

MINISTRY OF HEALTH OF UKRAINE
POLTAVA STATE MEDICAL UNIVERSITY
DEPARTMENT OF THE GENERAL SURGERY

**METHODICAL INSTRUCTIONS
FOR STUDENTS
DURING PREPARATION TO A PRACTICAL LESSON**

Subject matter	NURSE PRACTICE
<i>The module № 2</i>	BASIC DUTIES AND PROFESSIONAL SKILLS OF NURSE OF SURGICAL DEPARTMENT
<i>The substantial module 2</i>	TRAUMATISM AND DAMAGES. A DESMURGY
<i>Lesson theme № 5</i>	Acute purulent diseases of soft tissues and the hand. Purulent wound
<i>Course</i>	III
<i>Faculty</i>	International

Poltava

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<i>The substantial module 2</i>	TRAUMATISM AND DAMAGES. A DESMURGY
<i>Employment theme № 5</i>	Acute purulent diseases of soft tissues and the hand Purulent wound

1. Results of training:

General competence Now 35-40 % of patients surgical a profile are compounded by patients with purulent - inflammatory diseases. In the general frame of a lethality in surgical hospitals the quantity of deaths in connection with infectious complications reaches 42-60 %.

The operative measure in complex treatment of patients with purulent - inflammatory diseases is defining, therefore even technically simple operations, for example dissecting and an abscess drainage, demand exact knowledge of anatomic interrelations in the conforming area of a body.

The inflammation leads to disturbance of normal anatomic interrelations of members, it is necessary to consider at performance of surgical operation. Operations in purulent surgery demand also performance of special receptions, as a nephrectomy, suppurative focus sanation, dissecting purulent затеков, an adequate drainage, etc.

Treatment is purulent - inflammatory diseases of a brush is one of the most ancient and challenges of clinical medicine. The panaritium is the most widespread purulent disease of a brush. It is annually observed in 0,5-1,0 % of the population. From total of the patients who for the first time have reverted behind the help to the surgeon, 15-31 % are compounded by patients панарицией. Time disability at panaritiums becomes perceptible at 8-10 % of the persons who are doing manual work. At this disease can be observed and lethal outcomes, and according to some authors they take place in 0,8 % of patients. Serious concern is invoked by a high level of unsatisfactory yields of treatment of a panaritium, especially at its complicated forms. Ankyloses, deformations and ablations of dactyls and phalanxes - the frequent ending not only out-patient, but also panaritium hospitalisation. Ablation of phalanxes and dactyls at the osteal form is carried out approximately at everyone 3 - to the patient, and duration of treatment at this form of a panaritium quite often reaches 3-4 months. Unsatisfactory results of treatment testify that in many cases the cause of physical inability of patients is not only gravity of disease or later reversion behind medical aid, but also defects of diagnostics and a surgical intervention.

Brush phlegmons can arise independently and as panaritium complication. It is a serious pathology of a brush which quite often concludes particulate or even full loss of its function. Flow, a clinical pattern, features of treatment of phlegmons of a brush depend on localisation of process and features of an anatomical constitution in the field of the lesion locus.

Knowledge about panaritium and wrist phlegmons matter not only for surgeons, but also for doctors of other specialities who should be able to diagnose this pathology and in time to refer the patient to the expert.

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Subject competence - Know the causes of various injuries of hand? Purulent process of finger and hand, diagnostic methods, basic principles of treatment

I. A theme urgency

II. The employment purpose:

1. To know the general etiological and pathogenetic mechanisms of development of aboriginal surgical infectious diseases.
2. To know definition of concepts of separate aboriginal surgical infectious diseases
3. The nobility the general and aboriginal semiology of acute surgical infectious diseases of soft tissues .
4. To be able to diagnose clinical exhibitings of a purulent infection contamination
5. To be able to formulate principles of complex treatment of aboriginal purulent diseases and to execute its separate stages.
6. The nobility of feature of surgical anatomy of dactyls and the wrists important for flow, diagnostics, treatment of a panaritium and a wrist phlegmon
7. To know classification of a panaritium and a wrist phlegmon
8. To know an aetiology, a pathogeny, clinical signs and features of flow of separate forms of a panaritium and wrist phlegmons, methods of diagnostics of a panaritium and wrist phlegmons.
9. To acquire indications to conservative and operative treatment of a panaritium and a wrist phlegmon.
10. To know methods of anaesthesia and operative measures at various forms of a panaritium and a wrist phlegmon.
11. To seize technics of performance of research, allows to distinguish different forms of a panaritium and a wrist phlegmon, with the help пуговичного a probe.
12. To be able to carry out differential diagnostics of a panaritium and a phlegmon of a wrist with others it is purulent - inflammatory processes of soft tissues which can be localised on dactyls and palms .
13. To be able to choose a method of anaesthesia and an operative measure mean at various forms of a panaritium and a wrist phlegmon.

III. Maintenance of initial level of knowledge-abilities

Interdisciplinary integration

Discipline	The nobility	To be able
Disciplines, which обеспечивают		
Anatomy (normal, topographical)	Anatomy of various parts of an organism (considering possible paths of diffusion of is purulent-septic processes)	To define anatomical placements of aboriginal purulent process
Histology	Histological frame of tissues of an organism	
Патанатомия	Patanatomicheskyy signs of an inflammation	To distinguish makro y microscopic signs of an

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		inflammation
Патфизиологи я	Aboriginal and general signs	To distinguish signs of an inflammation of the aboriginal and system inflammatory answer
Pharmacology	Basic groups of antibacterial drugs, their pharmacokinetics and pharmacodynamics	To write out prescriptions a antybacterial and antiinflammatory drugs
Sledushchie disciplines		
Faculty surgery	Clinical signs of a lymphadenitis, lymphangitis, paraproctitis, mastitis.	To be able to diagnose and define medical tactics at a lymphadenitis, a lymphangitis, a paraproctitis, a mastitis.
Hospital surgery	Clinical signs of a lymphadenitis, lymphangitis, paraproctitis.	To be able to diagnose and define medical tactics at a lymphadenitis, a lymphangitis, a paraproctitis.
Intrasubject integration		
Asepsis and antiseptics	Asepsis and antiseptics rules	To apply an aseptic bandage, to prescribe drugs of chemical and biological antiseptics
Desmurgy	Rules of superposition of bandages	To apply bandages
Immobilisation	Rules of carrying out of an immobilisation	To make an immobilisation
Wounds	Wounds Classification, wound process clinic	To render first aid to patients with wounds
The peredoperatsijn nyj season	Rules of preparation of the patient to operation	To prepare the patient for operation
Anesthesiology	Anaesthesia kinds	To choose an adequate method of anaesthesia
The postoperative season	Features of care of patients after operation	To look after patients in the postoperative period

IV. The training Maintenance

Hydradenitis (hydradenitis) - a purulent inflammation of apocrine sudoriferous glands.

Aetiology and pathogeny. The hydradenitis invokes basically the golden staphilococcus which is making through through a lead-out duct of a sudoriferous gland. As contributing moments to disease development non-observance of the personal hygiene, the raised sweating, contamination of a skin, skin disease (a dermatitis, an eczema) serve.

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In sudoriferous gland inflammatory infiltration of tissues with the subsequent purulent fusion educes.

Clinical exhibitings and the diagnosis. At inspection of patients the painful tumescence - more often in axillary becomes perceptible, is more rare in inguinal or perianal fields (the locations apocrine than sudoriferous glands). From the anamnesis it is possible to find out presence of the contributing moments: the raised sweating, non-observance of rules of hygiene, application депиляториив, shaving of hair in axillary recesses.

Disease begins acutely, from appearance of a small painful nodule which is enlarged in diameter to 1-2 sm and sharply acts over a surface of a surrounding skin.

At survey the tumescence багрово - red colour is observed. At involving in process of several sudoriferous glands knots merge in a dense infiltrate which can occupy all axillary recess. The solitary knots settle down superficially, are soldered to a skin. In 10-15 days in the tumescence centre there is a ramollissement, fluctuation, from an infiltrate is defined, revealed starts to precipitate out вершкоподибний manure. After отхождения pus there comes healing with cicatrix formation. Disease can recur.

At involving in process of a surrounding hypodermic fatty tissue the phlegmon can educe, at attraction of lymph nodes - a lymphadenitis.

Unlike a furuncle the acting infiltrate has no follicular pustule and the necrotic centre. For an axillary lymphadenitis the penetrating locating of an infiltrate, a hyperadenosis, absence of cohesion of tumorous formation with a skin are characteristic.

For hydradenitis treatment use antibiotics, streptocides of long action. Make immunization by a staphylococcal anatoxin. In an axillary recess shave off hair, a skin wipe alcohol, cologne, grease 3 % with tetraethyl-diamino-triphenyl-carbohydride sulphate solution. Apply physiotherapy - currents UHF, the Uf-irradiation.

At abscessing to a hydradenitis abscess dissectings, manure excision resort to surgical treatment. At long unsuccessful treatment of a hydradenitis and threat of development of a sepsis exsect all fatty tissue in an axillary recess, as at an anthrax.

Mastitis (mastitis) - an inflammation of a parenchima and an interstitial tissue of a mammary gland.

The mammary gland - the member having complex is alveolar - a tubular constitution, consists of 15-20 lobes abjoined from each other by layers futty of a tissue, a penetrated quaggy copulative tissue. Each lobe has a lead-out milk duct, all of them converge radially to a papilla and open on its apex. The locating of ducts should be considered at dissecting of abscesses - cuts should be made radially and to begin or conclude them not less than on 1-1,5 sm from a peripapillary circle (areola). The gland is located in fascial to a sheath is forcipate leaves of a superficial fascia. Thin partitions depart from a fascia between lobes and separate membranes to a skin. The gland is surrounded by a fatty tissue which is more educed on a forward surface, less in lateral departments, and the insignificant futty bed is on a back surface of a gland - ретромамарний space. The last separates a gland from a fascia. Mammary gland pots - twigs of intrinsic and choronomic thoracal arteries, settle down in a radial direction that it is necessary to consider at performance of cuts.

Mastitis classification.

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- I. The Hydropic form.
- II. Infiltrativnaja the form.
- III. Purulent - the destructive form.
 - 1) an abscessing mastitis;
 - 2) a gathered breast;
 - 3) a gangrenous mastitis.

Aetiology and pathogeny. The inducer of a mastitis is the staphylococcus in the form of a monoculture and in associations with an intestinal rod and a streptococcus is more often. An infection contamination source are bacillicarriers and patients with the erased forms purulent - inflammatory diseases from an environment of the patient. In mastitis occurrence the intrahospital infection contamination has paramount value. Entrance infection atrioms are nipple cracks more often. Probably and интраканаликулярное infection contamination infiltration at feeding by a breast or a decanting of milk is more rare infection contamination diffusion descends a hematogenic and lymphogenous path from the endogenous centres of an infection contamination. The favourable moments for disease development are weakening of an organism of mother by concomitant diseases, depression of an immune responsiveness of the organism, hardly proceeding labours, various complications of sorts and a puerperal period. The essential factor promoting disease, disturbance of outflow of milk with development of its stagnation that is quite often observed at primapara in connection with insufficiency of lactescent ducts, an irregular constitution of papillas and disturbances of functional activity of a mammary gland is. At hit of microbes in Expanded lactescent ducts milk coagulates, walls of ducts swell that aggravates stagnation of milk and at damage of an epithelium of ducts promotes infiltration of microbes into a gland tissue.

Features of purulent process in ferrous members are слабовыраженная ability to it отграничению and almost impetuous diffusion from involving in an inflammation of the increasing quantity of a ferrous tissue.

On localisation abscesses in a mammary gland divide on hypodermic, интрамаммарный and ретромаммарный. Such locating гнойногоков is caused topography of fascias and a fatty tissue. Интрамаммарный abscesses owing to the sharp thinning of interlobular intersections caused by inflammatory process and augmentation of the secretory apparatus during a lactemia, can merge among themselves. In the same way they can make through кзади through thin fascias with formation ретромаммарный an abscess. More often гнойники settle down интрамаммарно. Sometimes owing to involving in inflammatory process of pots and their thrombosing there comes a necrosis of separate fields of a gland, the gangrenous form of a mastitis educes.

Clinical exhibitings and the diagnosis. Acute inflammatory process in a mammary gland is necessary for differentiating with acute stagnation of milk. In primapara women stagnation of milk встречается in 2 times more often. Patients complain of heavy feeling and strains in iron which fractionally strengthens. Tumorous formation corresponds to contours of lobes of a mammary gland, it enough mobile, with a clear boundary, a chicken skin, painless. At pressing on it milk precipitates out freely, a decanting is painless. After a decanting there comes simplification. The general state suffers slightly, body temperature, clinical analyses of a blood remain normal is more often. Acute stagnation of milk

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happens bilateral is more often: educes in terms of an inflow of milk (on 3-5 - й day after the delivery).

Differentiate initial forms of a mastitis from acute stagnation of milk it is not always easy, therefore any *нарушение* the mammary glands, proceeding with a fervescence, it is necessary to consider as a serous stage of a mastitis. It allows to begin in due time treatment and to warn process transferring in a purulent phase.

Transferring of initial forms of a mastitis in a purulent phase of an inflammation is characterised by intensifying of the general and aboriginal symptoms of an inflammation. Body temperature stationaryly high or *гектического* character. The infiltrate in iron is enlarged, the *dermahemia* accrues, there is a fluctuation in one of gland fields.

Extremely the grave condition of patients is observed at the gangrenous form of a mastitis: body temperature raises till 40-41 ° With, pulse - to 120-130 in a minute, the mammary gland is sharply enlarged, a skin *hydropic*, with bladder, *наполненными* hemorrhagic contents, with necrosis fields. Puffiness propagates on surrounding tissues. In a blood - a high leukocytosis with a deviation to the left and toxic granularity of leucocytes; in urine there is a protein. Mastitis flow can become complicated a lymphangitis, a lymphadenitis and (rarely) sepsis.

Treatment of initial forms of a mastitis conservative, purulent - operative. At appearance of signs of stagnation of milk to gland attach raised position by means of immovable bandages or a brassiere Which Should Sustain, *ки* not to squeeze to iron. For gland bleeding exhaust milk a breast pump; feeding by a breast do not stop, confine fluid reception, prescribe Oxytocinum and Nospanum. At serous and *инфильтративном* colours apply antibiotics (semisynthetic Penicillinums (ampicillin), aminoglycosides, cephalosporins, macroleads), infusional therapy, use also the agents raising protective forces of an organism (γ - globulin, etc.) . Certainly regular a milk decanting (for the stagnation prevention in iron). To a process Involution promote *ретромаммарный* novocainic blockages with antibiotics and proteoclastic ferments: 70-80 ml of 0,5 % of solution of novocaine, 500 000 ЕД Kanamycinum and 10 mg of trypsin or chymotrypsin. As a sign of correctly effected blockage serves *приподнимание* a mammary gland.

At serous and *инфильтративной* forms of a mastitis to acceleration of an involution of process apply electric field UHF, Ouse, УФ - a gland irradiating. All procedures make after gland bleeding. At serious flow of a mastitis recommend repressing of a lactemia by a combination of estrogens with androgens.

At small it is superficial - the located abscesses it is possible to use *инфильтрационную* the anesthetics, added *ретромаммарной* novocainic blockage. Dissecting *ретромаммарных* abscesses manufacture only under anaesthetic.

Operations on a mammary gland. To dissecting *интрамаммарного* an abscess apply a radial cut over an inspissation and *dermahemia* place. Operation carry out under an intravenous narcosis. Dissect a skin, hypodermic cellulose, a tissue of a gland and dissect an abscess. Having removed pus, wound edges plant acute with hooks and carefully *осматрывают* an abscess lumen. Available *некротизированные* tissues exsect, if at pressing on a gland on an intrinsic surface of an abscess pus a foramen dilate precipitates out, pus delete. Presence of an additional purulent lumen demands its dissecting through abscess wall, both lumens bridge in one. If the second lumen is more, over it manufacture an additional radial dermal cut. An abscess lumen necessarily wash out antiseptic agent

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solution. When at wound revision the dense infiltrate with fine purulent phylum lumens of "bee honeycombs» (an apostematous mastitis) an infiltrate exsect within healthy tissues is defined. Operation conclude a drainage of a wound and ушиванием it for lavage of a lumen of an abscess after operation antiseptic solutions. An abscess drain a tube or adjust flow - scouring drenage of wounds.

To dissecting ретромаммарный an abscess apply a cut of Bardengejera. Which make on the inferior transitive cords of a mammary gland. Dissect a skin, cellulose, a gland raise and scale from a fascia of the big pectoral muscle, dissect an abscess. If ретромаммарный the abscess is formed at the expense of outbreak интрамаммарного an abscess a foramen dilate, delete pus and некротизированные tissues, an abscess lumen drain through an additional cut. A gland stack on a place.

The drainage can be made through an additional cut on a forward surface of a gland and through the basic cut under a gland. A gland stack on a place and impose some junctures on a dermal wound. Such method of dissecting of abscesses allows to avoid intersection of ducts of ferrous lobes, provides good conditions for outflow of pus and некротизированных tissues, yields good cosmetic result - after выздо to ровления there is a hardly noticeable cicatrix Which is covered with a hanging gland.

At subareolar a locating of an abscess it dissect a circular cut. Such abscess can be dissected a small radial cut, without crossing an areola.

Errors, are supposed at dissecting of purulent mastites. One of errors is the small cut. V.F.Vojno's remark - Jasenetsky that the big and penetrating cuts - the infallible remedy to conserve more than a ferrous tissue for the latest function for Proceeding inflammatory process Leads to death of new regions of a gland is in this respect absolutely fair.

The second error consists that the operating abscess dissecting confines Only, pus excision to свободнолежащих секвестрированных tissues whereas it is necessary to manufacture excising некротизированных the tissues which are hanging down in an abscess cavity, but bound to a gland tissue. For this purpose it is necessary to dissolve edges of a cut with hooks and at good illumination to examine an abscess cavity. Оставление in iron of fine abscesses it is fraught with danger of continuation of purulent process that is the precondition of repeated surgical interventions. Predilection to relapses and advances of purulent process in a mammary gland is defined by features of its anatomical constitution, слабовыраженной a tendency to отграничению process and reactive feature of a ferrous tissue. To warn repeated operations dissecting of all abscesses and infiltrates in iron and carrying out of a rational drainage is possible only careful.

Treatment of wounds after abscess dissecting make taking into account a wound process phase. Application of the secondary junctures reduces terms of treatment and improves cosmetic results of operation.

Mastitis preventive maintenance begin in female consultations long before sorts. A basis of preventive actions is rising of body resistance of the pregnant woman. An important place sanation of the endogenous centres of an infection contamination, training of women, especially primapara, to feeding rules ребен to ка with a breast, care of mammary glands occupy, quenching of an organism, immunization by a staphylococcal anatoxin, УФ - etc. the Special attention it is necessary to give a body irradiation to pregnant women from bunch of high risk of development of a mastitis (with a mastitis, a

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purulent infection contamination of various localisation in the anamnesis), and also with a mastopathy, anomaly of development of mammary glands, a papilla, with pregnancy complications.

The complex of preventive actions includes struggle against stagnation of milk, processing of papillas before feeding of the child by a breast, preventive maintenance and timely treatment of nipple cracks. Taking into account value of an intrahospital infection contamination in mastitis development, extremely important place shunt sanitary - an epidemiological regimen of hospitals for the purpose of preventive maintenance purulent - inflammatory diseases of newborns and women in childbirth. First of all this timely revealing and sanation bacillicarriers, careful performance sanitary - hygienic requirements at care of parturient women, regular wet cleaning, an aeration of chambers, use of germicidal lamps etc.

Erysipelas (erysipelas). The Acute inflammation of a skin or mucosas and the lymphatic paths, invoked by a hemolytic streptococcus.

Entrance hilus - scratches, Grazes, wounds. The leading part in occurrence of an erysipilatus inflammation is played by a state of the patient. At the people who have tolerated an erysipilatus inflammation, immunodefence, and on the contrary is not developed, there is a bent to a recurrent disease. Most often erysipilatus process amazes a face skin, heads, anticnemions, trunks are more rare. The incubation interval (time from the beginning of microbial contamination in appearances клиниче to ской patterns) is peer to 2-7 days.

Clinical pattern. Disease begins acutely with a fever and rise in temperature till 40-41 ° S. Odnovremenno on a skin there is a redness and the Tumescence. The skin becomes exerted, painful, hot to the touch and gets brightly - red colouring with sharply outlined border along the edges of which it is observed валикообразная the Tumescence. The described pattern has received the name of the erythematic form. Sometimes on the reddened field of a skin there are the bladders containing a transparent, yellowish exsudate (the violent form), at its pyesis (the pustular form), in the presence of hemorrhagic содепримого (the hemorrhagic form), at a pyesis and распро to странения process on hypodermic cellulose (the phlegmonous form) and a skin necrosis (the necrotic form).

Most hardly the erysipelas - the form at which process passes from one field of a body to another proceeds so-called wandering, or migrating.

The erysipilatus inflammation can become complicated a pneumonia, a phlegmon, abscesses, a sepsis. It is necessary to remember that the erysipilatus inflammation can be pitched from one person to another, therefore the patient with an erysipilatus inflammation should be isolated.

Treatment. A field of an erysipilatus inflammation irradiate ультра to violet beams in suberythema doses, grease 1 % раство to tetraethyl-diamino-triphenyl-carbohydride sulphate rum. The general antibioticotherapy by drugs of a penicillinic series (петарпен 2400000 in/) is made. At phlegmonous and necrotic forms resort to operative treatment.

Lymphadenitis (lymphadenitis) - an inflammation of lymph nodes.

Clinical pattern.

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Inflammation proctal glands and, accordingly, morgans cryptás is a **paraproctitis** first cause and consequently simple dissecting of an abscess outside, without sanation of the inflamed field of the proctal canal (an intrinsic foramen of an abscess), does not lead to a permanent cure. The amazed proctal cryptá (or some the next cryptás) always settles down on a dentate line of the proctal canal, i.e. the intrinsic foramen of an abscess is easily reached by a dactyl and defined in the form of a painful point with allocation of drops of pus or (if the abscess was not dissected yet) in the form of a tumescence with all classical signs of an inflammation. If the intrinsic foramen of an abscess or a fistula settles down above a dentate line it is a question not of a banal, nonspecific inflammation, and about a trauma of an intestine or about an intrinsic fistula at illness of the Crown, at an ulcerous colitis or about very rare nowadays pathologies - the fistulous form of an intestinal tuberculosis. If the intrinsic foramen is not defined, the pyesis of a pararectal fat has most truly resulted from an inflammation "outside" - a furuncle, an anthrax, a phlegmon, an actinomycosis, venereal лимфогранулома (illness of Nikola-Favra), etc.

The infection contamination makes through into a pararectal fat more often through ferrous courses морганиевых cryptás, and also through points of disturbance of a cover epithelium on places of microtraumas. Other paths of infiltration of an infection contamination - metastatic, etc. If the organism is in a sensibilization state are much less often possible, and its protective forces are insufficient, acute inflammatory process educes.

Inflammatory process educes routinely as a phlegmon, that is the acute locus of an infection contamination with diffuse reaction of surrounding tissues. At sufficient body resistance, and also under the influence of made treatment inflammatory process is delimited and passes in a pus clump - in an abscess which breaks self-contained or is dissected by the surgeon.

CLASSIFICATION. The most widespread classification of pararectal abscesses accordingly клетчаточным and to the fascial spaces adjoining to a rectum is proved: 1) subcutaneously-podslizistyj, 2) ischiorectal (ишиоректальный), 3) tazovo-prjamokishechnyj (пельвиоректальный), 4) позадипрямокишечный (retrorectal).

Most often there is subcutaneously a paraproctitis (56,4 %), on the second place - ischiorectal localisation - 35,3 %. Seldom meet tazovo-prjamokishechnye (4,8 %) and позадипрямокишечные paraproctites (3,5 %).

The locating of a purulent course in relation to fibers of a proctal sphincter defines an operative measure choice as full intersection of fibers of a sphincter for the purpose of liquidation of the report of a purulent lumen in a pararectal fat with a rectum lumen is fraught with development of insufficiency of a proctal sphincter that formation of a pararectal fistula is more terrible complication, rather than. The purulent course can settle down кнутри from a sphincter (интрасфинктерный а paraproctitis), чрессфинктерно (трансфинктерный а paraproctitis) and кнаружи from a sphincter (экстрасфинктерный а paraproctitis).

Clinical exhibitings of an acute paraproctitis depend on the form and a clinical course stage. But is a little more or less характерных the general and aboriginal signs. From them for rectum and anus disease three are characteristic. Them concern: pains in the field of an anus or a rectum, a chair delay (sometimes an emiction delay) in the absence of a delay of gases, it is rare - diarrhoeia owing to an accompanying acute

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proctitis. Other signs can take place at acute inflammatory processes irrespective of localisation: rising температуры bodies, changes from a blood, disturbance of the general state, oppression of the excitatory system, loss of a sleep, appetite, working capacity, the general weakness, apathy. The beginning of purulent paraproctites routinely acute. Thus circumscribed infiltrates which arise in the first season of disease, before transferring in an abscess proceed with insignificant subjective distresses. Patients do not pay attention to those obscure both unsharp pain and other sensations which start with a rectum. Therefore the diseased seldom reverts to the doctor in первые days of illness.

Aboriginal signs at a hypodermic paraproctitis also are characteristic enough. In the heart of hypodermic cellulose on distance of 2-4 sm from an anus, it is sometimes immediate under a transitive cord there is sharply painful infiltrate. The skin in this area rises an inflammatory swelling a little, reddens. The radial dermal cords going from an anus, smooth out. The anus form is a little broken owing to a diverticulum of one of its walls.

Illness routinely quickly progresses. Pain sensations reach high intensity. The pain has acute, pulsing character, strengthens from sitting, locomotion, from any hitting at of area of an anus, from tussis, чихания, prelum abdominale strains. The patient goes sluggishly, hardly, having placed feet because of pains in the field of an anus, can sit only on one healthy rump, that is having inclined in the healthy side and holding suspended the patient.

Despite significant sometimes resemblance between ischiorectal and tazovo-prjamokishechnym abscesses, at pure, uncomplicated forms of that and other localisation of disease it is possible to diagnose correctly. At an ischiorectal paraproctitis the infiltrate lies rather low over an intrinsic sphincter, on the right or to the left of a rectum, is immediate at wall small таза, is nonmotile, on all extent is accessible to research by a dactyl. At the same time always it is possible to find aboriginal changes at outside research of area of a perineum and an anus - a tumescence, delection of dermal cords, penetrating morbidity at a palpation. At tazovo-prjamokishechnom a paraproctitis process is located highly, is sometimes hardly accessible to research by a dactyl. High bound of an infiltrate to reach a dactyl routinely it is not possible. The infiltrate can be from the different sides from a rectum, including with back. It not so it is intimate прилежит to pelvic bones as the infiltrate at an ischiorectal paraproctitis, and at first can have some motility at бимануальном research. Later, when the infiltrate extends and alights downwards on upper face of the muscle lifting an anus, all these differences between tazovo-prjamokishechnym and ischiorectal paraproctites can стираться.

Treatment. Essentially correct it is necessary to consider most раннее an operative measure at the prevailing majority of acute paraproctites. The first sleepless night, certainly, is the establishment for an operative measure. Routinely sick come to the doctor with already expressed phenomena of an acute paraproctitis and operative treatment should be taken over immediately, urgently.

The preparation for surgery of dissecting of a pararectal abscess begins at once as soon as the diagnosis is made and the decision on an urgent intervention is accepted. To the patient wash a perineum and anus skin, shave off hair. Before operation to the patient the cleansing enema is put, to introduce which handpiece it is necessary carefully on inverse to an inflammation for the side. It is necessary, that the patient has urinated before

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operation and if at it the emiction is complicated the bladder catheterization is manufactured.

The basic operations at acute paraproctites

First of all, never it is necessary to ignore three ground rules of operative treatment of acute paraproctites: treatment should be undertaken probably earlier; cuts should be wide, providing хороший pus outflow; it is impossible to damage a sphincter.

To define an intrinsic foramen of an abscess at inflammation height happens hardly; at manual research the painful ("interested") wall of the proctal canal is defined only, more often back since on back wall of the proctal canal the most penetrating and wide anal cryptás settle down and here is in most cases formed primary криптогландулярный an abscess. For exact identification of an intrinsic foramen of an abscess after carrying out of spinal anaesthesia it is careful пунктируют an abscess, evacuate pus and, without taking a needle, introduce into an abscess cavity of a vital paint (1 % solution of tetraethyl-diamino-triphenyl-carbohydride sulphate with hydrogen dioxide 1:1). Definition of an intrinsic foramen of an abscess is necessary, for anyway - will be or it will not be sanified - it is necessary to know precisely its locating that subsequently if the fistula is generated, it was easier to execute radical planned operation.

The choice of a method of operative treatment of an acute paraproctitis depends on a locating of a purulent course in relation to fibers of a proctal sphincter. At hypodermic and subcutaneously-podslizistyh forms (about 60 % of all patients) carry out Gabriel's operation: an abscess dissect in a lumen of a rectum with simultaneous excising of its intrinsic foramen, i.e. the amazed cryptá (cryptás) of Morgani. In position of the patient on a back with bent in coxofemoral and knee joints and divorced feet an abscess dissect a small cut, evacuate pus and survey a lumen of an abscess a dactyl to define a locating of its lumen and the basic purulent course in relation to a sphincter. For this purpose the surgeon introduces a dactyl of other arm into a rectum and defines a thickness of tissues between dactyls. It helps to distinguish the form and depth of an abscess. Abscess sounding helps also: At hypodermic or чрессфинктерных abscesses the probe is referred at once towards the proctal canal and can easily make through into its lumen through an intrinsic foramen of an abscess. Thus at all it is not necessary to push violently a probe for thus it is possible to make a false course, "transforming" complex экстрасфинктерный an abscess into ostensibly idle time hypodermic. It is a typical error of beginning surgeons. At a hypodermic paraproctitis the bellied probe as though by itself passes in an intrinsic foramen of an abscess then forward wall of an abscess dissect on a probe in a lumen of an intestine and cut off scissors narrow edges of a wound, attaching it the correct triangular form. At more penetrating, so-called чрессфинктерном an abscess the same operation but only if the purulent course settles down in superficial or hypodermic portions of an outside sphincter is shown.

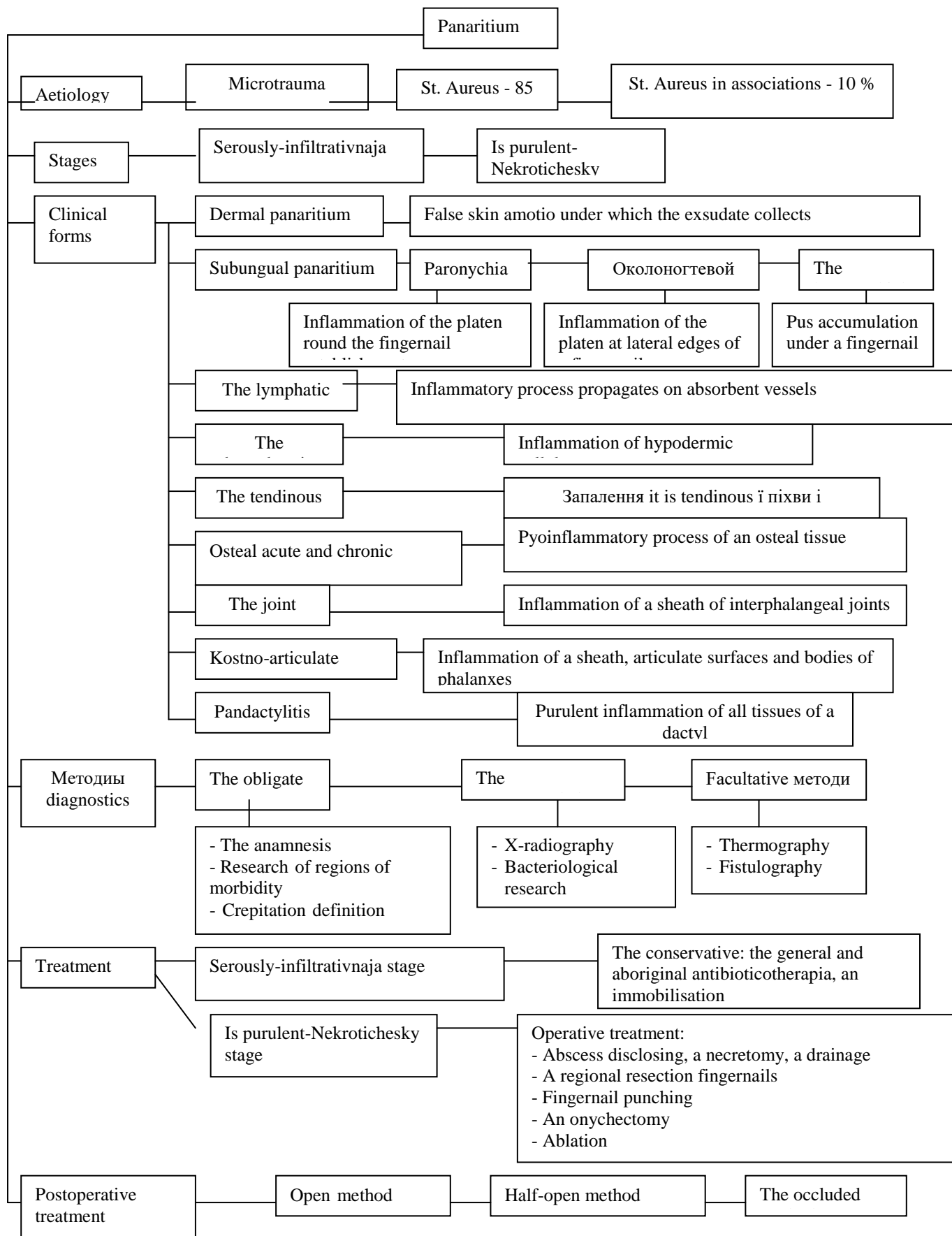
At treatment of an acute paraproctitis with penetrating транссфинктерным or экстрасфинктерным a locating of a purulent course in 10-12 days after dissecting of an abscess and стихания acute inflammatory changes in area of an intrinsic foramen resort to the delayed closure of an intrinsic foramen by bringing down of the thick trapezoid flap consisting particulate from a mucosa of the proctal canal and the ampula of a rectum, подслизистого bed and a part of fibers of an intrinsic sphincter. The reduced teleorgánic flap provides a major principle of surgical treatment of an acute paraproctitis - reliable

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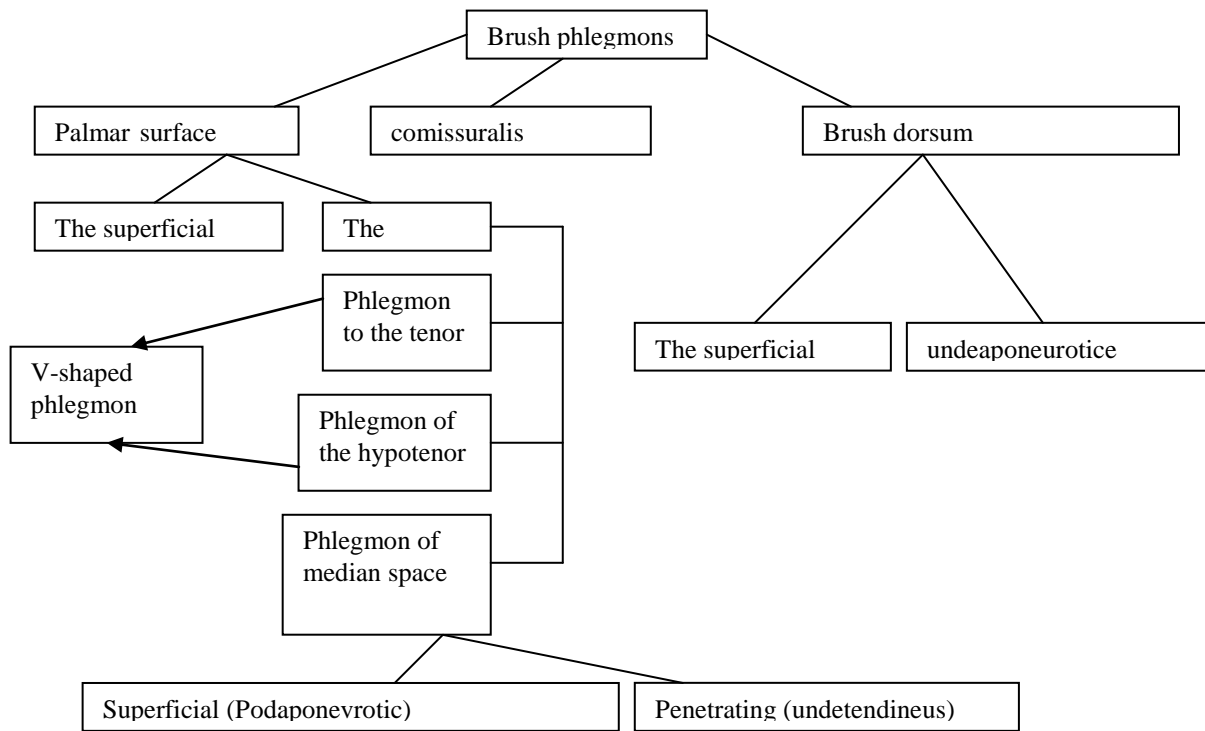
liquidation of an intrinsic foramen without disturbance of obturator function of a proctal sphincter.

Especially to define precisely depth of a lesion of a muscular skeleton of a sphincter at the started acute paraproctitis, in the conditions of a purulent edema of tissues, for example, at ишиоректальном or пельвиоректальном an acute paraproctitis. In such cases as it is told above, dissect an abscess on a perineum, survey a dactyl and probe its lumens. Thus the probe is referred not to an anus, and is collateral to it, leaving penetrating in ишиоректальную or пельвиоректальную cellulose. Рассечь such abscess in an intestine lumen, of course, is impossible, for the most part of a muscular skeleton of a sphincter will be thus crossed that directly threatens with the subsequent proof proctal insufficiency. Therefore abandon an intrinsic foramen of an abscess not sanified and warn the patient about possible formation at it a rectum fistula. Better subsequently in planned order, in proctologic clinic to execute квалифицированно operation concerning a complex pararectal fistula, than to try to operate is single-step considerably any path an acute paraproctitis, without thinking of the future function of the obturator apparatus. As to possible radical operation in such cases such operation is developed still by Gippokratom. It consists that prolong a wound for perineums to centerline and through it, outside, to a rectum through an intrinsic foramen of an abscess make and tighten a silk ligature. Gradually tightening such ligature cross a part of a sphincter and liquidate an intrinsic foramen of a paraproctitis. Simultaneously sanify a wound on a perineum. Seeming simplicity лигатурного the method of operation known since ancient times, should not be a reason to too its frequent application. Передавливание and slow intersection of a muscle of a sphincter by a ligature, especially at acute purulent process, is always dangerous to the future obturator function. As to ligature carrying out this ancient method applied till now by proctologists of the different countries, is technically most simple, but after this operation very often there is an insufficiency of function of a proctal pulp and it is necessary longly various conservative measures (special gymnastics, etc.) to struggle with this rather unpleasant complication.

Postoperative conducting. The main things in treatment still have overseeing by wound repair process. Within 4-5 days before a chair for 30 minutes analgetics are introduced. After a chair – a dressing. Correctly made postoperative leaving promotes wound repair acceleration, the prevention of appearance of a fistula and insufficiency of a sphincter. It is carried out by maintenance of maximally effective drainage of wounds, use of control of a wound repair by a dactyl in a glove to warn appearance of intersections and abandoning of a tamponade of wounds in a proctal ring after days after operation. The wound is showered by solutions of antiseptic agents (декасан), on a perineum the aseptie gauze bandage with ointment on a modern hydrophylic basis or gidrofilno-hydrophobic нанодисперсными compositions of "Flotoksan" that "Metroksan" according to a wound process phase routinely overlaps.

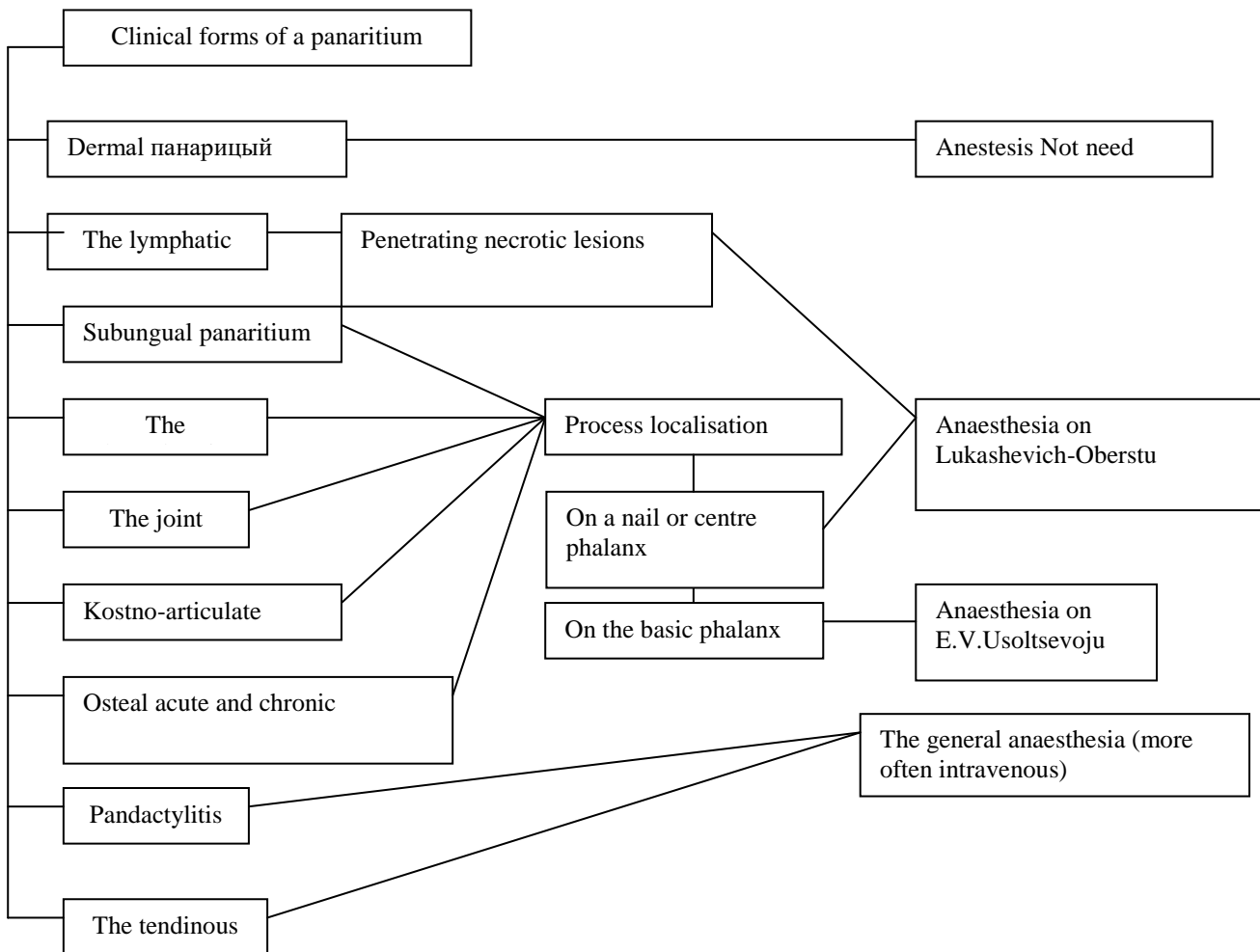


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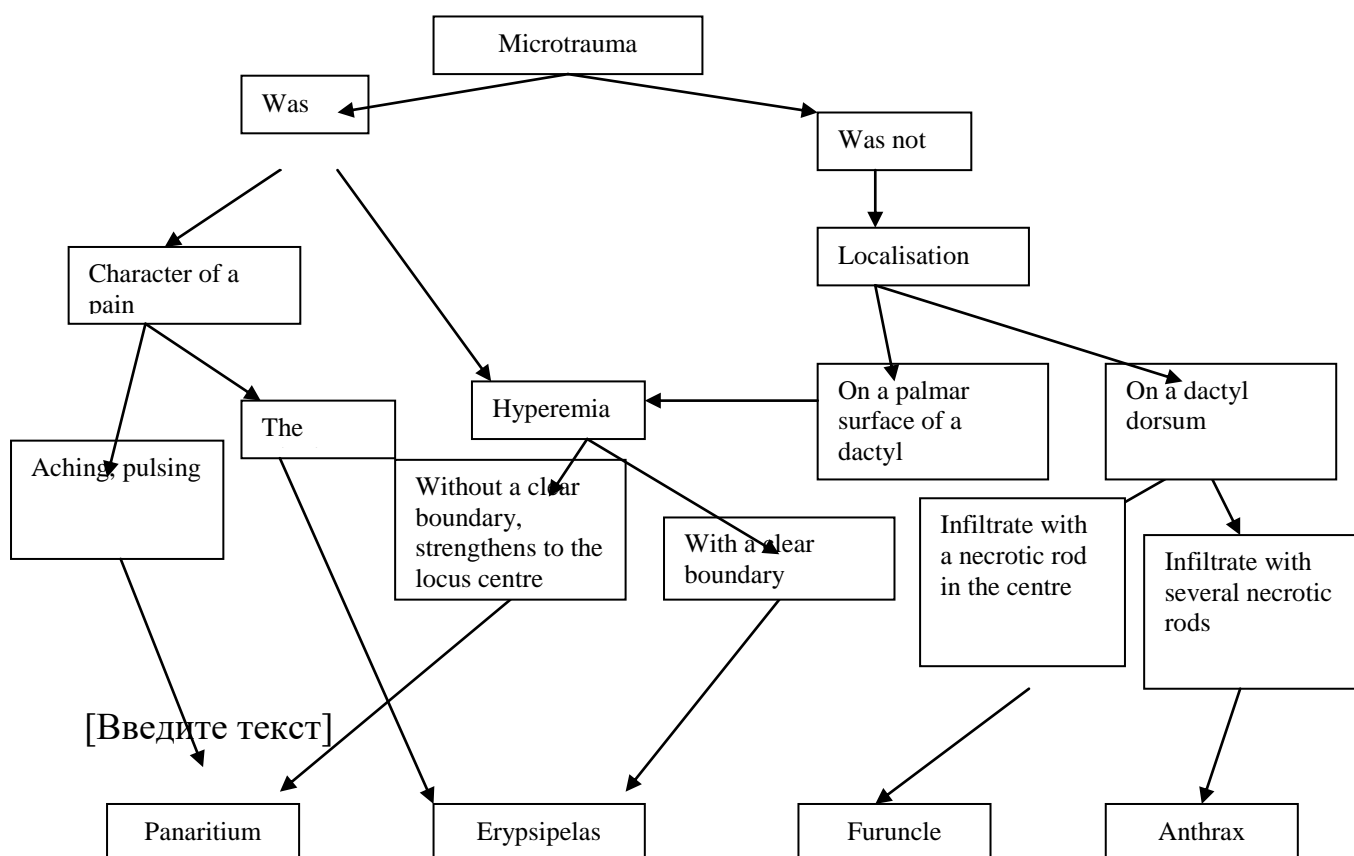


Rough basis of action

Algorithm of a choice of a method of anaesthesia at various forms of a panaritium

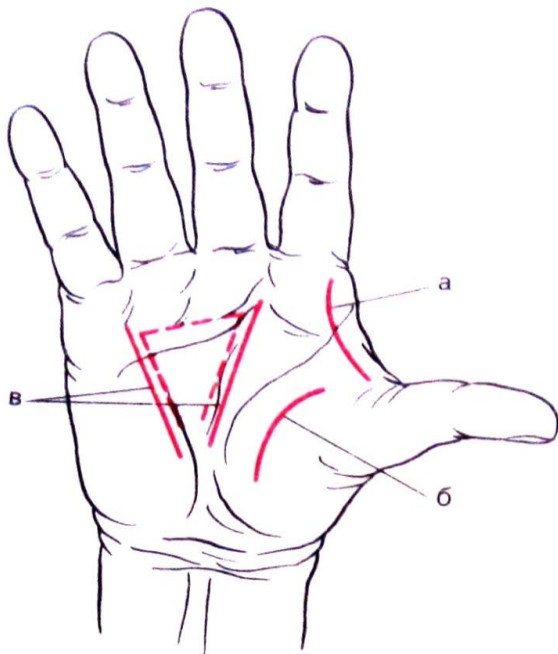


Algorithm of differential diagnostics of a panaritium with other pyoinflammatory processes of soft tissues on dactyls



Algorithm of a choice of section at various localisation of a phlegmon of a wrist

- the Dermal abscess - longitudinal linear section because of a suppurative focus with excision отслоенного a false skin.
- the Phlegmon of hypodermic cellulose - linear section through the most acting part of a suppurative focus.
- the Interdigital phlegmon (Комиссуральные) - section at level corresponding between manual interspaces on a palmar surface of a wrist
- the Phlegmon of median space of a wrist - a slit which passes in conformity an interspace between the 3-fourth metacarpal bones.
- the Phlegmon of the tenor - section on a palmar surface on a cord surrounding muscles rising of I dactyl (in proximal department of a palm the cut is not finished by cords as there is a danger of damage of a median nerve).
- the Phlegmon of the hypotenor - a slit on a palmar surface over the most acting part of rising.
- the Phlegmon of a dorsum of a wrist - slits on a wrist dorsum over projections мижпьясных interspaces (drawings see)



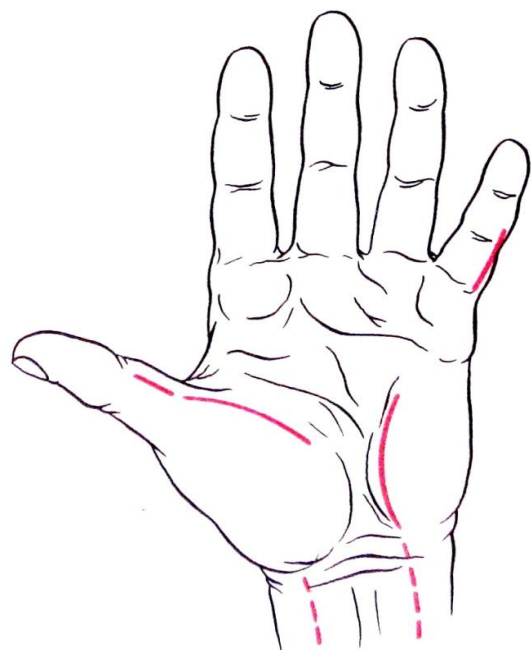
Drawing 1. Dissecting at disclosing of phlegmons of a wrist.

And – to the tenor beyond Izelanom

– to the tenor on Kanavela

In – penetrating ladanum space with Peak (the dotted line designates a projection of median ladanum space)

Drawing 2. Disclosing purulent тендобур to ситив on Kanavela. The dotted line specifies sections at process diffusion in radial and ulnar ascuses.



VI. System of training problems for check of final level of knowledge:

1. Patient K, 26 years, complains of a pain in the right wrist within 4 days. A pain in the beginning has occurred at the establishment II and III dactyls. Quickly the edema and a tumescence of a back of the hand then began to accrue. II and III dactyls полусогнуты in interphalangeal joints, are unbent and dissolved in metacarpophalangeal joints, the wrist looks "rake". Your diagnosis and tactics of treatment of the yielded patient?

The answer: at the patient a phlegmon of the second between phalanx space of the right wrist. The operative measure - dissecting of an abscess in the field of the greatest morbidity on an incense of a surface a longitudinal section in between a manual interspace with конмп the aperture or without on a back of the hand is necessary for it. After an intervention it is necessary to fix a wrist.

2. On reception to the surgeon the 53-year-old woman with complaints to an itch and a skin burning sensation to III dactyl of the left wrist has come. From the anamnesis it became known that 3 days later the patient of the house developed fish and with a bone has pricked a dactyl. Have every other day occurred an edema on a dactyl, an erubescence. At survey on a tylno-lateral surface of a dactyl the spot of a dermahemia with is cyanotic-violet shade becomes perceptible. Edges reddening фестончатые. A dactyl bulked up, locomotions in interphalangeal joints restriction, are painful. It is necessary to think of what disease? With what pathology it is necessary to carry out differential diagnostics? What method of treatment will be applied at the yielded patient?

The answer: at sick эпузунелюд III a dactyl of the left wrist, the leather form most likely takes place. This disease is necessary for differentiating with a dermal, hypodermic and articulate panaritium, an exudative erythema, an arthritis. The patient accepts conservative treatment.

3. The patient complains on strong a throbbing pain in II dactyl of the right wrist. Four days later has pricked a dactyl by working out of fish. Last two nights because of a pain could not sleep. The nail phalanx of a dactyl hydropic, becomes perceptible a tumescence and sharp morbidity on its palmar surface. Locomotions in interphalangeal joints are moderately circumscribed. Inguinal lymphonoduses are not enlarged. What your diagnosis? It is necessary to render what help to this patient.

The answer: at sick a hypodermic panaritium of II dactyl of the right wrist in a phase of a purulent inflammation. The abscess should be opened. The operative measure can be executed under aboriginal anaesthesia.

4. Patient K, 36 years, has penetrating pricked with a cable I dactyl of the right wrist. In a day there was an edema and a throbbing pain in a dactyl. Behind medical aid did not revert, and only two sleepless nights have forced it to come on reception to the surgeon. The nail phalanx of a dactyl утолщенный similarly maces, becomes perceptible morbidity at a palpation a probe practically all soft a distal phalanx of a dactyl. Restriction of movements in between a phalanx joint takes place. What will be your diagnosis and is possible operative section

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The answer: at the patient a hypodermic panaritium of a nail phalanx of I dactyl of the right wrist. For abscess dissecting has occurred it is necessary to execute two lateral dissections. After operation - an immobilisation.

5. On reception the patient with a purulent hypodermic panaritium of II dactyl of the right wrist has come. Indications to operation unconditional. The consent of the patient to an intervention it is received. But before dissecting carefully to remove all a lesion, nonviable tissues, the effective desalination of a dactyl is necessary. How you will frame it?

The answer: the dry surgery field at an operative measure on a dactyl can be framed by flagella superposition on the dactyl establishment. To reduce pain sensations from compression, the flagella overlaps on preliminarily anaesthesia a field.

6. Mother has led on reception to the surgeon of the boy of 9 years who troubles a pain in I dactyl of the right wrist. Is ill within 3 days. At survey on a palmar surface of a nail phalanx of a dactyl the field of a tumescence of mutno-white colour in diameter to 0,8 sm, is defined by the surrounded thin stria of a hyperemia. It is necessary to render what help to the child?

The answer: at the boy a dermal panaritium of I dactyl of the right wrist. The inflammation revealing the flaked false skin leaves, revision on fistula presence in hypodermic cellulose becomes, the bandage with an antiseptic agent overlaps.

7. Patient A, 44 years, has reverted with complaints to a pain in I dactyl of the left wrist. Is ill about one week since the moment when has removed a splinter (the fish bone) from under a fingernail. At once the pain was insignificant. Applied dishes with a salting liquid, with potassium permanganate, put compresses with ointment Vishnevsky, a baked onion. Enrichings has not come. To the doctor sleepless night the day before "has forced" to come. At survey it is defined in the form of a turbidity triangle in the centre of a nail plate. Pressing a nail plate sharply painfully. Locomotions in between a phalanx joint in full. Your diagnosis and medical tactics?

The answer: at a sick hyponychial panaritium of I dactyl of the left wrist. The operative measure - a sphenoidal resection of a nail plate over lesion area is shown.

8. In an out-patient department the man of 35 years with complaints to moderate pains in the field of a nail phalanx of AI of a dactyl of the right wrist has reverted. The pain troubles flow of two weeks. In 5 days from the disease beginning there was an allocation of purulent contents from formed fistulas on a nail phalanx of a dactyl, after чього the pain has decreased. Then the pain and a dactyl edema periodically were enlarged, but after a manure yield there came simplification. For last days again there was an augmentation of intensity of a pain and the edema of a dactyl in the field of a nail phalanx began to accrue, manure did not depart. At objective inspection it is taped: the edema and a hyperemia (skin colour cyanotic with crimson shade) a nail phalanx of AI of a dactyl of the right wrist, propagates on a distal part of a centre phalanx. On a palmar surface of a phalanx the fistula in diameter to 2 mm from which by pressing a small amount of purulent contents precipitates out is. Research by a bellied probe has taped a

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region of expressive morbidity throughout all nail phalanx of AI of a dactyl of the right wrist. On the roentgenogram of the yielded dactyl the loci of destruction of a distal phalanx are taped.

To what you will diagnose this patient? In why the further tactics of its treatment will consist?

The answer: at the patient an osteal panaritium of II dactyl of the right wrist. The operative measure (секвестрнекрэктомия) with use in the postoperative season of the occluded method of treatment is shown.

9. The patient, 35 years, has arrived in clinic with the diagnosis a thecal whitlow of I dactyl of the right wrist. In what order the operative measure and what method of anaesthesia thus should be executed to it it is necessary to use?

The answer: the patient should be operated in emergency order under the general anaesthesia (intravenous).

10. In clinic the patient of 9 years to whom the diagnosis is made has arrived: hypodermic panaritium IIII of a dactyl of the left wrist. Is purulent-Nekrotichesky process is localised on a nail phalanx. Last time the child ate also a saw 1:00 later.

What should be tactics of the surgeon in this case?

The answer: the child needs to execute an urgent operative measure concerning a panaritium under the general anaesthesia. The transaction will be carried out in 3 hours after food intake (such term is necessary for preventive maintenance of complications at narcosis performance).

11. The patient, 73 years, has arrived in surgical branch in 15 days from the disease beginning. In V dactyls of the right wrist, the constant pain complains of a pain and a tumescence of a wrist in the field of the hypotenor, a fervescence to 39°C, the general delicacy, thirst on moderated. From the anamnesis it is known that she within 25 years is ill a diabetes of II phylum, lately for correction of level of Saccharum took over Maninilum. At survey of the right wrist it is taped: V dactyl утолщенный with fields некротизированной skins, on nail and centre phalanxes are purulent fistulas in diameter of 2 and 3 mm from which a significant amount of purulent contents precipitates out, at a dactyl palpation crepitation and pathological motility in a proximal interphalangeal joint is defined. The field of the hypotenor инфильтрирована, a dermahemia here muffled, a fluctuation symptom is not defined, at research by a bellied probe morbidity on a course of a tendinous vagina is found.

You will supply what pre-award diagnosis? What additional researches are necessary for applying still this patient? In what treatment tactics will consist?

The answer: the Pre-award diagnosis: the Pandactylitis of V dactyl of the right wrist. A phlegmon of the hypotenor? Тендовагинит сгибателя V dactyl.

Additional methods of research: a X-radiography of the right wrist, a diagnostic puncture of a field of the hypotenor, blood bulk analysis, the blood analysis on Saccharum, urine bulk analysis, urine acetone.

Considering that the yielded patient is ill a diabetes of II phylum and has age 73 years, will be necessary for operative measure performance - an exarticulation of V dactyl

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of the right wrist. At pus detection at a puncture or in a vagina of a tendon during operation dissecting of a phlegmon of the hypotenor will be necessary.

To standard a treatment complex it is necessary to include agents of correction of level of Saccharum (insulin therapy), and also what improve rheological behaviour of a blood and microcirculation (реополиглукин, Trentalum, Xantinoli nicotinas etc.).

12. In surgical branch the patient of 34 years with complaints to a pain in an index finger of the right wrist for 22 days from the disease beginning is hospitalised. It is known that in an out-patient department for 8 days from the moment of disease it has been operated concerning a hypodermic panaritium. After operation applied dishes with a salting liquid, bandages with ointment Vishnevsky. It was made UHF-THERAPY. For two weeks of such treatment of enriching has not come. The nail phalanx of a dactyl утолщенный is painful. On its radial surface are available a linear wound with excessive pelletisings and the poor is serous-purulent separated. With suspicion on what complication the patient is referred to a hospital? What additional researches are necessary for executing for the purpose of diagnosis verification?

The answer: most likely, the hypodermic panaritium at the patient has become complicated osteal that is caused by small section, insufficient revision of a wound, a bad drainage more often. It is necessary to execute radiographic research of a dactyl.

13. Patient P, 23 years, has arrived in surgical branch with complaints to a pain in II dactyl of the left wrist. Two weeks later has pricked a dactyl with a metal shaving. Within last week it was treated in an out-patient department: a puncture, an antibioticotherapy, an immobilisation. Enrichings has not come, therefore has been referred on hospitalisation. A dactyl in proximal between a phalanx joint semibent, it is spindle-shaped утолщенный, bulked up, a skin гиперемирована, the palpation in the field of a joint is sharply painful, locomotions in a joint practically are absent. What your diagnosis? What additional researches are necessary for executing? Your medical tactics?

The answer: at the patient articulate a panaritium proximal between a phalanx joint of II dactyl of the left wrist. It is necessary to execute dactyl X-ray inspection. The patient accepts an operative measure.

1. On reception to the surgeon the patient with complaints to a pain in the right axillary area, strengthening at locomotions in the right shoulder joint has come. Is ill the third days.

At survey in axillary area three dense circumscribed infiltrates in diameter from 0,8 to 1,2 sm which are sticking out over a skin, with a hyperemia of last over them are taped. In the centre of an infiltrate ramollissement fields.

What happens with the patient? What should be medical tactics?

The answer. At the patient a right-hand axillary hydradenitis in an abscessing stage.

Treatment should be begun with a skin toilet in this area: to cut or shave hair, a skin to wipe alcohol, to treat Iodonatum. At hydradenitis abscessing dissecting of abscesses by cuts over the inflammatory loci to collaterally dermal cords is manufactured. That the

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bandage densely adjoined to a skin, instead of sagged, is better on an axillary recess and shoulder girdles to impose колосовидные a bandage.

2. In the evening in a surgical hospital the young woman in 16 days after the delivery with complaints to a pain in the right mammary gland, a fever is hospitalised.

Is ill more than week. Self-medicated, but it has not yielded effect.

Body temperature 39,9 ° a mammary gland is enlarged by S.Prava. In its inferior quadrant balances the extensive, dense, painful infiltrate with a ramollissement in the centre is penetrating palpated. Axillary lymphonoduses on the right are enlarged and painful. Your diagnosis? How the surgeon on duty should arrive?

How to be with feeding of the child?

The answer. At sick postnatal интрамаммарный the purulent mastitis complicated by a lymphadenitis. For diagnosis verification it is necessary to execute a puncture of an abscess a thick (!) Needle. The received pus needs to be investigated on a microflora and sensitivity to antibiotics.

Urgently under an intravenous narcosis an inflammation should be opened. In this case the most suitable is access of Bardengejera which short consists in performance of an arched cut to collaterally transitive cord of a mammary gland, having retreated from it approximately 1 the Gland see scales and displaced upwards, then the cut on a back surface actually gland tissues becomes. Manure evacuate, the wound is washed out by 3 % penozone, a deck a dignity and drain.

Milk is necessary for decanting (and it is better to exhaust) from both mammary glands. It should be yielded the child after pre-award pasteurisation or boiling

.3. In surgical branch the patient with complaints to a pain in the left mammary gland which troubles within 6 days is hospitalised. Nursing. To the child of 12 days from a sort. Integuments acyanotic.

In верхнъозовнишньому a quadrant balance of the left mammary gland painful inspissation in diameter to 6-7 sm, with a ramollissement in the centre is defined.

You will supply what diagnosis? Your medical-diagnostic tactics?

The answer. At sick an acute postnatal purulent mastitis. For diagnosis verification it is necessary to make a puncture of a prospective abscess. At pus reception (бакпосув!) the mammary gland abscess under intravenous anaesthesia should be opened. In the resulted case the most rational access of Angerer: do a radial cut, having retreated from an areola 2-3 revision of a lumen of an abscess by a dactyl see Necessarily. After bleeding of an abscess a lumen of the last wash out an antiseptic agent and drain the rubber graduate and a wad with ointment on hydrophylic гунеросмолярной to a basis (Гумацуд). To the woman recommend to decant milk or, is better to use for this purpose a breast pump.

4. On reception to the surgeon with complaints to a pain the woman has come to areas of a papilla of the left mammary gland in 22 days after the delivery.

Areola hydroptic. The tumescence, infiltration in its inferior semicircle with accurate fluctuation in the centre are observed.

Yours the diagnosis and medical tactics?

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The answer. At sick an acute postnatal subareolar purulent mastitis. Operative treatment is shown. On cosmetic reasons in the resulted case it is desirable to execute an arched cut on areola border. Milk ducts here have routinely small dimensions and are located penetrating under an abscess that reduces danger of their damage.

Development of pyoinflammatory process within the first month after the delivery testifies about intrahospital becomings infected in residence time of the woman in maternity home. It is necessary to send the spot news from sanitary-and-epidemiologic station.

5. In a hospital accident ward the 45-year-old woman with complaints to a pain in the right anticonemion, a headache, delicacy, weakness has reverted. 2 days are ill. Body temperature raised every evening to 39 ° With.

On переднезовнишний surfaces of the inferior and centre thirds of anticonemion there is extensive, bright red colour a spot with the several fine bladders filled serously-gemorragicheskim by an exsudate. Hyperemia borders accurate, rough (in the form of a map). In situ hyperemias a skin тестоватой, sharply painful at a palpation.

The blood analysis: leucocytes - $15,1 \times 10^9 / l$, band neutrophils - 7 %, an ESR - 34 mm / hour. Your diagnosis? It is necessary to isolate the patient at hospitalisation from other patients in branch? What you treatments will prescribe?

The answer. At a right anticonemion sick an erysipelas, the violent form. The woman should be hospitalised in branch of purulent surgery, but in its isolation from other patients there is no necessity.

From medical actions the confinement to bed, antibiotics (ретарпен, цефтриаксон) are prescribed. Местно superpositions of a dry aseptic bandage, an irradiating suberythematous by doses of ultraviolet rays, processing of a field of a lesion of 1 % tetraethyl-diamino-triphenyl-carbohydride sulphate solution are recommended.

The general and aboriginal baths, and also water dressings at an erysipelas are contraindicative!

6. Patient Д, 26 years, has invoked on the house of the local doctor concerning a pharyngalgia, a fervescence, fevers. Was ill 1 days ago.

At survey palatine tonsils are considerably enlarged, act because of palatal handles, is bright гиперемированы, by pressing them a spatula pus precipitates out. At a palpation in both submandibular fields are defined dense, roundish, mobile, painful formations to 2 sm in diameter are not soldered to a skin. The skin over them is not variated.

What happens with the patient? It needs an emergency surgical intervention?

The answer. At the patient an acute angina follicularis, a serous bilateral lymphadenitis. The patient is desirable for hospitalising in therapeutic or an ENT-branch for treatment concerning a basic disease. The secondary lymphadenitis, as a rule, is bought independently in process of elimination of a pathology, its cause. An emergency surgical intervention of the patient at the moment of survey does not need.

7. On an appointment the military man has come, complains of a pain in the right stack which troubles within 3 days.

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At survey on back II-III of dactyls of the right stack there are scratches with purulent scurf. The stack on a dorsum hydroptic, here is observed a hyperemia in the form of red longitudinal strips, painful at a touch. In the right inguinal area the knot is palpated moderately painful, плотноэластической consistences, the dimension to 1,5 sm in diameter. The skin over it is not variated.

Yours the diagnosis and medical tactics?

The answer. At the patient the infected scratches II-III of dactyls of the right stack, have become complicated a deckman lymphangitis of back of stack and an inguinal serous lymphadenitis.

The military man it is necessary to hospitalise, make a toilet of scratches, to apply bandages with antiseptics. In the first days the confinement to bed with the raised position of the right inferior extremity is shown.

8. In a hospital the patient of 64 years with complaints to a pain in an anus, strengthening has arrived during the defecation certificate, a fervescence in the evening in 37,6-38,0 ° S.Boleet within 5 days.

At manual rectal research on the left lateral wall of the proctal canal with transferring to the intestine ampula the painful infiltrate with a ramollissement in the centre is defined.

The blood analysis: a moderate leukocytosis with formula alteration to the left, an ESR - 19 mm / hour.

You will supply what diagnosis to the patient? Whether operative treatment is shown? If yes, as you perform operation?

The answer. At the patient acute purulent подслизистый a paraproctitis. It is not necessary to wait for spontaneous outbreak of an abscess, it should be opened. In spinal anaesthesia by means of a rectal speculum in a field of the greatest diverticulum the rectum mucosa is dissected, cut the cryptá "is interested". The wound is washed out 3 % by penozone, Dekasanom, in a rectum the wad with ointment on a hydrophylic basis concerns.

9. Patient M, 79 years, has reverted with complaints to a pain, an edema and presence of bladders in the field of the left anticnemion and stack. Was ill acutely 8 days ago after reception of scratches (collected a gooseberry). Disease has begun with lifting of temperature to 40,1 ° With, an erubescence round the scratches, having a clear boundary.

At survey the edema of the left anticnemion and stack, in the inferior third left anticnemion three bladders in the dimensions 3 × 5 sm filled with fluid of straw colour, a field local a blanching of a skin to 6 × 8 sm which at a boring does not react to a pain becomes perceptible.

Your diagnosis. What treatment is shown the patient?

The answer. An erysipelas of the left anticnemion and stack, bullezno-nekroticheskaja the form. The patient accepts operation a necretomy. From medical actions the confinement to bed, antibiotics (ретарпен, цефтриаксон) are prescribed. Местно superpositions of a dry aseptic bandage, processing of a skin of the left anticnemion and stack of 1 % are recommended by tetraethyl-diamino-triphenyl-carbohydride sulphate solution. After weeding of a wound and appearance in it

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грануляционной the tissue to the patient accepts operation аутодермопластика by a free dermal flap.

The general and aboriginal baths, and also water dressings at an erysipelas are contraindicative!

10. Patient P, 38 years, has come on reception to the surgeon with complaints to a pain and presence of a tumorous growth in the field of an anus, a fervescence to 38 ° With.

At 7:00 on a conditional dial at back an available infiltrate of the bulb-shaped form in the dimensions 3 × 5 sm, an apex towards a back cryptá. Perianal dermal cords are smoothed, the infiltrate palpation invokes pain intensifying, палькується in the centre a ramollissement field.

Formulate the diagnosis. Whether thermal procedures are shown the patient? In what radicalism of operative treatment in the resulted clinical case?

The answer. At the patient an acute back paraproctitis. Thermal procedures in a stage of purulent fusion to what testifies infiltrate ramollissements, are strictly forbidden. The patient accepts operation which consists in disclosing and a suppurative focus drainage in a pararectal fat with obligatory excising of a purulent course and an intrinsic foramen which is in a proctal cryptá.

11. The woman of 43 years has casually torn apart 2 days ago a heat-spot which has been located in the inferior third of right forearm. In 1 days in this area there was a dense painful tumescence.

Местно: on a forward surface of the inferior third of right forearm the tumorous growth to 1 sm in diameter in which centre is defined there is a hair, in a proximal direction the hyperemia in the form of red longitudinal strips, painful is observed at a touch. In the centre of an infiltrate a ramollissement field. In the right axillary area the knot is palpated moderately painful, плотноэластической consistences, the dimension to 1,0 sm in diameter. The skin over it is not variated.

Your diagnosis. What treatment is shown?

The answer. At sick an abscessing furuncle of the right forearm which has become complicated a deckman lymphangitis of a forward surface of the right forearm and an axillary serous lymphadenitis. It accepts operation dissecting and a furuncle drainage. Sanation of the locus of an infection contamination will lead to a lymphangitis and lymphadenitis involution. The secondary lymphadenitis, as a rule, is bought independently in process of elimination of a pathology, its cause.

12. Patient K, 19 years, 2 days ago has noticed appearance of a painful tumorous infiltrate in the left axillary fossa. Пальпаторно the surgeon of an out-patient department has found that an infiltrate on a surface of a skin, a tightly-elastic consistence, over it a local hyperthermia, locomotions in a joint lead to pain intensifying.

Formulate the diagnosis. When it is necessary to make operative treatment?

The answer. At sick a link sided axillary lymphadenitis in a stage of serous infiltration. Treatment should be begun with a skin toilet in this area: to cut or shave hair, a skin to wipe alcohol, to treat Iodonatum. In this stage conservative therapy is shown: antibiotics (Cefazolinum 1,0 in / m 3 times a day), physiotherapy (UHF, a

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magnetotherapy). Then to apply a dry bandage or ointment on hydrophylic гиперосмолярной to a basis (Oflokain, Levosin) or a compress (novocaine of 0,25 % - 200 ml, Dimexidum of 20 ml, цефтриаксон 1,0). That the bandage densely adjoined to a skin, instead of sagged, is better on an axillary recess and shoulder girdles to impose a spica bandage, to make an immobilisation. These measures can lead to an infiltrate involution. At process transferring in a stage of purulent fusion, местно it is displayed by an infiltrate ramollissement, operation dissecting and an abscess drainage is shown.

13. Patient B, 29 years, has reverted to the surgeon of an out-patient department with complaints to an uncertain fever and a pain in the heart of the inferior department of an abdominal lumen and at defecation.

The patient was consistently treated at the therapist, the urologist, the gynecologist.

At survey and choronomic inspection of a gaste of pathological changes it is not taped. Pressing in the field of an anus of morbidity does not invoke. At research by a dactyl introduced into an anus, highly, through rectum wall, on forward wall, the dense, painful infiltrate which evaginates in a rectum lumen a little is defined. A dactyl to survey the infiltrate upper edge it is not possible.

Formulate the diagnosis. Why doctors of other specialities had difficulties in diagnostics?

The answer. At sick acute пельвиоректальном (tazovo-prjamokishechnyj) a paraproctitis.

The ishio-rectalis paraproctitis, settling down immediately under a peritoneum of a small basin, results a reactive inflammation which can invoke an abdominal pain, strain of muscles of the inferior department of forward wall of a gaste and to frame a false pattern of an acute appendicitis.

14. At performance of an operative measure concerning an acute paraproctitis at patient Д, 48 years, stain solution is introduced by means of a syringe into a lumen of an abscess left in the field of a back cryptá. At an abscess cut 30 ml of liquid manure of grayish colour are received. The gudzikuvaty probe introduced in perianal wound, has passed outside from a sphincter (экстрасфинктерными) and also left in the field of a back cryptá.

What should be the further tactics of the surgeon?

The answer. To dissect экстрасфинктерный a purulent course in an intestine lumen it is impossible, as the muscular skeleton of the sphincter, will be thus crossed by immediately menacing further steady proctal insufficiency. The radical operation developed still by Gippokratom is possible. It consists that through a perineum wound, outside, through an intrinsic foramen of an abscess make to a rectum and tighten a silk ligature. Gradually tightening such ligature cross a sphincter and liquidate an intrinsic foramen of a paraproctitis. The crossed fibers of a sphincter in process of ligature advance grow together among themselves that warns development of proctal insufficiency. Simultaneously sanify a perineum wound.

However пережимание and slow the section of a muscle of a sphincter a ligature, especially at acute purulent process, is always dangerous for future closing functions. Therefore it is better in 10-12 days after dissecting of an abscess and стихания acute

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inflammatory changes in area of an intrinsic foramen to resort to delayed closures of an intrinsic foramen by bringing down of a mucosa of distal department of a rectum. The summary teleorganic flap will provide a major principle of surgical treatment of an acute paraproctitis - reliable liquidation of an intrinsic foramen without disturbance of switching function of a proctal sphincter.

5. Patient Л, 67 years, has reverted in an out-patient department with complaints to presence of a tumorous growth верхньозовнишньому a quadrant balance of the left mammary gland which has found at self-inspection 1 one month ago and which is gradually enlarged in dimensions. Body temperature 36,6 ° S. Pri of a palpation of a growth to 1,5 sm in diameter, dense, hilly, soldered to surrounding tissues, a skin over it of usual colour and temperature, is variated in a kind of "a lemon crust». Link sided axillary lymphonoduses are enlarged to 1,5 sm in diameter, are moderately painful. It is possible to assert, what at the patient an acute purulent surgical pathology? List inflammation signs in the Ukrainian and Latin tongues are formulated by Gippokratom.

The answer. The data for an acute purulent surgical pathology at the patient is not present. Inflammation signs are: tumour (tumescence), rubor (reddening), calor (aboriginal rise in temperature), dolor (pain), functio lesae (function disturbance).

Tests for check of initial level of knowledge

1. What clinical signs are not characteristic for a hydradenitis?

Formation of dense painful knot;

Presence of a follicular pustule;

Allocation manure;

Presence of the necrotic centre;

Occurrence of a dense infiltrate.

2. In what area or a body part there is no hydradenitis?

In an axillary recess;

On a pilar part of a head;

In perianal and genital fields;

On a palmar surface of a wrist;

In peripapillary a field.

3. At a serous stage of an acute mastitis are not shown:

The prevention of stagnation of milk by a decanting;

Prescription of antibiotics;

retromammaris novocainic blockage;

Section of the inflammatory locus;

kvadrantectomy.

4. What is carried out a cut at dissecting ретромамарного a mastitis:

The radial;

paraareolaris;

Over the gland upper edge;

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On a transitive cord of a mammary gland;
The semioval.

5. What pregnant women are included into bunch of high risk of development of a mastitis?

With anomaly of development of mammary glands;

Sportswomen;

Wait for repeated sorts;

With a purulent infection contamination of various localisation in the anamnesis;
immuniseda staphylococcal anatoxin.

6. The inflammation at an erysipelas propagates on:

False skin;

Papillary bed;

All beds of a skin;

Absorbent vessels;

Hypodermic cellulose.

7. Frequently at an erysipelas are surprised:

The chairman, the person;

Mucosas;

Forearms;

Wrist dactyls;

The inferior extremities.

8. At erysipelas treatment are contraindicative:

Antibiotics;

Water dressings;

UF - irradiatings;

Baths;

Processing of the locus of a lesion of 1 % tetraethyl-diamino-triphenyl-carbohydride sulphate solution.

9. Than the lymphangitis differs from an erysipelas?

Presence of bladders;

Absence of sharp borders of a hyperemia;

The expressed cutaneous dropsy;

Skin itch;

Presence of fine abscesses.

10. Characteristic clinical lymphangitis exhibiting:

Presence of red strips on a course of absorbent vessels;

Dermahemia with a clear boundary;

Cutaneous dropsy;

Low-aedematicus a pimple;

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Augmentation of lymphonoduses.

11. Distinguish following kinds of an inflammation of lymphonoduses:

The serous;

The putrefactive;

The necrotic;

The productive;

The specific.

12. If the sheath of a lymphonodus and surrounding tissues educes are involved in purulent process:

Abscess;

аденофлегмона;

Adenoides;

Anthrax;

Phlegmon.

13. At an acute paraproctitis at first are ignited:

Proctal glands;

Outside sphincter of an anus;

Intrinsic sphincter of an anus;

Perianal a skin;

Proctal cryptás of Morgani.

14. In relation to fibers of an outside sphincter of an anus the purulent course at an acute paraproctitis can settle down:

Outside;

Through a sphincter;

In front;

Behind;

Sideways.

15. In what radicalism of operation consists at an acute paraproctitis?

Dissecting and abscess drainage;

ушивании a postoperative wound a catgut;

Introduction in a lumen of a rectum of a colonic tube;

Liquidations of a purulent course and entrance infection atriums - an intrinsic foramen in a proctal cryptá;

Superposition СИГМОСТОМЫ.

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