

# MODERN METHODS OF TREATING ARTERIAL CONDUCTION DISORDERS OF THE LEGS AND A COMPREHENSIVE ASSESSMENT OF PREVENTIVE WORK

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## Abstract:

In the article is submitted information about chronic venous insufficiency, the main reasons of the disease. Described the main symptomatology, classification chronic venous insufficiency, discussed methods of objective investigation venous system by the ultrasound examination for reasons of diagnosis chronic venous insufficiency. Pay attention to complex conservative therapy that included elastic compression and phlebotonics, in particular Eskusan. 49 patients (female) with the initial displays of chronic venous insufficiency were under the supervision. All patients received Eskusan during long term period minimum 2 month. It was proved that Eskusan is able to increase tonus of venous wall and as a result could normalize function of veins valves because it has veinotonic, capillary protection, antiendemic, antiinflammatory, antiaggregating, antioxidant effects.

## Keywords

chronic venous insufficiency, insufficiency of values, ultrasound diagnostic, complex therapy, elastic compression, Eskusan, effects of Eskusan treatment.

## 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. However, there is still no consensus on the choice approach from this or that method of Reconstruction, a comparative assessment of their effectiveness in patients in this group has not been carried out. All recent work on this problem is devoted to new methods of thromboectomy, such as percutaneous aspiration thromboectomy or the prospect of using thrombolytic therapy does not solve the problems of radical surgical treatment of most patients.

In patients who have undergone surgery, the causes of death from this disease (embolism or thrombosis), localization of the occlusion, ischemia levels remain much higher, depending on the age of the patient and the severity of the accompanying pathology, and range from 5.7% to 8.5%.

### **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 HINK I-IIa art., although there was no significant difference with patients with HINK IIb-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 IIb-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. The median thickness of the CMM in general among all patients was increased (1.1 mm), but no significant differences were achieved in the groups. The presence of carotid artery stenoses  $\geq 30\%$  and  $\geq 50\%$  was equally common in both groups. When assessing EchoCG indicators it was revealed that the size of the left atrium and the contractility of the myocardium did not differ in the groups. The main

indicators of the volume and size of the left ventricle were significantly more in patients of the first group ( $p<0.005$ ) in comparison with the second.

The present study shows that the prevalence of clinical manifestations of coronary and cerebral artery lesions is high among patients with OCD (a history of MI in a third of patients, the presence of symptoms of angina pectoris in half). At the same time, there were no differences in these parameters in patients with different severity of the lesion ANC. Only two thirds of the examined patients took statins and beta-blockers, and there were no differences in the groups either. Indeed, for patients with, it is characteristic lesion of other arterial basins. According to the data of the EOC working group on peripheral circulation, in patients with asymptomatic ANC lesion (ankle-shoulder index  $<0.9$ ) and in the presence of symptoms of intermittent lameness, the frequency of CA injury reaches 50%, and in the presence of critical lower limb ischemia - 90% [2]. According to Russian data, during routine coronary angiography (CAG) before operations on noncoronary arterial basins, the frequency of detection of hemodynamically significant CA stenoses was 90.1%, with a three-vessel lesion of the CA and/or stenosis of the trunk of the left KA was noted in 24.1% of patients.

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In addition, CA stenoses were asymptomatic in 23% of cases [5]. In the present study, no routine CAG was performed in patients, however, the frequency of detection of MI and clinical manifestations of angina pectoris was quite high (34.4% and 48.5%) and, taking into account the probable asymptomatic CA lesion, fully corresponds to the above studies. According to modern ideas, the presence of atherosclerosis of any localization implies the mandatory appointment of statins to reduce the level of cholesterol of low density lipoproteins [6]. However, in patients with, the frequency of taking statins is traditionally lower than in atherosclerosis of other localizations. For example, in the study Welten GM, et al. [7] patients with coronary heart disease received statins in 67% of cases, while patients with OCD received statins only in 29% ( $p < 0.001$ ). As the REACH study showed, prescribing statins to patients depended on the specialty of the doctor who had the patients. Thus, cardiologists prescribed statins to patients with in 78.9% of cases, general practitioners (therapists) — in 69% of cases, angiologists — in 41.8% of cases and vascular surgeons — in 37.1% [3].

**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.

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