

### COMPREHENSIVE ASSESSMENT OF THE TREATMENT AND PREVENTION OF THE ARTERY TO ASSESS THE SPECIFICITY OF THE VIOLATION OF THE PERMEABILITY OF THE LEGS

*Tashtemirov A.R.*

*Bektasheva G.M.*

*Department of General Surgery*

*Andijan State Medical Institute*

**Introduction.** Acute lower leg ischemia syndrome (acute arterial obstruction) remains one of the most difficult problems in vascular surgery. To date, the etiology, pathogenesis, clinical picture of the disease have been studied, issues of surgical tactics have been developed depending on the degree of ischemia of the limbs. In 36-40% of cases, embolism and thrombosis develop against the background of atherosclerosis, and stenosis, in most cases, requires thromboembolectomy. In practice, this logical requirement is not always met. Primary arterial reconstruction is carried out only in 5-7%. There are several reasons for this. First, the severity of the general condition of the majority of patients and their old age. Therefore, the criterion of "minimum volume - efficiency" in emergency vascular surgery is still the main principle of choosing a surgical intervention. The consequence of this is an insufficient number of surgical interventions, which leads to the development of thrombotic reocclusion in 28-41% of patients with embolism and gangrene of the limbs in 5-24% and in 28.3%-41.9% of patients. Secondly, in the arsenal of modern angiosurgery there are a number of operations for the treatment of acute ischemia syndrome of the lower limbs.

**Purpose of work.** Examination of patients with acute lower leg ischemia syndrome and improvement of surgical treatment tactics, study of the causes of the development of the main early and late postoperative complications.

**Purpose of the study.** Among patients with obliterating diseases of the arteries of the lower extremities, a high frequency of cardiocerebral pathology was noted: the presence of myocardial infarction in the anamnesis was detected in 34.4% of patients, clinical manifestations of angina pectoris - in 48.5% of patients, stroke in the anamnesis — in 14.3% of patients, stenosis of extracranial arteries — in 12.3% of patients. At the same time, the appointment of cardiovascular protective therapy was suboptimal among the examined patients: statins were taken by 64.5% of patients, beta blockers — 65.6%, ACE inhibitors — 52.4%. Differences in the frequency of cardiovascular pathology and therapy received in groups with varying severity of obliterating diseases of the arteries of the lower extremities were not noted. It is noteworthy that men prevailed in both groups, with the largest number of them in group 1 (83.7%). According to the body mass index, the groups did not differ among themselves ( $p=0.8$ ). There is no significant difference in the number of smokers. ONMC in the anamnesis was significantly more often detected in patients of the first group than in the second group ( $p=0.001$ ). Arterial hypertension was more often recorded in patients with HINCK I-IIa art., although there was no significant difference with patients with HINCK I Ib-IV art., ( $p=0,4$ ). According to the number of MI in the anamnesis and the presence of 2nd DM the type of intergroup differences was also not revealed ( $p=0.09$  and  $p=0.2$ , respectively). Reconstructive operations on peripheral ANC was suffered by 27.6% of all patients, but the groups did not differ from each other. Amputation in the anamnesis was previously tolerated by a relatively small number of patients (4.6% among all patients), it was more often performed in groups of patients with HINCK I Ib-IV art. — 13 (5.0%) of patients. Interventions on extracranial arteries were previously performed in 41 (9.0%) patients, of which 21 (10.7%) patients of the first group and 20 (7.7%) of patients in the second group. There were no differences in the frequency of previous CT stenting and coronary bypass surgery. According to socio-economic indicators, the groups were comparable, the only difference was a significantly lower number of

working patients (11.7% vs. 20.0%;  $p=0.01$ ) in the first group. The severity of coronary insufficiency and chronic heart failure in the anamnesis of the group did not significantly differ. Drug treatment among patients of different groups did not differ, they are the same. They often received ACE beta-blockers, cholesterol-lowering drugs ( $p>0.05$ ). It should be noted that before inclusion in the study, most of the patients (68.4%) were observed by a cardiologist, in addition to a vascular surgeon (66.9% of cases). In addition to clinical and anamnestic data, the results of laboratory studies, including lipid metabolism data, were analyzed, however, no differences were revealed when comparing the results obtained. Patients of the first group had significantly higher values of blood urea ( $p=0.04$ ) and lower values of hemoglobin ( $p=0.02$ ) in comparison with patients of the second group. When analyzing the results of Doppler ultrasound examination of extracranial arteries.

**Conclusions.** Escuzan can be considered an effective remedy for the treatment and prevention of CVI. The drug is able to significantly improve the condition of the venous wall and indirectly normalize the condition of the valvular apparatus of the veins due to venotonizing, capillaroprotective, decongestant, anti-inflammatory, antiplatelet, antioxidant effects. Treatment of CVI should be comprehensive and begin at the earliest stages, it is then that the maximum effect can be achieved. An important element in the diagnosis and evaluation of the quality of treatment of CVI is the method of ultrasound Dopplerography.