

TREATMENT OPTIONS IN ERYSIPELAS

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Introduction: Erysipelas remains a pathology training frequency, which requires continuous treatment method.

Purpose and objectives: the appreciation of modern tactics of treatment in erysipelas forms.

Material and method: this is a lot of 241 cases of erysipelas, treated in the clinic in the years 2002-2011. Women / men: 2:1.

Results: The distribution according to clinical appearances was: erythematous erysipelas- 129, erythematobullous erysipelas- 62, bullous erysipelas- 31, gangrenous erysipelas- 19. The elective location of the pathology was feet- 213 cases, in more cases in patients trophic disturbances. The erysipelas of the arms was in 17 cases, the erysipelas of the scrotum in 2 cases, the erysipelas of the mamma in 7 cases and of the heard and face in 2 cases Pathology has been commonplace in employable age 30-60 years. Concurrent disorders: diabetes mellitus-20 cases, venous pathology 33 cases, atherosclerosis gr. II – III –5 cases, cardiovascular pathology- 53cases, obesity gr. II-III –15cases, malign tumor pathology – 10 cases, mastitis – 1 case. Bacteriological test revealed the presence of Streptococcus aureus, who in 37 cases has been associated with St. Aureus, 7 cases – Klebsiela, 4 cases with E. Coli. Besides of traditional method of administration of antibiotics of penicillin and cephalosporin groups i/m or i/v in treatment of the erysipelas, we gave the antibiotics our patients local lymphotropic and into the lymph nodes in the affected place. The effect of this method is the direct action of the drug after the active forms of streptococcus, that is reproduction in the lymphatic. We revealed that after these methods of treatment the patients were discharged with 2-6 days dependent upon developmental form. Bullous-necrotic forms (54 cases) require openings and drainage, necrectomy in some cases. Local treatment: in 24 cases of necrotic masses faster has been used preparation from seaweed – Algipor. In 6 cases of massive tissue defect, we performed skin plastic treatment in the second stage. Prophylactic treatment included the administration of Thienam during the next year with a frequency one dose in three months.

Conclusions:

1. Erysipelas is a frequently pathology in patients with employable and in several accompanying disorder appearance in severe morphological forms.

2. Administering a treatment complex, which includes the preexisting pathology cure and erysipelas by using of method of local lymphotropic and into the lymph nodes administration of antibiotics in association with the use of Algipor in local treatment of erysipelas does the conditions for decreasing of the number of relapsing forms of erysipelas and the term of hospitalization and prevent appearance of relapses.

THE INTRACEPTIVE DISORDERS AT PATIENTS DIAGNOSED WITH DEPRESSION

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Introduction: neurological scientific research of depression.