups was 20% and 2,5%; with a major degree of infection 25% and 6,6%; with the minor degree of infection without lethal cases. **Conclusions:** Mortality rates depend on the origin of Fournier gangrene infection and the spread of suppurative-necrotic process

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TRATAMENTUL COMPLEX MEDICO-CHIRURGICAL ÎN STĂRILE SEPTICE

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Introducere: Conform concepțiilor moderne, sepsisul reprezintă o reacție sistemică către agresiunea microbiană cu expulzia incontrollabilă a mediatorilor inflamației și dereglări grave de microcirculație, asociate hipoxiei tisulare. Astfel este argumentată utilizarea metodelor noi de inactivare a metaboliților proinflamatorii și sistarea stresului oxidativ cu corijarea hipoxiei hemocirculatorii sistemice. Scopul studiului a constituit estimarea posibilităților aplicării ozonoterapiei sistemice în tratamentul complex medico-chirurgical la bolnavii cu stări septice. **Material și metode:** Studiul dat include analiza retrospectivă a rezultatelor tratamentului la 382 bolnavi cu sepsis chirurgical (bărbați-199, femei-183, vârsta medie-47+/-3,1 ani), tratați în Clinicele Chirurgie și ATI ale SCM "Sfinta Treime" în perioada aa.2005-2010. Diagnosticul de sepsis a fost stabilit conform criteriilor Bone R. Obligatoriu s-a recurs la examenul bacteriologic cu aprecierea antibioticogramei, în baza căreia s-a elaborat o schemă optimă de conduită în tratamentul antimicrobian.. Ozonoterapia sistemică s-a efectuat la 84 pacienți prin perfuzii de Sol NaCl 0,9%-400,0 ml saturată cu ozon, cu o concentrație a O₃ în limite de 800- 1200 mkg/l în amestecul ozonat-oxigenat. **Rezultate:** Hemocultura pozitivă a fost stabilită în 132 (34,5%) cazuri. Monoinfecția - în 36. cazuri, inclusiv bacili Gram negativi-28 (77%); Gram pozitivi -8 (23%). La 96 bolnavi a fost identificată poliinfecție. Durata medie de spitalizare a constituit 21+/-1,7 zile. Însănătoșirea a survenit în 317 (83%) cazuri. Au decedat 65 pacienți, ce atestă o letalitate de 17%. În lotul pacienților la care s-a aplicat ozonoterapia sistemică letalitatea a constituit 12 pacienți (14,2%) **Concluzii:** Rezultatele obținute demonstrează persistența dominației sepsisului Gram negativ. Ozonoterapia sistemică în stările septice micșorează mortalitatea spitalicească.

THE COMPLEX MEDICAL-SURGICAL TREATMENT IN SEPTICAL STATES

Introduction: According to modern concepts, sepsis is a systemic response to microbial aggression with uncontrollable expulsion of mediators of inflammation and disorders of microcirculation serious, associated with tissue hypoxia. So appear to be motivated the using of new methods for inactivation of proinflammatory metabolites and oxidative stress with correction and stopping of systemic hemocirculating hypoxia. **Aim:** The purpose of the study was estimation of possibility of systemic ozone therapy in the complex medical and surgical treatment in patients with sepsis. **Material and methods:** This study includes retrospective analysis of treatment results from 382 patients with surgical sepsis (men-199, female 183, average age, 47 + / -3.1 years) treated in the clinics of surgery and ATI SCM "Sfinta Treime" from aa.2005-2010. The diagnosis of sepsis was established according to criteria R. Bone with obligatory using of antibioticogramme. Bazed on bacterial appreciation, was have performed the scheme to prepare optimal conduct for antimicrobial treatment .Ozone therapy was performed in 84 patients by systematiically infusion of Sol. NaCl 0.9% -400.0 ml, saturated with ozone at a concentration of O₃ in the range of 800-1200 mkg / l ozone-oxygen in the mixture. **Results:** Positive blood culture was established in 132 (34.5%) cases. Monoinfection was stablited in 36. cases, including Gram-negative bacilli- 28 (77%), Gram positive -8 (23%). 96 patients were identified poliinfection. Average length of stay was 21 + / -1.7 days. Recovery occurred in 317 (83%) cases. Diedet 65 patients (17%). In the group of patients who received systemic Ozone therapy lethality was 12 patients (14.2%). **Conclusions:** The results demonstrate the domination of Gram-negative sepsis. The application of systemic Ozone therapy decreased hospital mortality in septic states.