PRINCIPLES OF MODERN TREATMENT OF INFECTIVE ENDOCARDITIS

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Annotation

Development of principles of modern treatment of infective endocarditis in stages, determination of possible results of treatment of infective endocarditis in patients with concomitant diseases.

Key words: Infective endocarditis, antibiotics, glucocorticoids, plasmapheresis, antibacterial therapy.

Infectious endocarditis (IE) is a polyposis-ulcerative inflammation due to direct infection of the endothelium of the heart valves, endocardium and nearby main blood vessels (aorta, pulmonary artery), the formation of formations in the valve or its underlying structures, valve destruction, manifested by the development of dysfunction and valvular insufficiency. The process takes the form of acute or subacute sepsis, the pathogen circulates in the blood and leads to the formation of immunopathological changes, thromboembolic and other complications.

Patients suffering from infective endocarditis should be treated in a hospital in compliance with the following basic principles: Treatment should be etiotropic, i.e., directed against the pathogen; For treatment purposes, only antibacterial agents with a bactericidal effect should be used; > Ensuring compliance The treatment process is continuous and continuous: for streptococcal infections - at least 4 weeks, for staphylococcal infections - at least 6 weeks, for gram-negative flora - at least 8 weeks. intravenous antibiotics)

Treatment with antibiotics can be stopped in the following cases: Normalization of body temperature Normalization of laboratory parameters (leukocytosis, neutrophilia, elimination of anemia, tendency to decrease ECT) Negative results of a bacterial blood test Disappearance of clinical signs of disease activity. With an increase in symptoms of an immunopathological reaction (glomerulonephric arthritis, myocarditis, vasculitis) it is advisable to use: glucocorticoids (prednisolone up to 15-20 mg per day); antiplatelet agents; Hyperimmune serum, Human immunoglobulin, Plasmapheresis, etc. Surgery is performed if conservative treatment is ineffective for 4 weeks or if there are other indications. Antibacterial therapy. Despite the development in recent years of many highly effective antibiotics and chemicals, the treatment of IE

remains extremely important. The reason for this is an increase in the number of highly virulent and resistant types of pathogens (staphylococcus, Pseudomonas aeruginosa, gram-negative microorganisms), weakening of the immune system of most patients and elderly patients. This depends on the concentration of thrombin-fibrin. in a "protective" shell to the extent that it can influence the stimulus. In the treatment of IE, the following groups of bactericidal drugs are widely used: Inhibitors of bacterial cell wall synthesis - β-lactams (penicillin, cephalosporin, carbopentics); Protein synthesis inhibitors (aminoglycosides, rifampicin); Inhibitors of nucleic acid synthesis (fluoroquinolones).).

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Pathogenetic and symptomatic treatment of laziness - nonspecific anti-inflammatory drugs, drugs with positive inotropic effects, diuretics, AAFI. carried out using disaggregants and anticoagulants. The complex effect of the drug is manifested by intoxication and immunocomplex reaction. compensation of heart failure, treatment of complications. to eliminate changes in the hemostatic system, medications, diuretics, AAFIs. carried out using disaggregants and anticoagulants. The complex effect of the drug is manifested by intoxication and immunocomplex reaction. compensation of heart failure, treatment of complications. aimed at eliminating changes in the hemostatic system. When treating infectious-toxic syndrome, infectious treatment is carried out taking into account the patient's condition and kidney activity. When using diuretic solutions (saline solution, 5%, 10% glucose solution, polyglucin), daily diuresis should be 300-400 ml more than with intravenous administration. If the body temperature is above 38°C, antipyretics are prescribed. Antistaphylococcal donor blood serum (plasma) is recommended for patients with IE of staphylococcal etiology in order to reduce intoxication.

Anticoagulants should not be used in patients with IE if there is a risk of acute cerebrovascular accident. Because they increase the risk of hemorrhagic stroke. At the same time, indirect anticoagulants and antiplatelet agents are prescribed when there is a possibility of developing disseminated intravascular coagulation syndrome. add heparin (100-400 units per kg of body weight per day) and fresh frozen blood serum (8-12 ml/kg per day).

Gkparin (Fraxiparin) is prescribed for the development of IE in patients with artificial heart valves who are constantly taking oral anticoagulants. Anticoagulants should be temporarily discontinued if CNS embolism develops in a patient receiving antibacterial treatment during the first two weeks of illness.

In IE, heart failure syndrome develops due to a decrease in myocardial contractility due to infectious-toxic myocarditis and heart valve insufficiency.

Therefore, it is simultaneously necessary to inotropically stimulate the myocardium, reduce pre- and afterload on it, and eliminate the inflammatory and autoimmune process. To achieve this goal, depending on the patient's condition, cardiac glycosides, drugs with a positive inotropic effect, prednisolone to balance the cell membrane and the inflammatory process, as well as autoimmune damage to myocardocytes, diuretics (including thiazides), and AAF to reduce the load on the heart are prescribed. peripheral vasodilators (nitrates, hydralazine) are added. The dosage of drugs is selected individually depending on the patient's condition.

GK (prednisolone 20-30 mg per day) is recommended when symptoms of an autoimmune process (polyserositis, glomerulonephritis, myocarditis, hemorrhagic vasculitis) predominate in the IE clinic.

Surgery. The IE operation involves cleaning the heart cavity and completely eliminating hemodynamic disturbances. To do this, the injured tissue is removed and traditional treatment with antibiotics is carried out. If necessary, an artificial one is implanted into the damaged valve axis.

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