TREATMENT OF ACUTE INFLAMMATORY DISEASES OF THE SALIVARY GLANDS

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The prevalence of salivary gland diseases has increased to 10% in the last decade. The structure of salivary gland pathology has also changed: if in the 80s, first of all, inflammatory processes prevailed and accounted for from 70 to 86%, and inflammatory-dystrophic and dystrophic diseases accounted for from 10 to 24%, then in our time the share of inflammatory-dystrophic diseases of the salivary glands increased to 20.4-48.6%, and dystrophic to 44.3-57.6%. In terms of the frequency of occurrence, purulent-inflammatory processes in the salivary glands are in fifth place among all pathological processes in the maxillofacial region. From 9 to 12% of patients were hospitalized in the department of maxillofacial surgery for acute or exacerbation of chronic sialoadenitis, most often localized in the parotid salivary gland. With purulent-inflammatory processes in the salivary glands, it is necessary to prolong the intake of antibacterial drugs for another 6-9 days after the passage of pronounced inflammatory processes in the gland to the stage of convalescence due to the presence of microflora contamination of the secreting epithelium, stagnation of infected saliva in the dilated ducts, difficult drainage of viscous saliva through narrow and long excretory ducts.

Thus, if the duration of antibacterial therapy is more than 12-16 days, there is a need for additional treatment of this group of patients. When performing step-by-step antibacterial therapy, the selected oral antibiotic should create concentrations in the blood serum, tissues and saliva equivalent to the previously used intravenous drug. Despite the obvious advantages of step-by-step antibacterial therapy, this approach is very slowly being introduced into the clinical practice of maxillofacial surgery. Most of the problems of implementation are associated with the lack of clear criteria for assessing the dynamics of the purulent-inflammatory process and prognostic indicators of the course of the purulent-inflammatory process of the salivary glands.

Purpose of the study: Improvement of diagnostic methods and complex treatment of patients with acute inflammatory diseases of the salivary glands.

Upon admission to the department of maxillofacial surgery in this group of patients, it was revealed that the salivary gland is enlarged on one side, dense, painful, saliva is viscous with flakes or purulent. The number of white blood cells in the blood increased on average to 11.6+1.1 per 109 ($p<0.05$), the shift in the white blood cell formula to the left was not observed, segmental white blood cells prevailed, the average ESR was in the range of 34.3+1.7 mm per hour ($p<0.05$), the number of platelets at the beginning of the disease was within the normal range - 271+12 per 109 ($p<0.05$). When performing complex treatment for 5 days, the dynamics of recovery of patients was positive – the number of white blood cells decreased to normal-8.0+1.7 per 109 ($p<0.05$), ESR decreased to 25+4.1 mm per hour ($p<0.05$), the number of platelets increased to 412+18 per 109 ($p<0.05$), which indicated the presence of regenerative capacity of the body. To achieve an increase in the indicators of local immune factors of the oral cavity with the help of the drug “Bakstims " in the complex treatment of patients with acute inflammatory diseases of the salivary glands. MSCT (multispiral computed tomography) - determination of the anatomical features of the excretory system of the salivary glands based on the methods of sialography and 3D X-ray imaging and creating the basis for choosing the optimal treatment methods. In our study, we determined that the hypoergic type of the course of the inflammatory reaction in acute purulent mumps is more common than the normergic and hyperergic types. As a rule, hypoergia is formed primarily, against the background of non-specific reactivity disorders, immunodeficiency states and age-related changes, which is confirmed by the anamnesis of hospitalized patients. In some cases, hypoergia can be secondary, as the outcome of hyperergia or normergia

when the non-specific reactivity of the body is depleted, under the toxic effect of antibiotics, toxins of microorganisms. The platelet dynamics were different for different types of reaction. Thus, in the hyperergic type of reaction, the number of platelets increased by 38.9+3.7%, in the normergic type-by 61.2+2.4%, in the hypoergic type-it was initially at the upper limit and did not change dynamically during recovery.

Conclusions: Inflammatory reaction in the patient. In hyperergic type of inflammatory reaction in patients with exacerbation of chronic sialoadenitis, a pronounced local inflammatory reaction (inflammatory infiltration of the gland with the risk of abscission, prolonged purulent exudation, pronounced general toxic reaction) allows switching to an oral antibiotic only on day 12-16 in order to achieve a stable remission by complete sanitation of the ductal system of the gland at the outpatient stage.