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ADVANTAGES OF THE METHOD OF LYMPHOTROPIC THERAPY IN THE TREATMENT OF ULCER COLITIS

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ABSTRACT:

Ulcerative colitis (UC) is due to the predominance of severe complicated forms of the course, with high mortality and difficulty in diagnosing and monitoring the effectiveness of therapy. Many questions of the pathogenesis of UC are still poorly understood and morphological criteria reliable from the standpoint of evidence-based medicine are still not well developed. Unresolved issues make ulcerative colitis relevant in relation to its treatment. The purpose of the study is to study and prove the advantages of the method of lymph tropic therapy in the treatment of ulcerative colitis. The analysis of the results of the complex treatment of 97 patients who were in the colo-practical department of the clinic of the ASMI for the period from 2009 to 201 was carried out. In the main group (n = 54), in the postoperative period, end mesenteric lymphatic –lymph stimulating and antibacterial therapy was used in the treatment complex according to the algorithm developed in the clinic. Patients (n = 43), the control group, in the postoperative period in the treatment complex received only the generally accepted traditional therapy - parenteral antibacterial treatment. It has been established that impaired lymphatic circulation in the large intestine with ulcerative colitis contributes to complications of the intestine in the postoperative period, which can be reduced by the use of lymphotropic therapy in the complex treatment of ulcerative colitis in patients.

KEYWORDS: ulcerative colitis, lymphotropic therapy, endomesenteric lymphatic, complex treatment, antibacterial therapy.

INTRODUCTION:

Ulcerative colitis (UC) develops as a result of a pathological immune response to antigens of the intestinal microflora in the presence of a hereditary predisposition, has a chronic recurrent course [13; 10]. UC is due to the predominance of severe complicated forms of the course, with high mortality and difficulty in diagnosing and monitoring the effectiveness of therapy [7; 13]. Of great importance in the pathogenesis of UC is given to antigens of normal microflora, to which the tolerance of the immune system is lost, as well as conditionally pathogenic microorganisms that continuously stimulate the intestinal immune system, which underlies the triggering and maintenance of the autoimmune process [10; 14; 15].

Many questions of UC pathogenesis are still not well understood, according to lymphatic theory, primary changes develop in the lymph nodes of the mesentery and lymphoid follicles of the intestinal wall, which leads to lymphatic edema of the submucosal layer, resulting in destruction and granulomatosis of the intestinal wall [3]. It is important to note that the peak incidence of UC is in the age group of 20 to 40 years, which is the most active socially [6; 12].

LITERATURE REVIEW:

Currently, conservative therapy is the basis for the treatment of UC, but it does not completely solve the tasks, since the use of

drugs aimed at suppressing various parts of the immune system also has a number of well-known side effects [1; 2; 9].

Surgical treatment for UC is performed only in cases of ineffective conservative therapy or the development of complications in 10-20% of patients [4; 5; 16].

However, the morphological criteria of UC, reliable from the standpoint of evidence-based medicine, are still not sufficiently developed [8]. In this regard, it is important to further study the pathogenesis of UC, as well as the development and preclinical testing of new approaches to diagnosis and treatment. This is possible under the conditions of experimental modeling of UC in animals [11].

Unresolved issues make ulcerative colitis relevant in relation to its treatment. The purpose of the work is to study and prove the advantages of the method of lymphotropic therapy in the treatment of ulcerative colitis.

ANALYSIS:

Only by determining the lymphatic circulation in the system of the mesentery of the intestine in normal and ulcerative colitis, we could evaluate the advantages of the method of lymphotropic therapy in the complex treatment of UC. What was needed was a series of experiments on animals, which we conducted and determined that, with a model of UC, lymphatic circulation in the mesentery of the intestine slows down by two or more. After ascertaining this, we deliberately used the method of lymphotropic therapy in the clinic for the treatment of UC.

The analysis of the results of complex treatment of 97 patients who were in the coloproctological department of the clinic of the ASMI for the period from 2009 to 201 was performed. We divided these patients into two groups: the first (main) group included patients (n = 54), who in the postoperative period in the treatment complex used endomesenteric lymphatic - lymphostimulating and antibacterial therapy according to the algorithm developed in the clinic. To compare the results of lymphatic therapy, a second (control) group was created from among the operated patients, (n = 43), who in the postoperative period in the treatment complex received only the generally accepted traditional therapy - parenteral antibacterial treatment. Among all sick men there were 45 (46.4%), and women 52 (53.6%). The age of patients ranged from 17 to 75 years. The largest number of patients was of working age - 91 (93.8%).

Given the anatomical localization of UC, the following types of operations were performed: left-sided hemicolectomy, right-sided hemicolectomy, and subtotal colectomy. In both groups, patients predominantly underwent a left-sided hemicolectomy with a severe form of UC: in the main group there were 28 of 54 (51.8%), and in the control group 21 of 43 (48.8%). In both groups, the majority of patients were between the ages of 17 and 50: in group I there were 39 (72.2%), in group II as well 35 (81.4%). In the main group there were 25 men and 29 women. In the control group there were 20 men and 23 women.Patients of the first group in 21 (38.9%) cases performed right-sided hemicolectomy, and in 5 (9.3%) cases subtotal colectomy. For patients in the second group, right-sided hemicolectomy was performed in 18 (41.9%) cases, and subtotal colectomy in 4 (9.3%), respectively. At the end of the main stage of the operation, all the patients of the first group had a polyvinyl chloride catheter for lymphatic therapy in the postoperative period installed in the mesentery of the intestine, secured with a thin catgut into the mesentery of the intestine, the outer end of which was brought out to the outside of the ileum. For patients in the second group, right-sided hemicolectomy was performed in 18 (41.9%) cases, and subtotal colectomy in 4 (9.3%),

respectively. At the end of the main stage of the operation, all the patients of the first group had a polyvinyl chloride catheter for lymphatic therapy in the postoperative period installed in the mesentery of the intestine, secured with a thin catgut into the mesentery of the intestine, the outer end of which was brought out to the outside of the ileum.

Endomesenteric lymphatic therapy was carried out through an installed polyvinyl chloride catheter in the mesentery of the intestine: first, glucose solution 5% -50 ml + novocaine 0.5% -50 ml was added dropwise to stimulate the lymphatic system with the addition of 5000 units. Heparin or lasix 64 units. Slowly over 40-60 minutes. Upon completion of the manipulation, the selected single dose of the antibiotic was connected to the same system, taking into account the sensitivity of microflora, having previously dissolved it in 50 ml of a 0.5% novocaine solution, also by drop. . The use of heparin or lidase is justified by the fact that there is a place for increased lymphocirculation, which with veno-and lymphostasis leads to increased tissue drainage in these systems. On day 6, the endomesenterically established catheter was removed.

DISCUSSION:

The results of the method of using endo-mesenteric lymphatic therapy in the UC treatment complex convincingly showed the high efficiency of specific measures to prevent the development of functional-dynamic intestinal obstruction in the postoperative period, with each component of the algorithm causing a targeted effect on a specific part of the pathogenetic mechanism of development of UC-specific complications. Endomesentericlymphostimulation and lymphotropic antibiotic therapy contributed to the reduction of interstitial edema and the concentration of toxins in the intercellular space, the blockade of the lymphatic flow of toxins, toxic metabolites, bacteria and their decay products entering the bloodstream lymphogenously, the drainage function of the lymphatic capillaries and the normalization of lymphatic circulation at the level of the abdominal organs. Thus, in the postoperative period, early recovery of intestinal motility was observed in dynamics (diagram No. 1)

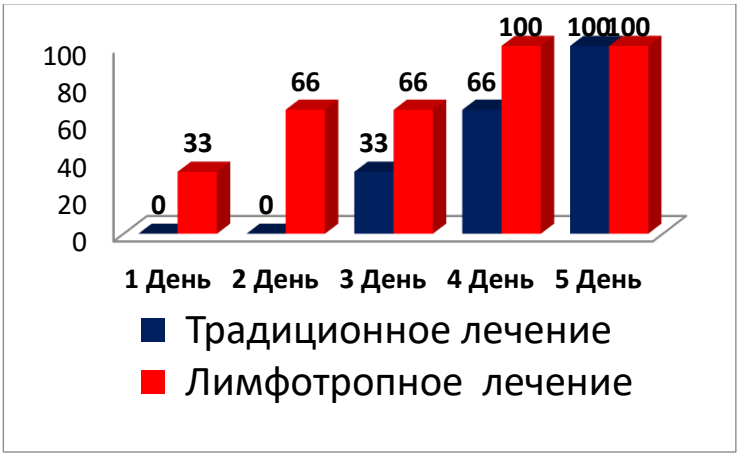

Diagram number 1.

The dynamics of the restoration of the function of the gastrointestinal tract after surgery (the appearance of intestinal motility by days in% relative).

Early restoration of intestinal motility prevents a number of undesirable complications in the postoperative period. Despite all this, postoperative complications were observed, which are shown in table No. 1.

Table number 1.

The structure of intestinal complications observed in the postoperative period in the study groups

№	**Postoperativecomplications**	Main group		Control group	
		quantity	%	quantity	%
1	**Anastomoticsuturefailure**	1	1,9	2	4,6
2	**Earlyadhesiveintestinal obstruction**	1	1,9	1	2,3
3	**OstomyDeparture**	0	0	1	2,3
4	**Intestinalfistula**	0	0	1	2,3
5	**Functionalintestinalfail**	2	3,7	3	6,9

	ure				
6	**Abdominalabscesses**	0	0	1	2,3
7	**Suppuration of a postoperative wound**	1	1,9	2	4,6
	Total:	5	9,2	11	25,6

These complications were inevitable due to the serious condition of patients who had complicated forms of UC at the time of surgery: cachexia, severe anemia, and concomitant somatic diseases. Despite all this, complex endomesenteric lymphatic therapy in the postoperative period with UC allowed to significantly improve the condition of patients of the main group compared to the control. Thus, the use of the lymphatic therapy method in the treatment complex for UC prevents unwanted intestinal in the postoperative period. Analysis of clinical data showed that with the administration of lymphotropic antibiotics, the occurrence of allergic reactions is not observed.

CONCLUSION:

1. The difference in lymphatic circulation in the intestinal wall and its mesentery in normal and in UC, which slows down two or more times, explains the advantages of the lymphotropic therapy in the complex treatment of UC in the postoperative period.
2. Lymphotropic therapy improves the rheological properties of blood and lymph, enhances lymph outflow, normalizes microhemolymphocirculation, completely removes edematous fluid and toxic metabolites from tissues, and activates the neutralizing and immunological activity of the lymph nodes of the abdominal cavity.
3. Evidence of the improved effect of the use of lymphotropic therapy in the treatment complex for UC in the postoperative period is a significant reduction in intestinal complications.
4. When applying lymphotropic therapy in the complex of treatment of UC in the postoperative period, the material costs of treatment and the length of the patient's stay in hospital are reduced.

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