

**Short communication**

# **EXPERIENCE OF USING OF PENTAGLOBIN AND OKTAGAMA FOR PATIENTS WITH SEPTIC COMPLICATIONS IN THE ICU**

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An effective empirical antimicrobial therapy allows 1.5-2 times to reduce mortality and prevent the development of septic shock in patients with sepsis, but the immune system dysfunction accompanies septic process and largely determines its development, exacerbating the condition of the patient up to a threat to life. Immunotherapy would be effective only if the range of the pharmacodynamic activity of used drugs to match the structure of pathogenic immune dysfunctions. The drugs, which used together in the composition of therapy will act synergistically on the immune system, and their immunocorrective action is characterized sufficient power.

**Objective:** To evaluate the efficiency of Pentaglobin and oktagam in complex treatment of septic complications in surgical patients in ICU.

Have treated 23 abdominal and cardio surgical patients in ICU, who was operated in the RSCS named after acad. V.Vahidova for 2012-2015., with manifestation of postoperative septic complications. The material for the analysis is the study of blood on sterility and other biomaterials. Use traditional methods of isolation and identification of microorganisms, determination of their sensitivity to antibiotics and dynamic control of C-reactive protein (CRP), the use of the different schemes of prevention and treatment of nosocomial infections. These patients were divided into 3 groups: the first group consisted of patients with drug Pentaglobin (3 patients with acute pancreatitis, 4 - with peritonitis, 5 - cardiac), the second group - patients with drug Octagam (2 patients with acute pancreatitis, 3 - with peritonitis, 2 - cardiac), 3 -d group - treated by conventional methods, without the use of immunomodulators (2 patients with acute pancreatitis, 3 - with peritonitis, 2 - cardiac). Dosing of immunomodulators was adjusted individually.

Clinical and biochemical improvement of these patients was determined by dynamic control of level CRP, the results of microbiological tests, physical data, as in the first group of patients with CRP levels did not exceed 30 - 40 mg / L, the level was 12-14% lymphocytes, the body temperature does not rise more than 38.0 °C, repeated blood cultures were negative for sterility, in the second group - the level of CRP was 50 - 70 mg / L, the level was 12-14% lymphocytes, the body temperature does not rise more than 38.0 °C, repeated blood cultures were negative for sterility, in the third group - the level of CRP was 50 - 70 mg / L, the level was 12-14% lymphocytes, the body temperature does not rise more than 38.0 °C, repeated blood cultures were negative for sterility.

0mg / L, the level of lymphocytes was 6 - 9%, body temperature was raised to  $^{\circ}\text{C}$  38.0 and over, while patients in the third group CRP was 90-97mg /l or more, the level of lymphocytes - 3-5%, hectic fever (39,0-40,0  $^{\circ}\text{C}$ ), sowing multiresistant Gram-negative bacteria (*Acinetobacter* sp., *Kl. pneumoniae.*, *Ps. aeruginosa*, *F.G. Candida*) in all patients in this group. Extractability and contamination *F.G. Candida* (*Candida F.G.* -like figure lower immune status) in the first group was significantly lower than in the second and third groups.

Thus, the preventive use of Pentaglobin when manifestation of postoperative infectious complications revealed high clinical efficiency, contributing to the positive immunoreactivity in SIRS, thereby increasing the survival rate of patients, as well as the decline in mortality during the development of a serious infection and multiple organ failure, which leads to the feasibility and effectiveness of its use and the possibility of wide use in patients.

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