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g: JOLALARDA SEPSIS TERAPIYASINING ZAMONAVIY TA’RIFLARI VA PRINTSIPLARI
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4 Toshkent pediatriya tibbiyot instituti

Sepsis - bu organizmning infeksiyaga
^fatobiologik reaksiyasini turlicha ko'rsatishi
mumkin bo'lgan va o'limga olib keladigan
soqibatlarga olib keladigan turli xil xavflarni, shu
;umladan yoshga bog'liq xavflarni keltirib
chiqaradigan kasalliklarning kombinatsiyasi bo'lgan
holat.
So'nggi yillargacha bolalar sepsisi,

[2-4]. Oldingi tadqiqotlar shuni ko'rsatdiki,
tizimli yallig'lanish reaksiyasi sindromi mezonlari
febril isitma bilan yotqizilgan bolalarning 90
foizida uchraydi, ulardan faqat 5 foizi reanimatsiya
bo'limiga o'tkazishni talab qiladi va 81,8 foizida
ikkitadan ortiq mezon kuzatiladi [5-6].
Biroq, Sepsis-3 konsensusidagi sepsis
mezonlari faqat kattalar aholisi uchun tavsiya
etiladi, ayniqsa, SOFA shkalasi pediatrik yosh

bo'lgan infeksiya sifatida ta'riflangan [1]. Biroq,
kattalar va bolalarda o'tkazilgan ko'plab tadqiqotlar
ushbu yondashuvning o'ziga xosligini Sa tizimli
yallig'lanish reaksiyasi sindromini kam
uchraydigan kompensatsion xususiyatini ko'rsatdi.
Shu sababli, uning eng so'nggi ta'rifi ^Sepsis-3)
sepsisning asoratlanmagan infeksiyadan
makroorganizmning infeksiyaga reaksiyasining
disregulyatsiyasi tufayli hayot uchun xavfli a'zolar
disfunktsiyasi mavjudligi ilan farqlanishini
ta'kidlaydi. Organik mezonlari,
^b disfunktsiyaning paydo bo'lish
girfeksiya tufayli SOFA
ko'rsatkichining 2 ball
yoki undan ko'pga ortishi septik jarayon
^□oshlanishining mezoni ekanligi taklif qilingan.
Sepsis-3 konsensusining asosiy
tamoyillaridan biri sepsisni yuqumli bo'lmagan
kasalliklar va bemorning hayoti uchun xavfli
bo'lmagan infeksiyalardan farqlash bilan bog'liq

guruhi uchun ishlab chiqilmagan yoki
moslashtirilmagan. Shu bilan birga, sepsisga
qarshi kurashning asosiy masalalaridan biri eng
erta tan olinishi, ya'ni infeksiyani va organik
disfunktsiyaning muhim belgilarini aniqlashdir[7].
Ideal holda, bolalarda sepsis va septik shokni
klinik belgilar bilan aniqlash kerak: gipo- yoki
gipertermiya, ruhiy holatning o'zgarishi,
kapillyarlarning to'lishi, ammo bu belgilar tizimli
yallig'lanish reaksiyasi sindromi kabi o'ziga xos
emas.
Afsuski, hozirgi vaqtda organlar
disfunktsiyasini baholay olish va sepsisni aniqlash
mezonlari aholi daromadlari va sog'liqni saqlashga
investitsiyalari yuqori bo'lgan
mamlakatlardagi muassasalar bilan cheklangan.
Shu bilan birga, sepsisning aksariyat holatlari past
va o'rta daromadli odamlarda uchraydi. [7,8,9].

1-jadval

PELOD 2 ballari							
Disfunktsiya	Ballar						
	0	1	2	3	4	5	6
Nevrologik							
Glasgov Koma jadvali *	> 11	5-10			3-4		
Qorachiq reaksiyasi	Ikkalasi ham reaksiyaga kirishadi						
Yurak-qon tomir							
Qonda laktat miqdori (mmol/l)		<5,0	5,0-10,9			>11,0	
O'rtacha qon bosimi (mm Hg) (oylar							
0-<1	> 46		31-45	17-30			< 16
1-11	> 55		39-54	25-38			< 24
12-23	> 60		44-59	31-43			< 30



Посвящается к 100-летию со дня рождения профессора Карима Сулеймановича Сулейманова

aniqlashda, protokol [13] 1 soat ichida tomir ichiga suyuqlik yuborishni ta'minlash, infuzion terapiyani boshlash, antibiotiklarni yuborish (bundan oldin mikrobiologik tekshirish uchun namunalar olinishi kerak) va kerak bo'lganda vazoaktiv vositalarni qo'llashni tavsiya qiladi. Umumiy qabul qilingan yoki mahalliy protokollarga rioya qilish tavsiya etiladi, ularga amal qilish bolalarda terapiya natijalarini yaxshilashga olib keladi [14,15]. Bundan tashqari, bolalarda sepsisni erta tashxislash va davolash bo'yicha tavsiyalar tamoyillariga rioya qilish intensiv terapiya samaradorligini oshirishi va o'limni 2 baravardan ko'proq kamaytirishga olib keladi [16,17].

2-jadval

pSOFA reytingi

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144-216 oy	> 67	<67	dozada	kg-1 • min-1	
> 216 oy.	> 70	<70			
Buyrak, kreatinin (mg/dL)					
0- < 1 oy.	<0,8	0,8-0,9	1,0-1,1	1,2-1,5	> 1,6
1-11 oy	<0,3	0,3-0,4	0,5-0,7	0,8-1,1	> 1,2
12-23 oy.	<0,4	0,4-0,5	0,6-1,0	1,1-1,4	> 1,5
24-59 oy	<0,6	0,6-0,8	0,9-1,5	1,6-2,2	> 2,3
60-143 oy	< 0,7	0,7-1,0	1,1-1,7	1,8-2,5	> 2,6
144-216 oy	<1,0	1,0-1,6	1,7-2,8	2,9-4,1	> 4,2
i > 216 oy.	<1,2	1,2-1,9	2,0-3,4	3,5-4,9	> 5,
Gematologik					
Trombotsitlar /10 ⁷ .l	> 150	100-149	50-99	20-49	<
Buyrak					
Bilirubin (mg/dL)	<1,2	1,2-1,9	2,0-5,9	6,0-11,9	2
Nevrologik					
Glasgov Koma jadvali	15	13-14	10-12	6-9	6

X.

3-jadval

Bolalarda sensisni tavsiflovchi maviud va taklif olingan atamalar

Ta’rif	IPCSS 2005 [14]	Pediatrik sepsis
Yondashuv	Mutaxassis konsensus tizimli yallig'lanish	Ekspert konsensus
Klinik mezonlar	reaktsiyasi sindromi Og'ir sepsis Septik shok	Sepsis Septik shok
Klinik mezonlarning ta'riflari		
S sepsis	Tizimli yallig’lanish reaktsiyasi sindromi , infektsiyaga bog’liq	INFEKTSION reaktsiyasining disregulyatsiyasi natijasida yuzaga kelgan hayot uchun xavfli organ disfunktsiyasi
Og’ir sepsis	Yurak-qon tomir disfunktsiyasi yoki ikki va undan ortiq boshqa tizimlarning disfunktsiyasi bilan kechuvchi sepsis	Yo’q
Septik shok	Yurak-qon tomir disfunktsiyasi bilan kechuvchi sepsis	Yurak-qon tomir va metabolik kasalliklar o'limning oshishi bilan bog'liq bo'lgan sepsisning o'zgarishi
infektsiyaga oid qo’shimcha klinik mezonlar		
Sepsis	> SIRS mezonlarining 2 tasi	O'lim xavfi haqida ma’lumot berish uchun amal qiladigan oson o'lchanadigan klinik o'zgarishlar kombinatsiyasi (pSOFA yoki PELOD-2 shkalasi)
Og’ir sepsis	Yurak-qon tomir disfunktsiyasi yoki ikki va undan ortiq boshqa tizimlarning disfunktsiyasi	Yo’q
Septik shok	Yurak-qon tomir disfunktsiyasi	Vazopressor qo'llab-quvvatlashni talab qiladigan perfuziya yoki gipotenziya bilan sepsis ± Giperlaktatemiya

Agar qon aylanishi 20 ml/kg ni uchta bolusdan keyin tiklanmasa, vazopressorni qo'llab-quvvatlash kerak. Kristalloidlar orasida muvozanatli kristalloidlar shubhasiz ustunlikka ega [23,24,25]. Sepsis albumin eritmalaridagi kolloidlar

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Ko'zlarning ochilishi	1 yoshdan katta		1 yoshdan kichik	
	4	O'z-o'zidan		
	3	Nutq buyrug'i bo'yicha		
	2	og'riq	O'z-o'zidan	
	1	Reaksiya yo'q	Nutq buyrug'i bo'yicha og'riq reaksiya yo'q	
Eng yaxshi vosita javobi	6	Buyruqning bajarilishi	Og'riqning lokalizatsiyasi	Oddiy fleksiyon Patologik fleksion
	5	Og'riqning lokalizatsiyasi	(desertifikatsiyaning qattiqligi)	
	4	Fleksion - orqaga tortish	Fleksion (kesuvchi qattiqlik)	
	3	Patologik fleksion	Javob yo'q	
	2	(detserebral qattiqlik)		
	1	Flexion (kesuvchi qattiqlik) Javob yo'q		
	5 yoshdan katta		2-5 yosh	0-23 oy
Eng yaxshi nutqiy javob	5	Yo'naltiriladigan va aloqa	Yoshga mos nutq ishlab chiqarish	Gugulash, jilmayish yoki
	4	qilish mumkin		noroziilik
	3	Muvofiq bo'lmagan nutq		ko'rsatish
	2	chalkashligi		
	1	Rag'batlantirishga javoban	Noto'g'ri nutq chalkashligi qichqiriq	Epizodik yig'lash,
		yoki o'z-o'zidan individual	va / yoki yig'lash	yig'lash Doimiy
		so'zlar Rag'batlantirishga		yig'lash yoki yig'lash
		javoban yoki o'z-o'zidan		
		paydo bo'ladigan	Nola	Nola
		tushunarsiz tovushlar Javob		
		yo'q		



Sepsisi bo'lgan bolalarda buyrak usti ezlari yetishmovchiligining minimal belgilari o'lmasa, steroidlarni qo'llamaslik tavsiya etiladi. Katekolamin rezistentligi bo'lgan va buyrak usti bezlari yetishmovchiligiga shubha bo'lgan bolalarda suvda eruvchan gidrokortizon bilan 1-2 mg kg-1 kun-1 bolus dozasida yoki doimiy infuziya sifatida terapiya qo'llanilishi mumkin [31,32].

Xulosa

Bolalar va yangi tug'ilgan chaqaloqlarda sepsisni imkon qadar erta aniqlash muhimdir. Hozirgi vaqtda bu maqsadda pSOFA yoki PELOD-2 dan foydalanish mumkin. Intensiv terapiya antibakterial preparatlarni erta va oqilona qo'llashga asoslangan, gemodinamik monitoring bilan infuzion terapiya, agar vazopressorlar ko'rsatilsa, ularni imkon qadar erta boshlash kerak.

Adabiyotlar

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