

Таблица 1. Длительность проведения ИВЛ у пострадавших первой и второй групп (часы)

Терапия	1-я группа	2-я группа
ИВЛ	186,89 ± 5,15	160,08 ± 0,83 p2 < 0,0001
ИВЛ + ПДКВ > 6 см вод.ст.	132,39 ± 6,43	79,55 ± 0,57 p2 < 0,0001
ИВЛ с FiO ₂ > 0,45	165,0 ± 4,95	140,30 ± 0,72 p2 < 0,0001

Примечание: p2 — достоверность различий в сравнении с показателями у пострадавших первой группы.

пни
31,70 %
1,35
6- 1,72
37,4 %
G
6- 24,5 %
G
36,0 % 6-
6- 74,2 %
6- 61,0 %
1,25
(. 1).
FiO₂ > 0,45.
+ 1,5 /
1,16 ;
> 6 ВОД.СТ. — 1,67 ;
FiO₂ > 0,45 — 1,17

Выводы

1.

2.

3.

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ІЗ ТЯЖКОЮ ПОЛІТРАВМОЮ

Л.В.

нозокоміальної

фагоцитуючих

нейтрофілоцитів, нейтрофілоцитів,

Т-лімфоцитів, Т-хелперів, імуноглобулінів

аміцил

персистення

нейтрофіліозу,

ШВЛ

їх

THE ROLE OF ANTIMICROBIAL THERAPY IN NOSOCOMIAL PNEUMONIA TREATMENT OF PATIENTS WITH PERMANENT MULTIPLE INJURIES

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Summary. The article is devoted to the problem of hospital-acquired pneumonia treatment of the patients with permanent multiple injuries. The development of nosocomial pneumonia is accompanied by significant imbalance in immune response: increase of leukocytosis, neutrophils, decrease of phagocytic neutrophilocytes, phagocytes, phagocytic blood capacity, completeness of phagocytosis, lymphopenia, decrease of T-cells, particularly T-helpers, constantly low levels of B-cells, low levels of main antibodies. The appropriate antimicrobial therapy with such agents as ceftum and amiculum while the nosocomial pneumonia development allows to prevent the persistation of neutrophilie, to maintain the enough number of phagocytic neutrophilocytes, to decrease the phagocytic blood capacity, to increase the indexes of phagocytosis completeness, to prevent lowering of lymphopenia, T-cells, particular T-helpers, pressuring of B-cells proliferation, to support the enough production of main antibodies. The appropriate antimicrobial therapy while the nosocomial pneumonia development allows to reduce the duration of artificial ventilation in multiply-injured patients and their staying in intensive care units.

Key words: nosocomial pneumonia, antimicrobial therapy, immunity, permanent injury.