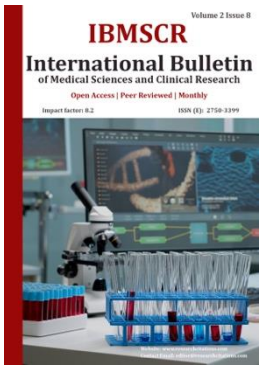

A REVIEW STUDY OF AN IMPORTANT SUBSTANCE FOR THE TREATMENT OF THE SKIN DISEASE "BEDSORE" CHARACTERISED BY GRADUAL ALTERNATION OF STAGES

Abdurashitova I.N.
Tashkent Pharmaceutical Institute
e-mail: indiraabdurashitova06@mail.ru
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Abstract. The article is devoted to the study of a skin disease called "Bedsore". The article considers modern concepts and current issues of its therapy.

This paper studies the skin disease "Bedsore", which is one of the common skin pathologies and occurs mainly in people with fractures, with paralysis, in patients who are in intensive care and, of course, in bedridden patients at home for long periods.

But we cannot say that this disease occurs only in the elderly, because
it can also occur in young people, in middle-aged people, in newborns. This disease can exhibit different symptoms, in particular, it has different stages, which will subsequently lead to necrosis of soft tissues, up to the bones at the site
of localization.

During the review of the etiology, we can come to the conclusion that there may be different factors that can cause such a pathology. But the fact is that at present Bedsore is a disease that can be cured to an advanced state by a conservative method.

As a result, it becomes possible to produce a substance used in the production of regenerative, anti-inflammatory and skin-healing drugs for the treatment of skin diseases.

Key words: bedsores, classification, symptoms, drugs.

Introduction. Bedsores (or decubital ulcers) are damage to the skin and underlying tissues that occur due to prolonged pressure on certain areas of the body, usually in people who cannot change position for a long time [1]

In recent years, the growth of this disease in the population has not been very high. Bedsores are a common problem throughout the world, affecting not only hospital patients, but also outpatients. But for various reasons, people end up in such a forced long-term position and suffer from this disease. The localization of bedsores depends on the patient's position. Previously, there were different etiologies, which today play a significant role.

For example, Ambruaz Pare (1585) drew attention to the elimination of pressure as the main condition for the successful treatment of bedsores.

Brown-Sequard (1852) believed that, in addition to pressure on the skin, the decisive factor in the development of necrotic ulcers is moisture. Also Allman (RA) and Desforges (JF) (1989) conducted a number of experimental and clinical studies and scientifically proved the high risk of skin moisture in the formation of pressure ulcers.

Friction also plays an important role, as it leads to the exfoliation of the protective outer stratum corneum of the skin Witkowsky (JA) and Parish (LC) (1982).[2]

Based on the etiologies of these scientists, it has now been established that the most important factors contributing to the formation of pressure ulcers are pressure, friction and moisture.

There may also be:

• Large body weight. The greater the pressure, the higher the risk of developing pressure ulcers.
• Too little body weight. When exhausted, the patient loses the fat layer, as well as muscles. As a result, there is much less soft tissue between the bones and the skin - the bones press on the skin, as a result, pressure ulcers form faster.
• Skin contact with urine, feces with improper care.
• Anemia and diseases associated with impaired blood circulation in the tissues.
• Severe dryness or sensitivity of the skin. The more often irritations appear, the more pressure ulcers develop. [3]

Classification of the disease. Currently, it is customary to distinguish 4 stages of bedsores, which have a characteristic picture and require appropriate treatment:

Stage I - the appearance of a pale area of the skin or persistent hyperemia of the skin that does not go away after the pressure is stopped; the skin is not damaged;

Stage II - the appearance of a bluish-red color of the skin with clear boundaries, persistent hyperemia of the skin, detachment of the epidermis, superficial (shallow) violation of the integrity of the skin (a superficial ulcer, which clinically manifests itself as an abrasion, blister or flat crater) with spread to the subcutaneous tissue;

Stage III is manifested by necrotic damage to the skin throughout the entire depth with the involvement of subcutaneous fat to the fascia;

Stage IV is characterized not only by extensive damage to the skin and subcutaneous tissue, but also by necrosis of the underlying tissues - muscles, bones, tendons and joint capsules.[3]

In this regard, at present, means aimed at reducing the force of pressure, as well as ensuring its discontinuity (plastic splints, special beds, as well as mattresses, pillows and pads that are filled with foam, water, gel, air or a combination of these materials) have become widespread.[3]

In addition to antibacterial drugs for local treatment of bedsores (bactericidal and fungicidal agents), the following are used:

a) necrolytic drugs (collagenase, deoxyribonuclease, trypsin, chymotrypsin, terrilitin);
b) dehydrating - hyperosmolar drugs;
c) agents that improve microcirculation (pyricarbate, tribenoside);
d) anti-inflammatory drugs (dexamethasone, hydrocortisone, prednisolone);
d) stimulants of reparative processes (methyluracil, vinylin, Kalanchoe ointment, etc.).[3]

The combined use of these drugs with antibacterial therapy allows for recognition of the patient's condition, relief of the septic condition and rapid cleansing of ulcers. Water-soluble ointments are particularly effective, as they provide a pronounced dehydration effect and have a positive effect on healing processes.[3]

Conclusion. Having considered the information in the review, we can conclude that it is possible to further develop some biologically and pharmacologically active substances and nanotechnologies to combat this disease.

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3.I. N. Pasechnik 1, ORCID: 0000-0002-8121-4160, pasigor@yandex.ruT. V. Novikova2, ORCID: 0000-0003-2732-3873, tatyana.novikova@danone.com1 Federal State Budgetary Institution of Continuing Professional Education Central State Medical Academy of the Presidential Executive Office of the Russian Federation; 121359, Russia, Moscow, Marshal Timoshenko St., 19, building 1A 2 Medical Department of the Specialized Nutrition Department Danone CIS; 143421, Russia, Moscow region, Krasnogorsk district, Novorizhskoe highway 26 km, BC "Riga Land", block B. For citation: Pasechnik I. N., Novikova T. V. Bedsores: new approaches to treatment // Attending Physician. 2022; 4 (25): 38-43. DOI: 10.51793/OS.2022.25.4.007, pp 38-42