



FREQUENCY AND OPTIONS FOR HOSPITAL TREATMENT OF PATIENTS WITH FACIAL FURUNCLES AND CARBUNCLES

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ANNOTATION:

INFECTIOUS INFLAMMATORY DISEASES MAKE UP THE MAIN GROUP OF THE MOST COMMON DISEASES OF THE MAXILLOFACIAL REGION (MAF) [1]. INFLAMMATORY DISEASES OF THE MAXILLOFACIAL REGION ARE CHARACTERIZED BY HIGH MEDICAL AND SOCIAL SIGNIFICANCE, SINCE, FIRSTLY, MOST OF THE PATIENTS ARE YOUNG PEOPLE OF WORKING AGE[2,3]; SECONDLY, THIS CONTINGENT OF PATIENTS NEEDS ACTIVE, SOMETIMES EXPENSIVE TREATMENT IN A HOSPITAL; THIRDLY, WITH THIS PATHOLOGY, THERE ARE HIGH RATES OF MORBIDITY WITH TEMPORARY DISABILITY, AND, FINALLY, PURULENT-INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA - A FORMIDABLE PATHOLOGY, WHICH IS ONE OF THE MAIN CAUSES OF DISABILITY AND MORTALITY. FURUNCLES AND CARBUNCLES ARE ONE OF THE MOST COMMON FORMS OF PURULENT-INFLAMMATORY DISEASES OF THE MAXILLOFACIAL REGION OF NONDONTOGENIC ORIGIN[4]. THE NUMBER OF PATIENTS ADMITTED TO MAXILLOFACIAL HOSPITALS WITH THIS NOSOLOGY REMAINS CONSTANTLY HIGH[5].

PURPOSE OF THE STUDY

ASSESSMENT OF MORBIDITY AND RATIONALE FOR INPATIENT TREATMENT OF PATIENTS WITH FURUNCLES AND CARBUNCLES OF THE MAXILLOFACIAL REGION. IN THIS REGARD, THE FOLLOWING TASKS WERE SOLVED:

- TO STUDY THE INCIDENCE OF FURUNCLES AND CARBUNCLES OF THE MAXILLOFACIAL AREA USING THE EXAMPLE OF THE DEPARTMENT OF MAXILLOFACIAL SURGERY (MCS) AND THE CITY MEDICAL ASSOCIATION (GMO).
- — TO ANALYZE THE OBTAINED DATA;
- - TO JUSTIFY INPATIENT TREATMENT OF PATIENTS WITH BOILS AND CARBUNCLES OF THE FACE.

ACCORDING TO ARCHIVAL MATERIALS - CASE HISTORIES OF 5764 PATIENTS OF THE MLS DEPARTMENT OF THE GMO CLINIC FOR 4 YEARS (FROM 2019 TO 2022 INCLUSIVE) - IT WAS FOUND THAT INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA IN THE MLS DEPARTMENT TURNED OUT TO BE THE DOMINANT NOSOLOGICAL FORM (66%). FROM 2019 TO 2022, 220 PATIENTS WITH FURUNCLES AND CARBUNCLES OF THE MAXILLOFACIAL AREA (7.4% OF ALL THOSE ADMITTED FOR TREATMENT) WERE TREATED IN THE HOSPITAL IN THE DEPARTMENT OF PCLS AND DENTISTRY OF THE GMO CLINIC

FROM 20 TO 2022.

RESULTS AND DISCUSSION

IN 2019, 1103 PATIENTS RECEIVED INPATIENT TREATMENT IN THE CSF, 787 (71%) OF WHICH HAD INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA, INCLUDING 76 (6.9%) • BOILS AND CARBUNCLES. IN 2010, OUT OF 1395 PATIENTS, 993 HAD INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA, INCLUDING BOILS AND CARBUNCLES - IN 102 (7.3%). IN 2011, OUT OF 1175 PATIENTS, 703 (60%) HAD INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA, INCLUDING 102 (8.7%) • FURUNCLES AND CARBUNCLES OF THE MAXILLOFACIAL REGION. IN 2012, 1491 PATIENTS WERE TREATED IN THE DEPARTMENT, 928 HAD INFLAMMATORY DISEASES OF THE MAXILLOFACIAL AREA, INCLUDING BOILS AND CARBUNCLES - IN 100 (6.7%). FROM 2019 TO 2022, 234 (61.6%) MEN AND 146 (38.4%) WOMEN WITH FURUNCLES AND CARBUNCLES OF THE MAXILLARY FOSSA WERE TREATED. IT WAS REVEALED THAT OF ALL THE ADMITTED PATIENTS, THE LARGEST NUMBER OF PATIENTS WERE MEN AGED FROM 18 TO 45 YEARS (53%); 78% OF PATIENTS WERE URBAN RESIDENTS AND ONLY 22% WERE RURAL RESIDENTS. FURUNCLES AND CARBUNCLES IN BOTH WOMEN AND MEN WERE LOCALIZED MORE IN THE BUCCAL, INFRAORBITAL AREAS AND IN THE AREA OF THE UPPER LIP, WHICH INCREASES THE RISK OF LIFE-THREATENING COMPLICATIONS AND JUSTIFIES INPATIENT TREATMENT. 37(9.7%) PATIENTS HAD COMORBIDITIES: ISCHEMIC HEART DISEASE, HYPERTENSION, DIABETES MELLITUS, EPILEPSY, HEPATITIS B. FURUNCLES GO THROUGH 3 STAGES OF MATURATION: THE STAGE OF DEVELOPMENT OF THE INFILTRATE; THE STAGE OF SUPPURATION AND NECROSIS; STAGE OF HEALING. DURING THE PERIOD UNDER REVIEW, 13 (3.4%) PATIENTS WITH FACIAL FURUNCLE IN THE INFILTRATION STAGE WERE ADMITTED TO THE DEPARTMENT. CONSERVATIVE METHODS OF TREATMENT WERE EFFECTIVE ONLY IN 4 CASES 3 PATIENTS WERE OPERATED ON THE NEXT DAY AFTER HOSPITALIZATION, 3 PATIENTS 2 DAYS LATER, AND 3 PATIENTS 3 DAYS LATER. PATIENTS WITH A COMPLICATED COURSE OF BOILS WERE ALSO ADMITTED FOR INPATIENT TREATMENT: WITH PHLEGMON OF THE CHIN AREA - 3 PATIENTS, WITH PHLEGMON OF THE PAROTID-MASTICATORY REGION - 1, WITH PHLEBITIS OF THE INFRAORBITAL VEIN - 1, WITH ACUTE SUBMANDIBULAR LYMPHADENITIS • 1 AND WITH AN ABSCESS OF THE UPPER EYEID • 1. WE CONDUCTED AN EXAMINATION OF THE QUALITY OF SURGICAL CARE, TAKING INTO ACCOUNT THE NATURE OF THE INFLAMMATORY PROCESS.

CONCLUSIONS

IT WAS REVEALED THAT INFLAMMATORY COMPLICATIONS IN PATIENTS WITH BOILS ARE ASSOCIATED WITH A RATHER LATE ADMISSION TO INPATIENT TREATMENT, AS WELL AS WITH A VIOLATION OF THE TREATMENT REGIMEN IN THE HOSPITAL. WE BELIEVE THAT AN ADEQUATELY ACTIVE TACTIC OF SURGICAL AND COMPLEX MEDICAL TREATMENT OF PATIENTS WITH FURUNCLES AND CARBUNCLES OF THE MAXILLOFACIAL AREA IS AS FOLLOWS:

- - HOSPITALIZATION IN THE PCLS DEPARTMENT ON THE DAY OF DETECTION OF THE DISEASE;
- - WITH A BOIL IN THE STAGE OF ABSCESS FORMATION - SURGICAL INTERVENTION IN THE NEXT FEW HOURS AFTER HOSPITALIZATION;
- - CONDUCTING LABORATORY TESTS (GENERAL BLOOD COUNT, URINALYSIS, BLOOD FOR SUGAR, ETC.);
- - ADEQUATE DRUG TREATMENT IN ACCORDANCE WITH THE SEVERITY OF THE DISEASE AND TAKING INTO ACCOUNT CONCOMITANT PATHOLOGY (ANTIBIOTICS, ANTICOAGULANTS, ANTIHISTAMINES, ETC.);
- - DAILY DRESSINGS;
- - THE APPOINTMENT OF PHYSIOTHERAPY (UHF, CRYOTHERAPY, ETC.).

THE STUDY ALLOWS US TO CONCLUDE THAT THE INCIDENCE OF BOILS AND CARBUNCLES OF THE FACE REMAINS HIGH, AND IN RECENT YEARS THERE HAS BEEN A TENDENCY TO INCREASE THE NUMBER OF PATIENTS WITH THIS PATHOLOGY. TAKING INTO ACCOUNT THE LONG PERIOD OF HOSPITALIZATION AND THE POSSIBILITY OF INFLAMMATORY COMPLICATIONS THAT POSE A THREAT TO THE LIFE OF THE PATIENT, IT IS NECESSARY TO CONTINUE TO IMPROVE THE ALGORITHMS FOR INPATIENT TREATMENT OF PATIENTS WITH BOILS AND CARBUNCLES OF THE FACE.

- IN THIS REGARD, WE HAVE IDENTIFIED 3 TYPES OF ADEQUATE MEDICAL TACTICS DEPENDING ON THE STAGE OF THE DISEASE:
- - IN THE STAGE OF INFILTRATION - LOCAL CONSERVATIVE TREATMENT;
- - IN THE STAGE OF ABSCESSING - SURGICAL INTERVENTION ON THE FOCUS OF INFLAMMATION;
- - IN THE COMPLICATED COURSE OF BOILS - AN INCREASE IN THE VOLUME OF SURGICAL INTERVENTION WITH ADDITIONAL INCISIONS, INCLUDING

• - THE APPOINTMENT OF PHYSIOTHERAPY, AS WELL AS INPATIENT TREATMENT, ALKALINE AND IRRIGATION.

• - DETERMINATION OF WHICH MEDICAL INSTITUTION AND WHICH SPECIALIST THE PATIENT WITH FURUNCLE AND CARBUNCLE OF THE FACE SHOULD BE ADMITTED TO THE CLINIC DEPARTMENT, WHERE HE WILL RECEIVE COMPLEX, TIMELY, SURGICALLY ADEQUATE AND COMPREHENSIVE TREATMENT, WHICH WILL LEAD TO A REDUCTION IN THE NUMBER OF COMPLICATIONS AND DURATION OF DISABILITY.

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