Gematologik bemorlarda splenektomiya keyin rivojlangan nozokomial pnevmoniyalar

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Annotatsiya: Splenektomiya gematologiya klinikalarida eng ko‘p bajariladigan jarrohlik aralashuvdir. Operatsiyadan keyingi infeksiyalar nozokomial pnevmoniya infeksion kasalliklar tarkibida yetakchi o‘rinni egallaydi. To‘g‘ri tanlangan yondashuv va splenektomiyaning barcha bosqichlarini sinchkovlik bilan bajarish qon kasalliklari bilan og‘rigan bemorlarda asoratlar xavfini kamaytiradi. Splenektomiya nasliy gemolitik anemiya (NGA), autoimmun gemolitik anemiya (AIGA), gipoplastik anemiya (GA), qisman qizil qon hujayralari aplaziyasi (QQQA), surunkali miyeloproliferativ kasalliklar (SMK), surunkali limfoproliferativ kasalliklar (SLK), idiopatik trombotsitopenik purpura (ITP) va boshqalarni o‘z ichiga olgan qon kasalliklari bilan og‘rigan bemorlarning keng doirasi uchun asosiy davolash usuli hisoblanadi. Operatsiyadan oldingi tayyorgarlik alohida ahamiyatga ega bo‘lib, anemiyaning og‘irligini kamaytirish, gemolitik krizni boshqarish; yetarli kortikosteroid terapiyasi; gipokalemiyani tuzatish; yallig‘lanishli asoratlarni davolash gemorragik asoratlarni davolash va gipovolemiyani bartaraf etishga qaratilgan.

Kalit so‘zlar: gematologik bemorlar, splenektomiya, operatsiyadan keyingi infeksiyalar, nozokomial pnevmoniya, operatsiyadan oldingi tayyorgarlik

Nosocomial pneumonias after splenectomy in hematological patients

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Abstract: Splenectomy is the most frequently performed surgical intervention in hematology clinics. Postoperative infections and nosocomial pneumonia occupy a leading place in the structure of infectious diseases. A correctly selected approach and careful implementation of all stages of splenectomy reduce the risk of complications in patients with blood diseases. Splenectomy is the main treatment method for a wide range of patients with blood diseases, including hereditary hemolytic anemia (HHA), autoimmune hemolytic anemia (AIHA), hypoplastic anemia (HA), pure red cell aplasia (PRCA), chronic myeloproliferative diseases (CMD), chronic lymphoproliferative diseases (CLD), idiopathic thrombocytopenic purpura (ITP), etc. Preoperative preparation is of particular importance and is aimed at reducing the severity of anemia, managing hemolytic crisis; adequate corticosteroid therapy; correction of hypokalemia; treatment of inflammatory complications, treatment of hemorrhagic complications and elimination of hypovolemia.

Keywords: hematological patients, splenectomy, postoperative infections, nosocomial pneumonia, preoperative preparation

Gematologik bemorlarda jarrohlik amaliyotining o‘zi, ayniqsa qon ivishining buzilishi tufayli yuqori xavf tug‘diradi. Maxsus jarrohlik e’tiborini talab qiladigan murakkab omillar orasida og‘ir pansitopeniya, yurak disfunksiyasi va nafas olish yetishmovchiligi alohida o‘rinni egallaydi. Sitostatik va gormonal dorilarni qo‘llash jigar va buyrak usti funksiyasini, shuningdek, tananing immunitet qarshiligini pasaytiradi. Splenektomiyadan so‘ng, immunitet tanqisligining klinik belgilari odatda immunitet tanqisligining klinik belgilari rivojlanadi, bu esa o‘z navbatida pnevmoniya, sepsis, meningit va perikarditni o‘z ichiga olgan jarrohlik bemorlarda og‘ir yuqumli va yallig‘lanish o‘zgarishlarining ko‘payishiga olib keladi. Ushbu kasalliklarga xos bo‘lgan gemostatik buzilish jiddiy e’tiborga loyiqdir.

Maqsad: Splenektomiyadan so‘ng qon kasalliklari bo‘lgan bemorlarda nozokomial postoperativ pnevmoniyaning rivojlanishi va etiologiyasini aniqlash.

Materiallar va usullar: 2021 yildan 2022 yilgacha yilgacha Samarqand viloyat ko‘p tarmoqli tibbiyot markazi gematologiya markazida 12 ta splenektomiya (SE) amalga oshirildi, shu jumladan bemorlarning52%(n=95) laparoskopik kirish va 48% (n = 86) ochiq kirish. SE gematologik kasalliklari (immun trombotsitopeniya, aplastik anemiya, autoimmun gemolitik anemiya, irsiy mikrosferotsitar gemolitik anemiya va boshqalar) bo‘lgan 5 (45%) bemorlarda va onkogematologik kasalliklarga chalingan 7 (65%) bemorlarda (limfoproliferativ va meproliferativ kasalliklar) o‘tkazildi. Gematologik kasalliklar bilan og‘rigan bemorlar guruhida SE laparoskopik usulda 6, ochiq - 4, onkogematologik kasalliklar guruhida-3va72 (69,2%) ochiq. SE dan keyin isitma va pnevmoniyaning auskultativ belgilari bo‘lgan barcha bemorlar ko‘krak qafasi organlarining kompyuter tomografiyasidan o‘tkazildi. Agar infeksiya belgilari antibakterial terapiya fonida saqlanib qolsa, bronkoskopiya va bronxoalveolyar yuvish amalga oshiriladi.

Natijalar: Operatsiyadan keyin nozokomial pnevmoniya bilan kasallanish 41% (n=50) ni tashkil etdi. Gematologik kasalliklar bilan og‘rigan bemorlarda pnevmoniya 35% (n=17), onkogematologik bemorlar guruhida 43% (n=34) rivojlandi. Operatsiyadan keyingi pnevmoniyaning rivojlanishi ochiq SE 39% (n=34) bilan laparoskopik SE 18% (n=14, p =0,001) bilan solishtirganda sezilarli darajada yuqori boʻldi. Barcha bemorlarda asosiy klinik simptom harorat 89% (n=45), 14% (n=5) da kislorodga boʻlgan ehtiyoj bilan nafas yetishmovchiligi rivojlandi. Bemorlarning 73% (n=37) uchun birinchi darajali antibiotiklar monoterapiyada yoki aminoglikozidlar bilan birgalikda b- laktam preparatlari boʻlgan ; karbapenemlar - 21% (n=11), ftorxinolonlar - 6% (n=4).

Birinchi darajali antibiotiklardan foydalanishning klinik ta'siri bemorlarning 49% (n=25) da kuzatilgan va 51% (n=26) mikroblarga qarshi terapiya oʻzgartirilgan. BAL 6 (12%) bemorda amalga oshirildi va 4 bemorning BAL suyuqligida klinik ahamiyatga ega mikroorganizmlar aniqlandi. Gram-manfiy bakteriyalar 3 ta bemorda rivojlangan, ularning ba'zilarida kombinatsiyalangan (Klebsiella). pnevmonia 48 karbapenemazlar ishlab chiqarish bilan, K. pnevmonia 103 CFU/ml OXA 48 va karbapenemazlar ishlab chiqarish bilan, K.pnevmonia102CFU/ml,Enterobacter). 2 bemorda viruslar aniqlandi Oʻlimga olib keladigan natija ogʻir somatik holatga ega boʻlgan 2 bemorda (1,1%), boshqa shifoxonalarda ilgari kasalxonaga yotqizilgan, splenektomiyadankeyingi 4 va 9 kunlarda koʻp dori-darmonlarga chidamli patogenlarboʻlgan.

Xulosa: Operatsiyadan keyingi pnevmoniya koʻpincha onkogematologik bemorlarda ochiq splenektomiya oʻtkazilganda paydo boʻladi. Bemorlarning yarmida birinchi darajali antibiotiklarni qoʻllash ta'sirining yoʻqligi va pnevmoniya etiologiyasida koʻp dori-darmonlarga chidamli grammusbat bakteriyalar, shuningdek viruslarning tarqalishi doimiy isitma boʻlsa, antimikrobiyal terapiyani amalga oshirish uchun koʻkrak qafasining kompyuter tomografiyasini va bronxoskopiyani takrorlash zarurligini koʻrsatadi.

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