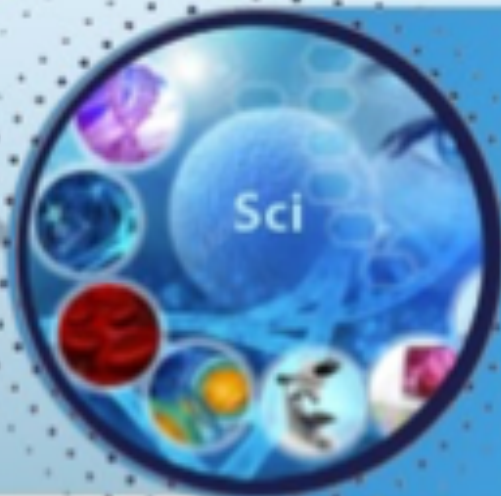




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«**YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI**»

**Ilmiy-amaliy konferentsiyaning tezislari
to'plami**

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The Nature of Necrobiotic Processes of Long-Term Non-Healing Wounds

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BACKGROUND

The relevance of the problem of treating long-term non-healing wounds is due not only to medical significance but also to social and economic importance.

MATERIAL AND METHODS

Local clinical data of long-term non-healing wounds in 84 patients were analysed. They were represented by bedsores in 29 (34.5%) patients, ulcerative formations in patients with diabetic foot syndrome in 28 (33.3%) patients, and trophic ulcers due to complications of chronic venous insufficiency of the lower extremities in 27 (32.1%) patients. Inflammatory process without tissue necrosis; 2 points – the presence of an inflammatory process and dry tissue necrosis; 3 points – the presence of an inflammatory process and wet necrosis of tissues; 4 points – the presence of dry and wet necrosis

against the background of an inflammatory process.

RESULTS

In total, only 3.6% of patients visually absent the inflammatory process in a long-term non-healing wound. In 20 (23.8%) patients, the inflammatory process in a long-term non-healing wound was present, but it proceeded without tissue necrosis. It was present in 65% of cases (13 patients) with trophic ulcers of the lower extremities, in 25% of cases (5 patients) with bedsores, and in 10% of cases (2 patients) with neurotrophic ulcers of diabetic foot syndrome. In 72.6% of cases, the wound was characterised not only by the presence of an inflammatory process but also by tissue necrosis. Thus, in 36.9% of cases (31 patients), the tissues of long-term non-healing wounds were subjected to dry necrosis, in 11.9% of cases (10 patients) to wet

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necrosis, and 23.8% of cases (20 patients) to mixed necrosis. Patients with dry necrosis in long-term non-healing wounds were mainly represented by cases of ulcerative-necrotic ulcers in diabetic foot syndrome (15 patients – 48.4%) and bedsores (10 patients – 32.3%). Only in 6 (19.4%) patients dry necrosis was noted in trophic ulcers with chronic venous insufficiency of the lower extremities. Damage to long-term non-healing wounds by wet necrosis was noted among 10 (11.9%) patients. In half of the cases (5 patients), they were represented by bedsores, in 40% of cases (4 patients) – ulcers in diabetic foot syndrome, and in 10% of cases (1 patient) – trophic ulcers of venous aetiology. The development of wet necrosis in long-term non-healing wounds against the background of non-rejected dry necrosis (mixed necrosis) was revealed by us among 20 (23.8%) patients, who were represented by 8 (40%) patients with bedsores, 7 (35%) patients with neurotrophic ulcers of diabetic foot syndrome, and 5 (25%) patients with trophic ulcers with chronic venous insufficiency of the lower extremities.

CONCLUSION

Among patients with bedsores, cases prevailed (34.5%) of long-term non-healing wounds with the presence of dry necrosis, and to a lesser extent (3.4%), there were cases with the absence of an inflammatory process in the wound. Similar changes were found among patients with neurotrophic ulcers of diabetic foot syndrome, where more than half of the cases (53.6%) in patients with a long-term non-healing wound proceeded against the background of an inflammatory process with the presence of dry tissue necrosis. The absence of any inflammatory phenomenon among patients with this type of long-term non-healing wound was not noted. Among patients with trophic ulcers of the lower extremities due to complications of chronic venous insufficiency, cases of inflammation without tissue necrosis prevailed (48.1%), and the inflammatory process occurred the least (3.7%) against the background of wet necrosis of tissues of long-term non-healing wounds.