

**THE IMPORTANCE OF PHYSICAL FACTORS IN THE TREATMENT OF
PATIENTS WITH MICROBIAL ECZEMA**

Nasritdinova Nargiz Bahadyrovna

Department of Dermatovenerology,

Andijan State Medical Institute, Uzbekistan

Abstract. In the review of literature devoted to physiotherapy of microbial eczema, the issues of influence of various physical factors on clinical manifestations and course of this dermatosis are discussed. Information is presented on new possibilities of treatment of patients with microbial eczema using visible and infrared radiation filtered through water.

Keywords: microbial eczema, physical factors, therapy, visible and infrared radiation filtered through water.

INTRODUCTION

Eczema is a common, often acute, less often chronic recurrent allergic skin disease, characterized by polymorphism of morphological elements of the rash, severe itching, acute inflammatory reaction caused by serous inflammation of the skin [1]. Eczema is the most common dermatological symptom complex, accounting for up to 30% of all skin pathology. It develops as a result of the complex effect of metabolic, neuroendocrine, infectious-allergic, vegetative-vascular and hereditary factors. The development of this disease is accompanied by changes in the central nervous system, imbalance between the sympathetic and parasympathetic divisions of the autonomic nervous system, changes in the functional receptor apparatus of the skin, various disorders in tissue trophism and metabolic processes. In recent years, the role of the immune system in the pathogenesis of this dermatosis has been actively studied. Immunological shifts are characteristic mainly of the cellular link of immunity [2]. A relative deficiency of the immune system in patients with eczema has been identified due to a decrease in the functional activity of T-lymphocytes and an increase in the number of B-lymphocytes synthesizing immunoglobulins, which leads to a violation of the ratio of this class of proteins in the blood [3].

MATERIALS AND METHODS

Currently, there is no single classification of eczema. A distinction is made between true, microbial, childhood, professional and seborrheic. Each of them can be acute, subacute or chronic with phases of exacerbation and remission. Microbial eczema is a chronic recurrent dermatosis characterized by evolutionary polymorphism of rash elements, itching, oozing and a specific allergic reaction of sensitized skin to the decay products of microorganisms and their toxins, developing against the background of a long-standing pyogenic focus with a violation of the most important regulatory systems of the body [4]. Microbial eczema is clinically manifested by asymmetric lesions covered with purulent-serous crusts, which, when removed, reveal a weeping eroded surface. Separate pustules and purulent crusts are formed along the periphery. Microbial eczema includes nummular, paratraumatic, mycotic, varicose and nipple eczema. Nummular eczema manifests itself as symmetrical rounded

lesions with clear boundaries. Intertriginous eczema is characterized by lesions in the folds of the skin, accompanied by maceration. Paratraumatic and mycotic eczema develop against the background of traumatic and mycotic skin lesions. Varicose eczema develops against the background of varicose veins of the leg and trophic ulcers. Nipple eczema often develops after trauma during feeding or as a result of complications of scabies [2].

RESULTS AND DISCUSSION

Treatment of eczema is complex, strictly individual, taking into account the nature of skin lesions. In the acute stage of eczema, hyposensitizing agents and antihistamines are recommended; with widespread process, severe inflammation and exudation, systemic glucocorticosteroids are used. Sedatives are used to normalize the functional activity of the nervous system. In order to correct the functional state of the gastrointestinal tract, enzyme preparations, enterosorbents are used; taking into account the sensitivity of the flora, antibacterial drugs are included in the complex of therapeutic measures. Local treatment is carried out depending on the stage and severity of the inflammatory process. External agents with antipruritic, anti-inflammatory, keratolytic, disinfectant and antiexudative action are used. Physiotherapeutic procedures are prescribed in combination with general treatment, drug electrophoresis, ultrasound therapy and ultraphonophoresis, UHF electric field on lesions and reflexogenic zones, local darsonvalization, inductothermy on the adrenal glands, laser therapy, ozone therapy and phototherapy are used. Drug electrophoresis is a combined effect on the body of direct electric current and a medicinal substance introduced with the help of this current [4]. In the mechanism of this method, the summation of the biological effect of direct current and the specific properties of the medicinal substance is important. Direct electric current not only has significant features of the introduction of drugs, but also affects pharmacokinetics and pharmacodynamics. Drug electrophoresis is characterized by the following features: the therapeutic effects of most of the drugs being introduced are potentiated and realized at fairly low concentrations; Significant concentrations of the drug are created directly in the affected area.

Electrophoresis is much less likely to cause allergic reactions and there are no side effects from oral and parenteral administration of drugs [2].

Ultrasound therapy is the use of ultrasound for therapeutic purposes. The mechanism of the physiological action of ultrasound is due to the mechanical, thermal and physicochemical effect. Ultrasound has a pronounced anti-inflammatory, analgesic, antipruritic, hyposensitizing, antiallergic and vasodilating effect, improves local blood circulation, normalizes vascular tone, activates the mechanisms of non-specific resistance and immunological reactivity of the body. Ultraphonophoresis is a treatment method in which the body is exposed to ultrasonic vibrations and drugs administered with their help [4].

CONCLUSION

Thus, at present, there is a wide range of options for the treatment of microbial eczema, including the use of various physical factors. The thermal and non-thermal effects of wIRA determine the use of this method of treatment for microbial eczema as pathogenetically justified.

REFERENCES

1. Dermatovenereology: Clinical guidelines of the Russian society of dermatovenerologists / ed. A. A. Kubanova. Moscow: DEKS-Press, 2010; 428 p.
2. Dermatology and venereology: a tutorial / ed. A. L. Bakulev. Saratov: Publishing house of the Saratov Medical University, 2015; 324 p.
3. Potekaev N. S. Eczema: remarks on modern concepts. Clinical dermatology and venereology 2019; (1): 67–73.
4. Bakulev A. L., Kravchenya S. S., Murashkin N. N. et al. Microbial eczema: new possibilities of combined topical therapy. Bulletin of dermatology and venereology 2011; (6): 98–104