

TREATMENT AND PREVENTION OF COMPLICATED FORMS OF ACUTE PARAPROCTITIS

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Abstract. *Acute purulent paraproctitis has a severe clinical picture. The patient experiences severe cramping pain, defecation difficulty. The disease is characterized by high temperature (39-40°C) and fever. In cases of subcutaneous paraproctitis, redness, swelling and infiltrate appear in the area of the posterior exit opening, which spreads to the buttocks, often to the groin area. Purulent infiltration of tissues rapidly develops, and a rash appears. If the process takes place near the casting, local symptoms are less obvious, and the disease itself is accompanied by intoxication. If the abscess develops near the rectal wall, rectal examination may reveal swelling, infiltration, and severe pain. Abscesses may spontaneously rupture into the bowel or surface. If this happens, rectal fistulas appear that do not heal without surgery. In such cases, the disease becomes chronic. Anaerobic paraproctitis takes the form of severe feignomous inflammation.*

Keywords: *causes of acute paraproctitis, types of paraproctitis, according to etiology;, according to the location of pus, according to the course of the disease, symptoms of acute paraproctitis, treatment of acute paraproctitis.*

Paraproctitis (para... and Greek. proctos posterior exit hole) is a purulent inflammation of the fat tissue around the rectum. Acute paraproctitis is divided into subcutaneous, submucosal, ileum, ileum-rectum, and pararectal paraproctitis.

PARAPROCTITIS (para... and Greek. proctos - back outlet) is a purulent inflammation of cells around the back outlet or rectum. Paraproctitis often occurs as a complication of a rupture around the posterior exit opening or an ulcer that has appeared on the rectal mucosa as a result of non-treatment during 6a-eocupuw. The pus-producing microbes that are always present in the rectum enter the tissue (cell) around the rectum from the cut and wound. The disease is acute and chronic. In acute paraproctitis, a purulent cavity appears in the cell around the rectum; abscess, phlegmon is observed in more severe cases. The severity of the disease depends on whether the inflamed area is superficial or deep. In superficial paraproctitis, there is severe pain during defecation, the area around the posterior opening is swollen and swollen. In case of deep paraproctitis, especially if the cell in the groin cavity is affected, pain is not felt at first, and the doctor detects changes around the inflamed area during the examination of the rectum. Later, the general condition of the patient worsens, the head hurts, the blood pressure rises, the meat becomes swollen, the pulse increases, the tongue becomes pale, the appetite is lost, sepsis can occur when the disease is delayed. In most cases, the purulent cavity bursts and the pus flows out (into the rectum or the colon), and from this time the disease becomes chronic. In chronic paraproctitis, a non-healing ulcer appears in the tissue around the rectum; when this wound is punctured, masses of waste along with pus are released from it. Only superficial paraproctitis can ooze pus, heal itself and die. Surgery is usually performed when oozing ulcers occur. Tuberculosis-related paraproctitis, even without acute inflammatory symptoms, oozing ulcers appear, in which, in addition to surgery, special anti-tuberculosis treatment should be used. A patient with paraproctitis

is treated in a hospital. Prevention, asooan, proctitis, hemorrhoids, a crack in the area of the back outlet, etc. Timely treatment of diseases consists in immediately contacting a doctor when the first symptoms characteristic of paraproctitis are felt.

Strict adherence to personal hygiene, washing the back opening with warm water after defecation is an important factor in the prevention of paraproctitis.

CAUSES OF ACUTE PARAPROCTITIS

Paraproctitis occurs as a result of infection of the pararectal tissue. Microbes enter the pararectal cell from the anal glands that open into the anal crypts. As a result of the inflammatory process in the anal gland, its path is blocked and secretion flow is disturbed.

Small injuries (anal fissure) in the mucous membrane of the distal part of the rectum and the anal canal are the most common causes of acute paraproctitis.

SPECIES OF PARAPROCTITE

According to the classification, the following are distinguished:

According to etiology: aerobic, anaerobic, specific, traumatic.

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According to the course of the disease: sharp, chronic, repeatable.

SYMPTOMS OF ACUTE PARAPROCTITIS

Acute purulent paraproctitis has a severe clinical picture. The patient experiences severe cramping pain and difficulty defecating. The disease is characterized by high temperature (39-40°C) and fever. In cases of subcutaneous paraproctitis, redness, swelling and infiltrate appear in the area of the back exit opening, and it spreads to the buttock, often to the groin area. Purulent infiltration of tissues quickly escalates and a rash appears. If the process takes place near the body, local symptoms are less obvious, and the disease itself is accompanied by intoxication. If the abscess develops near the rectum devoir, rectal examination may reveal swelling, infiltration, and severe pain. Abscesses may spontaneously rupture into the bowel or the surface. If this happens, rectal fistulas appear that do not go away without surgery. In such cases, the disease becomes chronic.

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REFERENCES

1. Хакимов, Э. А., Шакиров, Б. М., Карабаев, Ж. А., & Некбаев, Х. С. (2013). Полиорганная недостаточность и исследование почек при ожоговой болезни. Академический журнал Западной Сибири, 9(3), 42-43.
2. Джалолов, Д. А., Карабаев, А. Г., & Карабаев, Ж. А. (2018). Взаимотношения реактивности вегетативной нервной системы, показателей эндогенной интоксикации, и базофильных клеток аденогипофиза белых крыс. Вестник современных исследований, (4.2), 47-49.
3. Карабаев, Ж., & Карабаев, А. Г. (2022). Ўткир панкреатитни даволашда автаном нерв тизимими реактивлигида динамик ўзгаришлар. *Gospodarka i Innowacje.*, 28, 76-80.
4. Карабаев, А., Жураева, Г., Карабаев, Ж., & Жаббаров, Р. (2013). Один из механизмов нарушения гипоталамо-гипофизарной системы в период постреанимационной болезни. Журнал проблемы биологии и медицины, (1 (72)), 44-46.
5. Shonazarov, I., Karabaev, J., Akhmedov, S., Akhmedov, A., & Djalolov, D. (2020). Analysis of the results of surgical tactics and treatment in patients with acute necrotic pancreatitis. *European Journal of Molecular & Clinical Medicine*, 7(3), 3130-3135.
6. Хакимов, Э. А., Шакиров, Б. М., Карабаев, Ж. А., & Некбаев, Х. С. (2013). Полиорганная недостаточность и исследование почек при ожоговой болезни. Академический журнал Западной Сибири, 9(3), 42-43.
7. Джалолов, Д. А., Карабаев, А. Г., & Карабаев, Ж. А. (2018). Взаимотношения реактивности вегетативной нервной системы, показателей эндогенной интоксикации, и базофильных клеток аденогипофиза белых крыс. Вестник современных исследований, (4.2), 47-49.
8. Карабаев, Ж., & Карабаев, А. Г. (2022). Ўткир панкреатитни даволашда автаном нерв тизимими реактивлигида динамик ўзгаришлар. *Gospodarka i Innowacje.*, 28, 76-80.
9. Карабаев, А., Жураева, Г., Карабаев, Ж., & Жаббаров, Р. (2013). Один из механизмов нарушения гипоталамо-гипофизарной системы в период постреанимационной болезни. Журнал проблемы биологии и медицины, (1 (72)), 44-46.
10. Карабаев, А., Жураева, Г., Карабаев, Ж., & Жаббаров, Р. (2013). Один из механизмов нарушения гипоталамо-гипофизарной системы в период постреанимационной болезни. Журнал проблемы биологии и медицины, (1 (72)), 44-46.
11. Джалолов, Д. А., Карабаев, А. Г., & Карабаев, Ж. А. (2018). Взаимотношения реактивности вегетативной нервной системы, показателей эндогенной интоксикации, и базофильных клеток аденогипофиза белых крыс. Вестник современных исследований, (4.2), 47-49.
12. Карабаев, Ж., & Карабаев, А. Г. (2022). Ўткир панкреатитни даволашда автаном нерв тизимими реактивлигида динамик ўзгаришлар. *Gospodarka i Innowacje.*, 28, 76-80.
13. Shernazarov F. ANALYSIS OF THE COMPOUNDS PROVIDING ANTIHELMITIC EFFECTS OF CHICORIUM INTYBUS THROUGH FRACTIONATION //Science and innovation. – 2023. – Т. 2. – №. D2. – С. 64-70.