



LEARN CLINICAL EFFICIENCY OF THE DRUG "DERMOBACTER" AT SICK TRUE ECZEMA

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Abstract: Study clinical efficiency drug " Dermobacter " at sick true eczema. U sick eczema on next day after beginning treatments solution Dermobacter , V foci defeats it began vysikh a - nie weeping foci defeats, on place microvesicles were formed se-pink And purulent crusts, was decreasing itching And burning. U 70 sick V average through 2.4 ± 0.4 days stopped appearance microbubbles And it began healing hearth defeats. Strong itching decreased after applications antihistamine -go drug. Regression inflammatory phenomena was getting stronger, And time recovered - nia at 112 sick shortened. The drug " Dermobacter " turned out to be effective drug For local applications V treatment true eczema, He fast dries out mok-weary hearth defeats, Not paints skin And convenient V application. But prep a -rat Not it works on itching V hearth defeats And This is his weak side.

Key words: Dermobacter , eczema

Introduction: Eczema (ancient Greek . ἔκζεμα — a rash on the skin, from ἐκζέω — I boil) — an acute or chronic (recurrent) non-infectious disease skin , caused by severe inflammation predominantly of the papillary layer of the dermis and focal spongiosis of the spinous epidermis , manifested by polymorphic itching rash . Genetic and various external (mechanical, chemical , thermal , etc.) and internal (liver, kidney, gastrointestinal, endocrine, nervous system, etc.) factors contribute to the development of eczema. According to etiology (i.e. depending on

the cause), localization (location) and nature of skin manifestations, several forms of eczema are distinguished.

At different stages of the development of the doctrine of eczema, the primary importance in the etiology and pathogenesis of the disease was given to the nervous system, endocrine-metabolic disorders, infectious-allergic factors, genetic burden and immune deficiency. Since the decisive importance of certain endogenous and exogenous influences remains controversial, and more often they act in complex relationships, it is customary to consider eczema a polyetiological disease. At present, allergic processes are interpreted as a pathological immune reaction accompanied by damage and inflammation of body tissues, therefore, in the pathogenesis of the eczematous process, the main importance is given to various immune shifts. It has been established that patients with eczema have pronounced dysgammaglobulinemia (excess IgG , IgE and deficiency of IgM), a reduced number of functionally active T-lymphocytes , a reduced total number of T-cells, a changed ratio of helper and suppressor subpopulations , due to which the number of B-lymphocytes is increased. The most pronounced immunopathology was detected in patients who were carriers of isoantigens A , M, N and Rh D+. Weakness of the immune system in the presence of infectious antigenic stimuli is manifested by the persistence of microbial and bacterial antigens with the formation of chronic recurrent inflammation in the epidermis and dermis. In this case, pathological circulating immune complexes arise, damaging their own microstructures with the formation of a series of autoantigens , initiating the formation of autoaggressive antibodies.

Target research. Learn clinical efficiency drug " Dermobacter " at sick true eczema.

Materials and methods. We observed 112 patients (66 men and 46 women) aged 17 to 55 years. All patients had di a - purulent true eczema. In patients, lesions were observed symmetrically located multiple inflammatory spots, fuzzy border, on

the surface of which papules and microvesicles with pro- clear or cloudy fluid, erosion, weeping , in some places noted - crusts and peeling began to form. Patients were bothered by severe itching and burning V areas of pathological hearth.

The patients received standard treatment, and as part of the complex therapy - pii was used cooled solution Dermobacteria V breeding 1:2 (For once-management was used distilled water). Preparation consists of from 50% solution - ra benzalkonium chloride (985 mg), which corresponds to benzalkonium chloride 500 mg, solution chlorhexidine digluconate (1065 mg), What corresponds chlorhex - sidina digluconate 200 mg. Solution was used 5-8 once V day, V view wetdressings for 1-3 days. Locally, the lesions were treated with a solution of - rum " Dermobacter ", in view lotions.

Results research. U sick eczema on next day after beginning treatments solution Dermobacter , V foci defeats it began vysikh a - nie weeping foci defeats, on place microvesicles were formed se-pink And purulent crusts, was decreasing itching And burning. U 70 sick V average through 2.4 ± 0.4 days stopped appearance microbubbles And it began healing hearth defeats. Strong itching decreased after applications antihistamine -go drug. Regression inflammatory phenomena was getting stronger, And time recovered - nia at 112 sick was shortened. U all sick true eczema in time And after applications " Dermobacter " on skin Not were observed side effects phenomena.

All subjects, regardless of age, gender, or racial/ethnic group, with dermatological diseases or systemic diseases with cutaneous manifestations.

Patients included in this protocol will be evaluated and treated according to generally available standard procedures and therapeutic methods. Blood and skin samples will be examined using routine and specialized investigations to establish the diagnosis of these patients, response to treatment, and/or disease progression. Non-invasive tools may be used as part of the examination and assessment of cutaneous manifestations of the disease.

Conclusion. Preparation " Dermobacter " turned out to be effective drug For local applications V treatment true eczema, He fast dries out mok-weary hearth defeats, Not paints skin And convenient V application. But prep a -rat Not it works on itching V hearth defeats And This is his weak side.

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