



pneumoniae, M. catarrhalis, S. pyogenes, S. epidermitis; Bacteroides spp., H. influenzae, S. pyogenes, Enterobacter spp.; Bacteroides spp., H. influenzae, S. pyogenes, Candida spp. Перераховане вище може свідчити про вплив не тільки етіологічного агента, а також і певної асоціації мікроорганізмів на тяжкість перебігу ХГВС, поєднаного із ЦД 1 типу. У хворих на ХГВС, поєднаний з важким перебігом ЦД 1 типу були виявлені асоціації мікроорганізмів, що склалися із 5-ти видів. Їхній склад був різним, але у всіх був виділений та ідентифікований збудник S. pneumoniae у високому популяційному рівні, умовно патогенні облигатні анаеробні бактерії роду Bacteroides і Prevotella, Fusobacterium, стрептококи і золотистий стафілокок.

За індексом постійності та домінування Бергера-Паркера домінуючими збудниками хронічного запального процесу у верхньощелепних пазухах є S. pneumoniae, H. influenzae, M. catarrhalis. Інші бактерії (S. pyogenes, S. aureus, E. coli Hly+, B. fragilis) являються додатковими або ж випадковими (E. coli Hly+, B. fragilis) збудниками. Всі основні збудники персистують у біотопі в асоціації. Мікроорганізми, в залежності від їх ролі у нормобіоценозі, можуть інгібувати патогенетичну активність провідного збудника або ж, навпаки, активувати його патогенетичну роль, що необхідно враховувати при виборі лікувальної тактики.

СЕКЦІЯ 14 АКТУАЛЬНІ ПИТАННЯ, АНЕСТЕЗІОЛОГІЇ ТА ІНТЕНСИВНОЇ ТЕРАПІЇ

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PLASMOSORPTION IN HEPATIC-RENAL FAILURE

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The objective of the paper is to optimize the treatment of patients with severe hepatic-renal insufficiency using the method of plasma sorption (PS). PS (55) was performed in 26 patients: 12 men and 14 women. By age: up to 30 years - 2; to 40 - 1; up to 50-3; to 60 - 11; over 60 – 9 individuals. This group included patients with leptospirosis, toxic hepatitis, mechanical jaundice, pancreatic necrosis, sepsis, peritonitis, acute cholecystopancreatitis. PS was performed on the first 1-2 days of the patients' admission to the intensive care unit against a background of oliguria or oligoanuria in a usual intermittent way. The "HSDG" sorbent with a capacity of 100 ml known in its quality characteristics was used to purify plasma. During one session 1400-1600 ml of plasma was purified and returned to the patient in parallel with the return of the formed elements. Inclusion criteria: presence of mixed liver and kidney failure (total blood bilirubin - 240-260 $\mu\text{mol} / \text{l}$; urea - 18-30 mmol / l ; creatinine - 430-520 $\text{micromol} / \text{l}$; diuresis $<1\text{L} / \text{day}$). Exclusion criteria: independent hepatic and renal insufficiency syndromes, fulminant forms, critical states (shocks, terminal states). Comparison groups: a) 26 patients with similar nosologies, who underwent hemosorption (HS); b) 11 patients who underwent plasmapheresis (PP). Criteria for using repeated sessions (RS): ineffectiveness of 1 session of the PS - preservation of the patient's previous state and of the level of metabolites in the blood. Criteria for termination of PS sessions: improvement of the general condition of the patient, a decrease in jaundice, itchy skin, weakness and tiredness, absence of a "drainage" effect on the level of blood metabolites, their gradual decrease in the blood, appetite improvement, increased diuresis, increased sensitivity of the body to drugs. Basic therapy: infusion therapy (glucose, albumin, Dextran, etc.), diuretics, antiagregants, antibiotics, vitamins, hepatoprotectors, antioxidants. As a result, 80% of patients experienced a significant improvement: they had a stabilized condition or there was a regression of endotoxemia, there was a positive dynamics of the level of metabolites (a gradual decrease in total bilirubin and its fractions starting with the 3-4th days, nitrogenous slugs - from the 2-3rd days) and medium sized molecular oligopeptides, there was a stability of the content of protein in the blood, decreased jaundice, unbearable itching of the skin stopped and the appetite improved. An important and perhaps a turning point in the treatment was an increase in diurnal diuresis: 874.0 ± 52.0 in the FS, and on the third day - 1600.0 ± 65.0 ml, which correlated with the dynamics of metabolites and "middle



molecules" in the blood. In 6 patients, progressive oliguria with the transition to anuria required an addition of more radical efferent methods of detoxification - hemodialysis with hemosorption and hemofiltration.

Thus, in the immediate postoperative period, the PS, unlike the HS and PP, does not reduce the total protein of the blood, which makes possible to use the PS in conditions of hypoproteinemia. PS compared with HS and PP causes a greater diuretic effect, which makes important to use it in case of oliguria and oligoanuria. In contrast to PP at PS, there is no need for the transfusion of large doses of donor plasma and other plasma-substituting solutions.

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STATE OF VOLUME-AND OSMOREGULATORY FUNCTION OF KIDNEYS IN PATIENTS WITH SEPSIS AND DIABETES MELLITUS

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The clinical course of diabetes mellitus confines the reserves of the mechanisms of functions, maintaining homeostasis, in particular, volume-and osmoregulatory function of kidneys, their compensatory abilities, especially under conditions of addition of actions of accessory unfavorable factors of systemic direction. One of such is endogenous toxemia of purulent-septic genesis.

The purpose of the work is to study the state of the volume-and osmoregulatory function of kidneys at diabetic mellitus, complicated by endogenous intoxication syndrome of purulent-septic genesis. The group under study consisted of patients with insulin-independent diabetes mellitus, complicated with endogenous intoxication syndrome of purulent-septic genesis (DMSEI). The patients were divided into 4 groups: group I and group II – control investigations SSIR, n=30; group III and IV – DMSEI (n=53). Patients of group II and group III were subjected to the research in the fragment of infusion therapy fulfilment with Ringer solution at a rate of 3ml/kg/year during three hours.

The starting indices of volume-and osmoregulatory functions of kidneys in patients with IIDM, complicated by endogenous intoxication syndrome of purulent-septic genesis (SEI PSG) are characterized by meanings, which affirm inhibition of the volume regulatory (according to Sodium clearance 11%, $p<0.05$) and activation of osmoregulatory (as to clearance of osmotic active substances 23%, $p<0.05$) of the kidney function. Volume increase of the extracellular space with Ringer solution activates volume-and osmoregulatory function of kidneys, respectively, in patients with SSIR $162\pm 27,1\%$ (Δ , $p<0.05$) and $138\pm 48,3\%$ (Δ , $p<0.05$), and at IIDM complicated with SEI PSG $260\pm 47,8\%$ (Δ , $p<0.05$) and $147\pm 46,9\%$ (Δ , $p<0.05$).

Isotonic loadings with Ringer solution of a small volume initiate the same direction of indices'change of volume-and osmoregulatory functions of kidneys in patients with the syndrome of systemic inflammatory response and diabetic mellitus, complicated with the syndrome of ourulent-septic genesis and reveal dissotiation hyperreactivity of the volume regulatory function concerning osmoregulatory one.

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FEATURES OF SORBILACT-L-ARGININE-COMBINED ACTION ON THE KIDNEYS' VOLUMOREGULATORY FUNCTION OF PATIENTS WITH PURULENT-SEPTIC COMPLICATIONS

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Purulent-septic complications remain a pressing problem of clinical medicine. They cause endotoxicosis and multiple organ damage. Kidneys are the main homeostatic organ whose functions undergo intensive strain of various circumstances of multiple organ failure, especially in the event of an initiated toxic aggression. In this context, attention should be paid to the relevant regulatory framework of their functions, including volume-regulatory; consider the possibility of adjunct-