

9. Інтоксикаційний синдром в практиці лікаря внутрішньої медицини: роль і місце Реосорбілакту. Галушко О.А., Недашківський С.М., Національна медична академія післядипломної освіти імені П.Л. Шупика, м. Київ, Україна

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## THE MOST COMMON EMERGENCIES IN MODERN CLINICAL MEDICINE

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It is known that the diagnosis and treatment of emergencies for the doctor is always a complex and important problem. The physician should always use every opportunity to quickly establish the correct diagnosis and prescribe adequate treatment, but of particular importance is the ability to form tactics of rational management of the patient when he is on the verge of life and death [1-10].

**The purpose of the study:** to analyze the most common emergencies in the practice of the doctor.

**Materials and methods.** The data of the Global Scientific Metric Medical Databases were studied.

**Results and discussion.** The results of the analysis revealed the following emergencies, which occur with high frequency in medical practice.

Angina pectoris is a necrotic episode of local myocardial ischemia. In the classic version – these are attacks of squeezing pain localized behind the sternum, less often in the heart, giving in the left shoulder, left arm, left half of the face and neck. The pain passes 1-2 minutes after taking nitroglycerin.

The most common and sometimes the only symptom of angina is pain in the left half of the chest or behind the sternum. Differential diagnosis at the outpatient stage is mainly reduced to the analysis of such pain. Detailed analysis of these sensations make it possible to correctly diagnose in 60-70% of cases, without using complex instrumental diagnostic methods.

Acute coronary syndrome is a group of symptoms and signs that suggest an acute myocardial infarction or unstable angina.

Unstable angina is accompanied by an increased risk of acute myocardial infarction, which develops in the next 1-2 weeks in 5-10-20% of patients. 11% – suffer from an acute myocardial infarction during the first year after the emergency. Hospital mortality – 1.5%; mortality within 1 year from the occurrence of the emergency – 8-9%. The five-year mortality rate among patients who have experienced an emergency is more than 30%.

Myocardial infarction – ischemic coronary necrosis of the myocardium, which occurs due to an acute mismatch between myocardial oxygen demand and its blood supply through the coronary arteries. Acute myocardial infarction is determined by clinical, electrocardiographic, biochemical, and pathomorphological characteristics. It is recognized that the term "acute myocardial infarction" reflects the death of cardiomyocytes caused by prolonged ischemia.

With myocardial infarction, the most appropriate period in its treatment is the first 2 hours after the development of acute coronary insufficiency. The main factor determining the prognosis in myocardial infarction is the size of the lesion, so therapy should be aimed primarily at interrupting or limiting necrosis. Therefore, the time factor is important – the earlier the start of therapy and achieved recanalization of the infarct-dependent coronary artery, the higher the effectiveness of therapy, survival of patients.

Hypertensive crisis (HC) is a sudden significant increase in blood pressure from baseline (normal or elevated), which is almost always accompanied by the appearance or intensification of disorders of the target organs or the autonomic nervous system. Hypertensive crises, both complicated and uncomplicated, require immediate medical attention to prevent or limit damage to target organs.

Acute hypotension, or collapse – a clinical syndrome characterized by a rapid decrease in blood pressure below 100/60 mm Hg. Art. in men and 95/60 mm Hg. Art. in women with a pathological process that affects one or more key mechanisms of maintaining normal blood pressure (cardiac output, regulation of vascular tone and circulating blood volume). In this case, hypotension includes both a simultaneous decrease in the level of CAT and DBP, and a separate predominant decrease in one of them.

Exacerbation of bronchial asthma (BA) – episodes of progressive difficulty with shortness of breath, cough, wheezing, chest tightness, or a combination of these symptoms. Exacerbation is characterized by a decrease in expiratory airflow. These indicators of measurement are a more reliable indicator of the degree of airway restriction than clinical symptoms. However, the severity of symptoms may be a more sensitive indicator of the onset of exacerbations, as an increase in symptoms usually precedes a deterioration in peak expiratory rate. There is a small proportion of patients in whom there is a significant violation of functional parameters in the absence of significant deterioration of

clinical symptoms (this is typical for patients with a history of fatal asthma, more often in men).

Pulmonary artery thromboembolism is a blockage of the trunk or small branches of the pulmonary artery by thrombotic masses, which leads to hypertension of the small circulation and the development of a pulmonary heart, often decompensated.

Acute respiratory distress syndrome is a non-specific lung lesion that occurs in various pathological conditions of both pulmonary and extrapulmonary origin. It is characterized by the presence of bilateral infiltrative changes on the chest radiograph, as well as a progressive decrease in arterial blood oxygenation and an increase in lung density. An important condition – pathological changes can not be explained by the presence of heart failure.

**Conclusions.** Emergencies have always been and remain an extremely important problem of modern medicine, which requires further study and special attention of doctors of all specialties.

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**SENSITIVITY TO CEPHALOSPORINS OF OPPORTUNISTIC BACTERIA, EXCRETED IN PATIENTS WITH INFECTIOUS DISEASES OF UPPER AND LOWER RESPIRATORY TRACT**

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Antimicrobial resistance (AMR) is a growing problem in the 21<sup>st</sup> century and one of the most serious jeopardies to global public health. The number of resistant microbial strains, geographic areas affected by drug resistance, and the extent of resistance in each organism are escalating. Moreover, the