

снижается, к шестому месяцу титр Ig G падает в разы, к девятому - стремится к 0. И, к сожалению, часть больных заболела повторно из первой группы 3 человека (8,3%), со второй группы – 2 человека (5,6%). Причем, болезнь протекала, также как и в первый раз, так и в более легкой или более тяжелой форме. Что огорчило: приобретенный иммунитет сохраняется не более года и вакцина, скорее всего, не сможет побороть данную проблему, а необходимо искать новые методы и препараты для лечения данного недуга. В противном случае COVID-19 с нами останется на всю жизнь.

Экономический расчет эффективности лечения.

Сравнивая затраты на лечение пациентов первой и второй групп мы пришли к выводу, что лечение больных первой группы оказалось более дорогостоящим (200 000 рублей) и менее эффективным, чем во второй группе (960 рублей).

Вывод:

Лечение больных с гипертонивно-гидроцефальным синдромом, осложненных COVID-19 более эффективно при минимальном внедрении в организм, пораженный вирусной инфекцией. Назначение антибактериальной, противовирусной, гормональной терапии; антикоагулянтов, кислорода, ИВЛ, КТ легких не только затратно, малоэффективно, но и вредно для пациентов и приводит к серьезным осложнениям. В лечении нужно учитывать психологическую реакцию на новую инфекцию, которая вызывает высокий уровень тревоги и страха у людей, а также обращать внимание на снижение отсроченных последствий длительно действующего

стрессогенного фактора, привлекать психологов и, при необходимости, психиатров для работы с такими пациентами.

Целесообразно искать новые методы лечения и лекарственные средства, так как вакцина может не решить данной проблемы. Все противоэпидемические мероприятия (ношение масок, перчаток, обработка рук и т.д.) на открытом воздухе малоэффективны и, порой, вредны.

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ORAL THROMBOLYTIC "THROMBOVAZIM" AND COMBINED ACUTE THROMBOSIS OF THE DEEP AND SUBCUTANEOUS VINES OF THE LOWER LIMBS: EXPERIENCE AND RESULTS

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Summary. In the article, the authors describe the experience of using the oral fibrinolytic "Thrombovazim" in the conservative treatment of acute combined thrombosis of the saphenous and deep veins of the lower extremities against the background of the use of anticoagulants, flavonoid drugs, elastic compression of the lower extremities. The results of the use of this therapy regimen in relation to the treatment of this disease without prescribing a thrombolytic agent after 1, 3 and 6 months of treatment at the outpatient stage are presented. The dynamics of recanalization of the venous bed and the dynamics of reduction of clinical manifestations of the disease were analyzed. The safety of the treatment is also assessed.

Key words: saphenous vein thrombosis of the lower extremities, deep vein thrombosis of the lower extremities, thrombophlebitis, conservative treatment, thrombolytic, anticoagulant.

Introduction. Acute thrombosis of the saphenous and deep veins of the lower extremities remains the most common disease of the peripheral venous bed and can reach 17.2% of the total number of vascular diseases [4,8,5,6]. The most significant clinical manifestations are the progression of the thrombotic process with the development of thrombus head flotation and pulmonary embolism [3,14,17,18].

Therapeutic tactics of acute thrombosis of the saphenous and deep veins of the lower extremities depends on the prevalence of the process and the duration of the disease. The goal of treatment is to improve the quality of life and preserve the ability to work of patients in the form of preventing the development or progression of chronic venous insufficiency, post-thrombotic disease [1,2].

The aim of the study was to improve the results of conservative treatment of acute saphenous vein thrombosis in combination with deep vein thrombosis of the lower extremities by including an oral thrombolytic agent in the complex therapy.

Materials and methods. The study included 82 patients who underwent a course of inpatient conservative treatment for 7 days in the conditions of the vascular surgery department of the GUZ UOKB for 12 months of 2019. The patients were observed by a vascular surgeon on an outpatient basis for 6 months of 2020, during which time ultrasound duplex angioscanning of the veins of the lower extremities was performed three times.

The clinical study was of a comparative prospective nature. The patients' age ranged from 22 to 58 years, averaging 38.4 ± 4.2 years. The time elapsed from the onset of the disease to hospitalization ranged from 1 to 6 days, averaging 3 days.

The study included patients with concomitant acute venous thrombosis, namely saphenous and deep vein thrombosis. Patients who had flotation of the thrombus head at the time of admission were not included in this study. In addition, the study did not include patients with previous venous thrombosis of any location.

The patients underwent standard therapy according to the current recommendations: the introduction of low molecular weight heparins (Clexane) at a dose of 1 mg / kg 2 times a day subcutaneously in both study groups, were prescribed flavonoids (Detralex) 1000 mg per day, constant elastic compression of the lower extremities with elastic stockings of the 2nd class [7].

At the outpatient stage of treatment, all 82 patients received direct oral anticoagulants (Eliquis 5 mg 2 times a day) [10,13]. To reduce inflammation, patients were prescribed local treatment in the form of ointment dressings with a combined ointment containing heparin and dimethyl sulfoxide (Dolobene-gel). The elevated position of the affected limb on the Beller splint was carried out all the time of inpatient treatment.

On the 1st, 3rd and 7th days of inpatient treatment, the patients underwent control ultrasound scanning of the veins of the lower extremities to exclude the progression of thrombosis and the formation of flotation of the thrombus head with a high risk of

thromboembolism. [sixteen]. At the outpatient stage of treatment, patients were examined by a vascular surgeon 1 month, 3 months and 6 months after discharge from the hospital, with the obligatory ultrasound scanning of the veins of the lower extremities.

The patients were divided into two groups of similar composition - the main and the control. The main group included 42 patients, the control group consisted of 40 patients.

Patients in the control group of the study were prescribed only standard basic therapy, the scheme of which is described above.

Patients of the main study group were prescribed basic therapy in combination with the oral fibrinolytic drug Trombovazim at a dosage of 800 U 2 times a day for 20 days from the first day of hospitalization with continued therapy at the outpatient stage [10,12].

Results. During an objective examination of patients during admission and at the outpatient stage of treatment, the following clinical signs were assessed: induration, hyperemia and hyperpigmentation along the saphenous veins, the degree of limitation of movements and pain of the limb, the presence and dynamics of limb edema; ultrasound criteria were the dynamics of the spread of the thrombotic process, the presence or absence of recanalization [16].

When conducting control ultrasound angioscanning on the 1st, 3rd and 7th days of treatment, the progression of the process and the formation of floating elements of thrombi were not detected.

During inpatient and outpatient treatment, hemorrhagic complications were not detected in any group.

Among the patients of the control group of the study, on the 7th day of treatment, in 34 (85%) patients, there was no relief of clinical symptoms. Soreness persisted, and subjective symptoms were also present. According to the ultrasound angioscanning data, recanalization in the deep and saphenous veins was not observed. After a month of outpatient treatment, the above complaints persisted in 19 (47.5%) patients. According to the data of ultrasound angioscanning, recanalization of more than 50% of deep and subcutaneous venous trunks affected by the thrombotic process was observed only in 15 (37.5%) people. After 3 months, more than 50% recanalization occurred in all patients. It should be noted that 13 (32.5%) patients had persistent edematous syndrome in the limb affected by the thrombotic process. After 6 months of follow-up, 32 (80%) patients had complete recanalization, but 22 (55%) had extremity edema. Thus, one can judge the development of post-thrombotic disease in these patients.

Discussion. The duration of the disease with obvious clinical symptoms and a deterioration in the quality of life of patients undoubtedly reduces adherence to treatment, and significantly increases the period of temporary disability of patients.

Adequate treatment of venous thrombosis of the lower extremities reduces the likelihood of developing post-thrombotic disease and recurrent venous thrombosis.

The basis of conservative treatment of patients with ascending thrombophlebitis of the saphenous veins of the lower extremities, complicated by deep vein thrombosis is anticoagulant therapy for a sufficiently long period.

Thrombovazim is a domestic oral thrombolytic agent containing a highly purified enzyme preparation subtilisin immobilized on polyethylene glycol. It has a pronounced thrombolytic effect, which is of a direct nature. In addition, the drug has anti-inflammatory and cytoprotective effects. [9,13]. The use of anticoagulants enhances the fibrinolytic effect of Trombovazim without increasing the risk of bleeding.

The study showed that the appointment of low-molecular-weight heparins in therapeutic doses to patients from the first day of the disease, followed by transfer to anticoagulants at the outpatient stage of treatment, made it possible to start the processes of restoring the patency of the saphenous and deep veins of the lower extremities. The addition of a direct oral thrombolytic agent Trombovazim to anticoagulants showed that the proposed therapy regimen is safe in terms of the development of hemorrhagic complications.

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