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PECULIARITIES OF ANTIBACTERIAL DRUG CONSUMPTION IN THE COMPLEX TREATMENT OF PATIENTS WITH PURULENT INFLAMMATORY DISEASES OF THE MAXILLOFACIAL REGION

Abstract. *Purulent inflammatory diseases of maxillofacial region still remain one of the most widespread and complicated problems of modern surgical stomatology and maxillofacial surgery, the main cause of intracranial complications and septic conditions, temporary disability among population*

Keywords: *mandible and maxilla, comparative assessment, antibiotic therapy, purulent inflammatory disease*

Purpose of the study: To identify the specificities of antibacterial drug use in the complex treatment of patients with purulent inflammatory diseases of the maxillofacial region in maxillofacial surgery hospitals and dental clinics.

Materials and methods of research. A total of 40 patients aged between 18-65 years who were admitted to the Department of Oral and Maxillofacial Surgery of the City Hospital and the Samarkand Dental Polyclinic were studied. The study group consisted of 24 patients and control group of 16 patients.

Inclusion and exclusion criteria were determined for the patients in the study based on complaints, anamnesis, clinical manifestations, and microbiological examination. There were 22 (56%) male and 18 (44%) female patients. The mean age of the patients was 64.6±1.1 years. The criterion for inclusion of patients in the study (subject to their consent) was the presence of a clinically established diagnosis of

"acute purulent periostitis of the upper and lower jaw". Patients with cancer, rheumatic diseases, diabetes mellitus, infectious and inflammatory diseases in the acute stage, decompensated associated pathology, which could affect the clinical picture of the disease and treatment outcomes, were excluded from the study. All concomitant chronic diseases of the patients included in the study were in remission for at least 3 months.

Results of the study. The study was conducted at Samarkand City Hospital in the Department of Oral and Facial Surgery from 2017 - 2020. Preoperative tooth extraction was performed in 1 patient. Pre-removal periods of illness ranged from 1-3 days in 28 patients and 4-7 days in 12 patients. No co-morbidities or drug intolerances were noted in patients in this group. All patients underwent surgery (periostotomy) in the area of the inflammatory focus and systemic antibacterial therapy was administered. Extraction of the causal tooth was performed in 2 patients, extraction of the tooth in combination with an opening of a purulent focus was performed in 25 patients. Opening and drainage of the subperiosteal abscess without tooth extraction was performed in 12 patients and 3 patients were treated without surgical intervention. Patients underwent surgery (periostotomy) in the area of the inflammatory focus and systemic antibiotic therapy was administered in the outpatient setting. Extraction of the causal tooth was performed in 2 patients, extraction of the tooth in combination with an opening of a purulent nidus was performed in 25 patients. Opening and drainage of the subperiosteal abscess without tooth extraction was performed in 12 patients and 3 patients were treated without surgical intervention.

Antibiotic therapy was administered to all patients, with 43 antibiotics administered to 44 patients. The route of administration was oral. A total of 42 patients (98.8%) were treated with a single drug, and a combination of 2 antibiotics was used in 2 patients (1.2%). Changing antibiotics was also done once (1.2%). The favoured drug was found to be lincomycin (lincosamide group). Its use as both a monodrug and in combination was reported in 55.6% of cases (32 prescriptions). In all cases, the route of administration was oral. The doses and route of administration varied. Thus, the IRK

data indicate its administration in doses of 0.22 2 times a day, 0.25 4 times a day, 0.5 2 times a day and 0.5 3 times a day. The duration of treatment was from 5 to 9 days. Treatment of patients with a combined agent of the macrolide and tetracycline groups (olethrin) was recorded in 12.6% (8 cases) of 0.25 4 times daily for 5 to 8 days. Similarly, macrolides (erythromycin) at a rate of 0.25 4 times daily for 5-8 days and fluoroquinolones (ciprofloxacin) at a rate of 0.25 2 times daily for 2-6 days were administered in 8% (4 cases each). Semi-synthetic penicillins (ampicillin) were reported in 3.9% (3 cases) at 0.25 four times daily for 4-10 days. Tetracycline was administered in 2.9% (3 cases) at 0.2 4 times daily for 6 days. One patient underwent a change in medication and route of administration. Lincomycin (0.25 4 times a day orally) used for 8 days was replaced by the cephalosporin antibiotic cefazolin at a dose of 0.5 2 times a day intramuscularly for 6 days. And also 1 patient was treated with a combination of lincosamide (lincomycin 0.25 3 times a day) and fluoroquinolones (ciprofloxacin 0.25 2 times a day) for 6 days.

Results of treatment: 93.5% (38 patients) were discharged with recovery, 7.4% (3 patients) - with improvement. Duration of treatment of patients in this group averaged 5.5 ± 0.21 days (4 to 16 days).

Conclusions. Thus, on the basis of the research carried out, it has been established that it is reasonable to justify the use of this method in the conservative treatment of patients suffering from purulent inflammatory diseases of the maxillofacial region.

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