

Features of the Spread of Infection in the Bukhara Region

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Abstract: The Bukhara region of the Republic of Uzbekistan, where he who received the western area, which produces a purulent surgical diseases of soft tissues in the microflora epidemiological study was conducted, including covers. The materials obtained on the basis of the type of surgical infections resistant to antibiotics and the epidemiological characteristics of the microflora were coming, and of the Bukhara region of them where he who received the western region of growth in the scale identified. Soft and purulent surgical diseases of pathogenic microflora of the research came from the specific characteristics of the regional differences shows.

Keywords: regional surgery, infection, sensitive to antibiotics, the resistance.

The actual ministry. Purulent-surgical treatment of diseases of the modern surgeon remains a pressing problem. According to the opinion of many authors have been at the hospital all of purulent surgical diseases of surgical pathology requiring treatment from 30% to 40% (0). This indicator, our malumotlarimizga according outpatient surgical diseases in the analysis of purulent grow more.

Infection surgery, including postoperative purulent infections of the problem of the cart in June 2015 and September 2016 was considered within the framework of the UN General Assembly in this issue 71-considered in the session, was attended by experts from all countries of the world. Purulent diseases of infection associated with surgery have a tendency to grow around the world and the world of medicine's most pressing problem was noted that the fact that the wound was also developed strategies to fight against purulent infections and to prevent them. As noted, this microflora of taking the specific features of each region for the study of the sensitivity of the microflora play an important role in. In particular, we paid attention to increase the sensitivity of the microflora and the way to avoid them.

The average incidence of infections related to medical care in the Republic of Tatarstan for the specified period was 22.8 per 100 thousand of the population, the maximum levels were recorded in 2006, the minimum in 2013. The incidence rates of ISMP in the Republic of Tatarstan were comparable with those in the Russian Federation. So, in 2013, the incidence in the Russian Federation was 17.3 per 100 thousand population, in 2014 — 10.8 per 100 thousand people. Despite the fact that the analysis of the dynamic range of the incidence of ISMP revealed a negative trend in the growth of indicators in recent years years ($R^2=0.189$, $p<0.05$), the incidence rate in 2015 increased 1.2 times relative to the baseline level, and the growth rate of the indicator was 16.7%. Considering the structure of ICMP, it is worth noting that the main share of nosocomial infections was occupied by diseases of maternity hospitals and newborns (59.5%) and nosocomial infectious diseases (20.6%); post-injection and postoperative infections were detected somewhat less frequently (13.5 and 6.2%, respectively but); intestinal infections (1.6%), pneumonia (0.6%), urinary tract infections (0.2%) and viral hepatitis (0.1%) — in isolated cases.

The dynamics of nosocomial postoperative and postinjection complications was characterized by a negative trend ($R^2=0.193$ and $R^2=0.278$, respectively), however, the growth rate of the indicator in 2015 relative to the baseline level for post-injection complications was positive ($Tpr=32.2\%$). The average long-term incidence of postoperative infections was 1.6 per 100 thousand of the population, with post—injection infections - 3.5 per 100 thousand of the population.

Based on the calculation of the average long—term morbidity rate by month, it was found that the highest incidence rates of postoperative complications were detected in December, March, April and June, post-injection complications - in April-June, August-September (Fig. 4). Characterizing the

monthly indicators of seasonal fluctuations in the incidence of postoperative and post –injection It is worth noting that, despite a small peak in the incidence of postoperative complications in December, seasonality for these nosologies was uncharacteristic

Research purpose: region Bukhara purulent surgical infection study the characteristics of regional the night.

Research materials and methods.

Region bukhara atnu he who received the western territory, Karakul district of 2023 in the year of purulent surgery, including infection treatment covers the analysis of the results was. We are based outpatient treatment for purulent surgical diseases of soft tissues 529 records we have analyzed outpatient units. Quantitative and qualitative bacteriological studies and the responsiveness of microflora to antibiotics in all patients studied.

Microbiological analysis of wound infection, as well as the qualitative and quantitative assessment of sensitivity to various antibiotics was carried out through implementation sekresiya collection from the wound.

Preparation and inoculation of bacterial suspenziya.

My dd 0.5 mcfarland standard to determine the sensitivity of the ha come on and the density of about $1.5 * 10$ and cf / ml vaccine containing the standard is used. The drug should be used within 15 minutes after the vaccine ready. You can use two methods for vaccination if prepared plate.

1. The most convenient method of vaccine - sterile cotton tayoqcha use. The standard of the microorganisms of septoplasty suspenziya dip into, then you need to squeeze the excess vaccine by his septoplasty on the walls of the pipe should be removed. The vaccine petri dishes of 60 ° turning is carried out with linear movement in three directions.
2. The second method used the environment in amounts of 1-2 ml to the surface of petri dishes sprinkled with pipetka vaccination with standard feed, shaken by a flat distribution across the surface, then the excess removed with a solution of vaccine. pipetka. The glasses opened slightly for about 10-15 minutes at room temperature and dried.

The application of the drive and incubation.

15 minutes after a vaccination delay, ABP feed is applied to the surface of the discs with the environment. Sterile discs cımbızlar using the dispenser or automatic is applied. The distance between the disc and the disk should be 15-20 mm from the edge of the cup. Thus, a single cup of 100 mm diameter is more than 6 drives should joylashtirilmasligi on ABP. Discs of you should be in contact with a flat surface, gently press them to do this, you need to cımbızla.

Petri dishes are placed immediately after the drive has been applied reverse termostatda and 35 ° c for 18-24 hours incubation is at a temperature of (depending on the type of microorganisms verified). Applied to the surface of the disc and the beginning of the incubation environment (and the corresponding teach students: the beginning of the growth of cultures of microorganisms) increased the range of time between ABP's "pre-spread" will lead to growth andto prevent the diameter of the zone to increase.

Get the results into account.

After completion of incubation, the occurrence of the dark mat of the vessel is put in reverse, then to them the light of 45 ° at an angle falls (light is reflected). The delay is measured with an accuracy of 1 mm zone diameter of growth, it is preferable to use or kaliper kaliperdan.

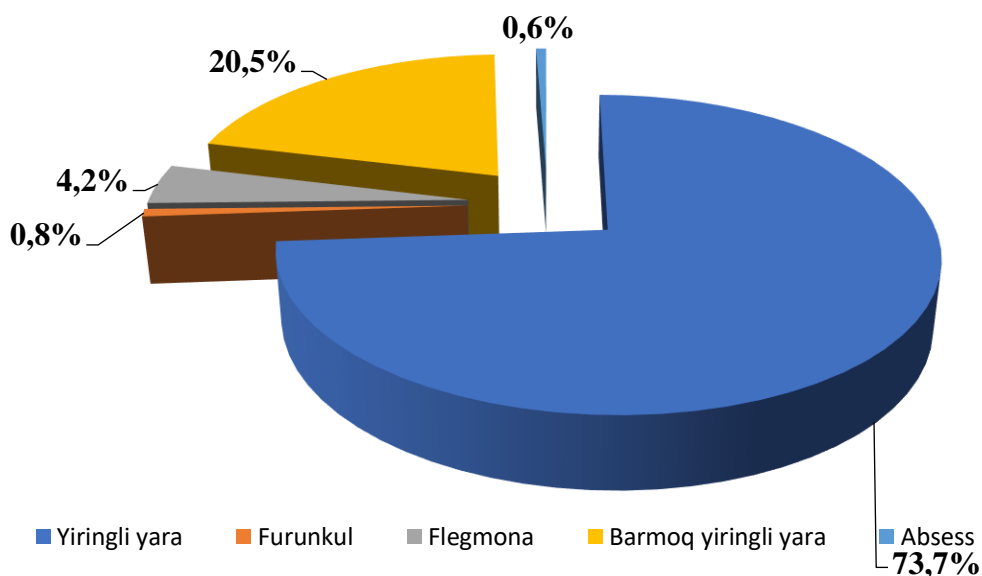
Growthto prevent visible growth of the zone to the zone of complete suppression of the measurement need to pay attention to. Growthto prevent light conditions detected in very small colonies in the zone to zoom in or to only on special zone and you should not give attention to at the edge of the covering almost not felt. The results of the sensitivity of detection of staphylococcus oksatsillinga, taking into

account the zone of growth of small colonies identified in most of the exact inhibisyon when you need to take is no exception. microflora populations of microorganisms, or the presence of a strange geterezistentligi this colony should determine the sensitivity of these strains to identify microorganisms and repeat the executive.Sar meat proteus strains to determine the sensitivity of dd ng my growth to prevent the thin film can be covered with a veil similar to that of the zone, border zone and not to interfere with the results recorded in this character does not take into account.

Sulfanilamidlar are sensitive to inhibit the growth zone and their interaction in combination with trimetoprim to determine the limit of 80% of growth to prevent the level should be taken into account. The reason for this is that these microorganisms under the influence of drugs against a full understanding of the reproduction of before the end of the growth cycle until 1-2 can be.

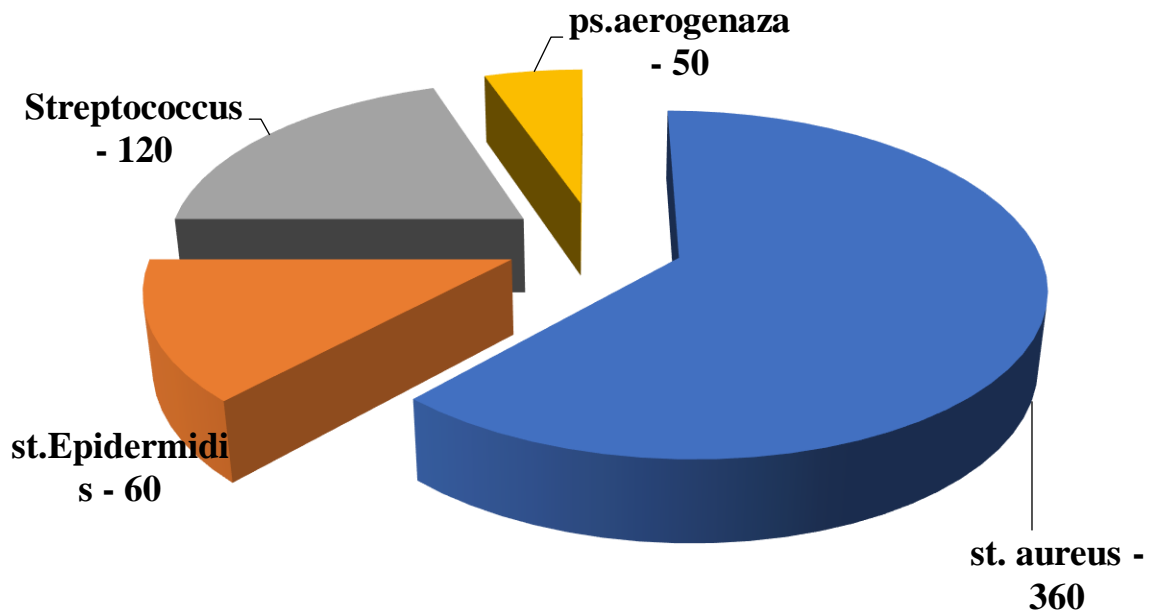
Results and their discussion.

That covers the analysis of the results of the study, including analysis, Karakul district 's total population number 169 669 students. Purulent diseases of soft tissues in the year of 2023 to universal central polyclinic surgical 529 people (the population of the region of 0,2 percent) patient contact, that 472 students of the patient is based outpatient treatment. Of them, 348 dollar (73,7%) purulent wounds of soft tissues, 20 dollars, (4,2%) or gavin foot-whose hands flegmonasi, 4 of them in (0,8%) furunkul, 97 in them (20,5%) and purulent wounds of the fingers, and 3 of them in (0,6%) abses with.



Rice. The patient distribution by type 1 of the disease.

Identify the following features of the results of bacteriological research: st. aureus 360 (61%), st.Epidermidis 60 (10,1%), Streptococcus 120 (20,3%), ps.aerogenaza 50 (8,6%) strains detected in 2-picture.



2-picture. Distribution of patients according to the type of microflora.

As noted above, the microflora of purulent see sensitive to antibiotics was also studied. Identify, **least tree-cutting Aureus** was sensitive to the following antibiotics: sefozalin, kanamitsin 21,6%, gentamits may be 47,5%, ceftriaxone, amoksiklav 22,7%, levfloksatsin 48,3%, eritromitwith 22,2% and 1 table. **Streptococcal** microflora at theoksiklav 46,6%, sefapirozin 54,1%, gentamicin, linkomitsin 49,1%, kanamitsin 45,8% s like antibioticsdetected infringement ezuvchi 2-table. **st.Epidermidis** s ateftriakson 88,3% and klovanir 85% sensitivity detected 3-table. **Ps.aerogenaza** the following antibiotics to determine susceptibility levoroks 100%, sefadoksim 100% 4-table.

Each of the type of microflora to antibiotics sensitive are listed in the following table:

1 Picture. Sensitivity the least tree-cutting Aureusdan antibiotics (n=360)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Kanamisin	78	21,6%
2	Tsefozolin	78	21,6%
3	Gentamicin	171	47,5%
4	Tseftriakson	82	22,7%
5	perks of amoiklav	82	22,7%
6	Levofloksasin	174	48,3%
7	Eritromisin	80	22,2%

2 Picture. Streptococcus antibiotics sensitivity (n=120)

Nº	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Amoksiklav	56	46,6%
2	Tsefapirozin	65	54,1%
3	Gentamicin	59	49,1%
4	Linkomisin	59	49,1%
5	Kanamisin	55	45,8%

3 Picture. st.Epidermidis 's antibiotics sensitivity (n=60)

№	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Tseftriakson	53	88,3%
2	Klovanir	51	85%

4 Picture. Ps.aerogenaza 's antibiotiklarga sensitivity (n=50)

№	Antibiotic is the name of the	Sensitivity of the number of	Percentage (%)
1	Levoroks	50	100%
2	Tsefodoksim	50	100%

Thus, our research to identify the following interesting thoughts - learning we bukhara province of the south western territory, the frequency of purulent surgical diseases, pathogenic microflora of them has specific properties and the type of resistance to various antibiotics. purulent diseases of soft tissues and outpatient diagnosis and treatment of conditions that should be taken into account.

Summary:

1. The average incidence of infections related to medical care in the Bukhara region for the period from 2003 to 2015. it amounted to 41.6 per 100 thousand people.
2. The dynamics of the increase in the incidence of infections associated with medical care has been established, with an increase rate of up to 69.8%.
3. The average long—term incidence of nosocomial postoperative complications is 1.6 per 100 thousand population, post-injection complications - 3.5 per 100 thousand population

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