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Used off plazmapheresis in critical patients
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Introduces plasmapheresis treatments in 181 pacients critical patients, including. age 18 years 87 years person.Critical condition was associated with insult, severe sepsis, acute respiratory failure and other pathological state. There was used plasmapheresis with intermittent mode,in which a single dose of purified blood did not exceed 500.0 ml.All the patients with one or two sense plasmapheresis a day, by 6-7 days. We will have to be considered against plasmaperezis blood circulation failure, bleeding disorders hemocoagulacions, anemia and leucopenia.

Key words: Plasmaperesis, Hemorrhagic, Anemia, Endogenous toxemia.

Introduction: It is known that endogenous toxemia syndrome is always associated with critical conditions. (Z. Khelladze, 2007).These toxins are equipped with blood circulation, breathing and other vital functions of the depression, which further aggravates the critical condition. The endogenous toxemia intensity degree is determined critical severity and the final solution. These toxins are different in nature and is in critical condition at the time they are as a catabolic and anabolic processes. Elution this tocsins out body will be positive results give us the critical patients in the treatment of the case (Z. Khellade, Zv.Kheladze at 20015).This labor The study deals with the problem and the direction of the one of the first survey.

Materials and Metods: The 18-year 86-year-old 181Critical patients status was associated with ischemic (41 cases) and hemorrhagic (36 cases)stroke, pneumonia due to acute respiratory failure (35 cases), severe sepsis (27 cases),exogenous toxemia (23 cases), politravms (15 cases) and other (5 cases) reasons. The main group of all this patient received the standard treatment, which included artificial respiration, water and electrolytes shift correction, enteral and parenteral nutrition, blood flow restoration means, antimicrobial therapy and underwent plasmapheresis sessions with all of them as well as other methods.. Plasmapheresis was used intermittent mode, in which a single dose of purified blood did not exceed 500.0 ml. Plasmapheresis to the patients entering the clinic in the first day of the two-day session of the form, procedure-related complications diuring 6-7 days, The Control group, which was composed of 179 patients received the standard treatment of adult identical critical conditions. am without plasmapheresis, the patients in both groups Monitoring supervision. Their respective X-ray, radiological, heamatolgical, biochemical, immunological, microbiological, toxicological and other standard reserch.The research conducted by "double blind" method and the control group patients was going to randomized methods.plazmaperezis studied mortality rates, number of bed-days have been treated and the treatment cost.

Results and Discussion: The main group of patients the hospital bed-days spent in 1246, an average of 6.6 + -1.2 bed- days.The control group patients spent in the hospital bed-days in 1368, an average of 7.6 + - 1, 1 bed-day. The difference between them was not statistically significant (P 0,05). Also was not statistically significant (P 0,05) the difference between these two groups of patients treated cost.. that the total cost of the treatment amounted to 653367.9 USD main group, while the control group - 684584.6 USD. The main group of bed-days Average + 524,4 -11,7 USD, while the control group --500,4 + 15,6 USD. As for mortality rates in the main group, he reached 22, 8%, while the control group - 27.6%, which is 4.8% of the difference in the form of a significant difference and make us optimistic look at plasmapheresis. In critical condition, in terms of the positive effects of plasmapheresis was particularly well pronounced in patients in critical condition were associated with exogenous toxsins, with severe sepsis and insultas. It should be noted that the procedure related complications did not occur, but plasmapheresis After graduating some patients had anemia and hemoboagulacions violations to enhance, as well as a few cases observed thrombocytopenia the of leukocytopenia. The negative manifestations of plasmapheresis easily corrected through appropriate therapy.

Conclusion: critical patients in the standard treatment significantly reduced mortality rate of inclusion of plasmapheresis in the complex standart methods of treatment, which is in favor of the feasibility of such therapy is indicated.

References:
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პლაზმაფერეზის გამოყენება კრიტიკულ პაციენტებში

პლაზმაფერეზი ჩატარებული აქვს 18 წლიდან 87 წლამდე ასაკის 117 კრიტიკულ ავადმყოფს. კრიტიკული მდგომარეობა ასოცირებული იყო ინსულტებთან,მძიმე სეფსისთან,სუნთქვის მწვავე უკმარისობასთან და სხვა მიზეზებთან. გამოყენებული იყო პლაზმაფერეზის წყვეტილი რეჟიმი,რომლის დროსაც ერთჯერადად გაწმენდილი სისხლის რაოდენობა არ აღემატებოდა 500,0მლ. პლაზმაფერეზი ამ ავადმყოფებს უტარდებოდათ დღეში ერთი-ორი სეანსის სახით, 6-7 დღის განმავლობაში. პლაზმაფერეზის წინააღმდეგჩვენებად უნდა ჩაითვალოს სისხლისმიმოქცევის მწვავე უკმარისობა, სისხლდენა, ჰემოკოაგულაციის მკვეთრი დარღვევები და ანემია.