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VASCULAR ENDOTHELIAL MULTICATTOCHLAP IN PATIENTS WITH PURULENT-NECROTIC COMPLICATIONS OF DIABETIC HEEL SYNDROME

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ABSTRACT

This article covers the prevalence of diabetes mellitus, the epidemic scale of diabetic heel syndrome, a significant increase in the number of patients, an increase in the life expectancy of patients with diabetes due to the creation of effective means and methods of treatment, an increase in the number of late complications of the disease, problems of patient disability, optimal methods of treatment.

Keywords

Kandli diabetes, diabetic retinopathy, polyneuroangiopathy, nephropathy, hyperglycemia, atherosclerosis.

With an emphasis on the importance of immunipatological mechanisms in the mechanisms of formation of diabetic angiopathy and antimicrobial immune depression as the basis for the development of purulent-necrotic complications of diabetic heel syndrome, many researchers believe that it is advisable to use means of influencing the body's immune system in the early stages of the development of the disease.

In the case of diabetic heel syndrome, the use of drug drugs in order to correct the existing lack of secondary immunity often does not give the expected effect. These cases require an in-depth study of the specifics of immune status in patients with purulent-necrotic complications of diabetic heel syndrome, as well as an assessment of the effectiveness of surgical procedure methods aimed at eliminating the activation of immune-related processes of tissue ischemia reparation.

The pathogenesis of clinical immynology with etiology kacalliklap tyshynish ychyn in typley Hill has become of great importance. Knowledge of the pathogenesis of cacali provides the EPTA carriers and timely davoci of ECA y, surpassing medical, social and economic camapadop. Due to infectious disease, Hap Bip has kissed the aspect of vascular endothelial indicators in patients with nosological biplic myhimdip.

Patients with purulent-necrotic complications of diabetic heel syndrome in bygyngi Kyn have been diagnosed with opganism hypocypical immynity in typed

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nosological bipliclap and cifatium multicatkichlapiga tacipi, ylap reciprocalap dapajaci etapli, kissed and xycycyatlapi, but patients have been diagnosed with vascular endothelial indications and tsitokinlap concentrate dapajalapi oxipi is not detected and is kyting its own solution.

During our study, we maccagged the detection and evaluation of papametplap and tsitokin ctatycin of vascular endothelial indicators in ychyn, yshby kacalic discolored patient, who kissed the importance of diabetic heel syndrome in clinical immynology in the course of purulent-necrotic processes and the determination of yakyni ictigbol.

Bemoplap serum of purulent-necrotic processes of ychyn diabetic heel syndrome of by was taken (18-69 years old) and the assessment of papametplap and cytokin ctatyci of vascular endothelium indicators in yn was excluded.

A study of the results of Thep comparative analysis of Ocon be ychyn dactlabki bocqich has been shown to be working with ymymiy multcatkichlapi nasopat gypyhi of patients with purulent-necrotic complications of diabetic heel syndrome. The result obtained showed that bapcha kissed bemoplap vascular endothelial indicators were found to be in the patient Serum Concentrate kyzatyv gypyhlap and nasopat gypyhiga nicbatan aminapli dapaja, and celtipated in the table 4.1 multiple.

Patients with purulent-necrotic complications of xycycan, ET-1, pg/ml mukkopu diabetic heel syndrome were found to have an infection in dapaja with nicbatan 0.32 mapta in gypyhi nasopat kopcatkichlapi – 8.22±1.04 pg/ml Ra cap in moc pavish-2.24±0.08 pg/ml (p0,05). Arap ET-1 bapcha is 10% of vascular endothelial multicatkichlap, ynga qapshi bipamchi and secondary immyn response appetizing, acocyanin olcak to hicob, ylap quantifiably optizing mymkin. The presence of ET-1 in the patient's serum to a lot of muckop ensures that there is a lot of muckopu developing on the surface of the mucous membrane. Ushby ET-1 is the activation of the vascular endothelium multicatkichlap, the local immynitet factorlap from shy jymla.

Patients with purulent-necrotic complications of diabetic heel syndrome in the study kyzatid increased in blood zapdob NO, mkmol/L concentrate also in kyzatyv gypyhlapi – 16.32±1.12 mkmol/L ra at MOC pavish 35.02±0.09 mkmol/l (0.15 maptaga, p0,05). Arap no, mkmol/L is developing the bipinch of the vascular endothelium multicatkichlap into opacu into a foreign agentlap that has been tyched into the blood hicobga olcak, yshby confirmed that the infection has recently begun to coagulate in the sign cifatida of the vascular endothelium multicatkichlap mymkin.

During the study, VEGF-A, pg/ml vascular endothelium provides acocan secondary immyn response with 75% of multicatkichlap and is being developed

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after VEGF-A, pg/ml, shy cababli, yshby vascular endothelium ylkandip in defining the lung infective japayon yakyni ictiqbol of multicatkichlap. Our fikpima VEGF-A, pg/ml fapped on the nasopat gypyhi papametplapi with an excess of nicbatan 0.80 mapta in a convincing pavish (p0,05) of patients with purulent-necrotic complications of diabetic heel syndrome - moc fapped on the pavish 1042.25±5 pg/ml Ra cap of 225.02±0.21 pg/ml.

In the course of our study, the patient should provide an individual imyn response of opganism to an antigen (excitatory) that is TGF-β, pg/mL in inconlap without fapq from another vascular endothelium multicatkichlap, opganism to an antigen (excitatory), małym to have biological activity (allegia) participation in a bipamatory and secondary immyn response such as other vascular endothelium multicatkichlap, ychpashi to low muckop in (0.4% of bapcha vascular endothelium multicatkichlap) is icbotched with tavciflation. Considering that most hollap also contains TGF-β, pg/mL, the Clinico-labopatop tekshipishlap acocuga was also incopulated with another infective bop in opganism.

The resulting result found that bemoplap blood zapdob contains TGF-β, pg/ml mukkopu nasopat gypyhi papamaetplapi with nicbatan 6.94 mapta - moc pavish has 192.78±2.5 pg/ml Ra qapshi 85.65±1.05 pg/ml (p0,01). Shynday, patients with purulent-necrotic complications of diabetic heel syndrome patients with serum acocyte vascular endothelium multicatkichlapi concentrate nasopate hypyhiga mancyb, Anamnesis yshby pathology unspecified healthy humanlap papametplap with infection of nicpalib typdi, ET-1 0.32 mapta (p0,005) during the study, no 0.15 mapta (P0,05), VEGF-A increased to 0.80 mapta (P0,01), and TGF-β to 6.94 mapta (P0, 05). The abundance of ET-1, no, VEGF-A, and TGF-β to the infectious agent was explained by the kychay of nicbatan ymymium local vascular endothelial multicatkichlapi activity kychayishi bipamchi and secondary immyn response.

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