

**SOME ASPECTS OF MODERN PHARMACOTHERAPY OF MICROBIAL
ECZEMA**

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Abstract: Eczema is an acute or chronic recurrent disease characterized by an inflammatory reaction formed under the influence of exogenous or endogenous factors, polymorphism of rash elements, and severe itching. The problem of eczema is currently becoming more and more urgent. In the structure of the incidence of chronic dermatoses, eczema accounts for up to 40% of all skin diseases. The incidence of eczema occurs in all age groups and often accompanies occupational diseases. The incidence of eczema is higher among women than among men.

Keywords: Eczema, dermatoses, method, treatment, diagnosis.

INTRODUCTION

About 1/3 of all cases of eczema are microbial eczema. In recent years, microbial eczema has acquired a tendency toward a more severe course with frequent, prolonged relapses, a significant spread of the pathological process, and is characterized by resistance to generally accepted treatment methods [1].

According to modern concepts, sensitization to microbial antigens against the background of changes in the immune system plays an important role in the mechanism of development of microbial eczema. Microbial allergens have quite pronounced antigenic activity, which leads to sensitization of the body. Normally, the microbial flora of the skin is non-pathogenic and participates in bacterial protection of the skin due to the suppression of pathogenic strains by non-pathogenic ones. Normal skin microflora includes resident (*Staphylococcus epidermidis*, *Staphylococcus aureus*, *Micrococcus* spp., *Sarcina* spp., coryneform bacteria, *Propionibacterium* spp.) and transient, represented by opportunistic and pathogenic microorganisms.

MAIN PART

A significant portion of microorganisms die under the influence of the bactericidal environment of the skin (acid reaction, fatty acids of sebum, lysozyme) and do not penetrate the intact skin barrier [2]. Due to disruption of the protective function of the skin and changes in the quantity and quality of skin lipids, patients with eczema may develop a bacterial infection. Thus, the leading role in the occurrence of the disease against the background of a genetically determined hereditary predisposition is played by a change in the microbial landscape - the predominance of staphylococcal and streptococcal flora, as well as fungi of the genus *Candida* [3].

It is also necessary to pay attention to the fact that the underlying chronic disease contributes to a significant impairment of the barrier function of the skin. In 65.3% of patients with microbial eczema, there are foci of chronic infection, which contributes to the emergence and maintenance of microbial allergies. The most frequently detected: chronic adnexitis in 14.2% of patients, chronic pyelonephritis in 12.2%, chronic tonsillitis in 10.2%, chronic sinusitis in 9.2%, chronic bronchitis in 4.0%, chronic prostatitis in 3.0%, vulvovaginal candidiasis in 12.2% of patients [4].

According to various studies, when scrapings from skin lesions in patients with eczema, *S. aureus* is sown in 80% of cases, *S. haemolyticus* in 14%, and non-lipophilic yeast of the genus *Candida* in 40.7% [2].

The lesions in microbial eczema are most often located asymmetrically, at sites of skin injury and/or foci of pyoderma (infected wounds, trophic ulcers, fistulas, etc.). The rash can be localized on any part of the skin, but most often affects the skin of the lower extremities. Microbial eczema is characterized by the formation of inflammatory lesions of various sizes, sharply demarcated from healthy skin, with the presence of erythema, moderate infiltration, papules, vesicles, and erosions. In some cases, pustules, purulent, hemorrhagic or serous crusts may appear. The rash is accompanied by itching of varying degrees of intensity. Lesions tend to grow peripherally. Around them, screenings may appear on apparently healthy skin - individual small pustules or papules, erythematous scaly lesions. In some cases, they can transform into true eczema with the formation of a large number of rapidly opening microvesicles and point erosions with drip weeping.

Varieties of microbial eczema include coin-shaped (nummular or plaque), paratraumatic, varicose, sycosiform eczema and nipple eczema [3].

Coin-shaped eczema (nummular, plaque) is clinically manifested by rounded lesions with a diameter of 1–2 cm with clear boundaries. The presence of slight edema, erythema, oozing, and layers of serous-purulent crusts is typical. The rashes are usually located on the upper extremities; in some cases, the process can be widespread. This type of eczema is often associated with foci of chronic infection or parasitic diseases, and is prone to relapses and the development of resistance to therapy [1].

Paratraumatic (peri-wound) eczema develops in the area of postoperative scars, bone fractures, osteosynthesis, and places of improper application of plaster casts; characterized by the appearance of acute inflammatory erythema, exudative papules and/or pustules, and the formation of crusts. Superficial sclerosis of the skin and deposition of hemosiderin in tissues are possible.

Varicose eczema occurs against the background of varicose veins. The development of the disease is favored by injuries, skin maceration, and irrational external therapy of varicose ulcers. The lesions are localized on the lower extremities, mainly in the area of the lower third of the legs, often in close proximity to varicose ulcers and areas of skin sclerosis.

Sycosiform eczema develops against the background of sycosis, and the process extends beyond the area of hair growth, “serous wells”, weeping and itching are noted, and over time,

lichenification of the skin appears. The favorite localization of the process is the upper lip, chin, axillary area, and pubis.

CONCLUSION

Treatment of eczema must be carried out comprehensively, taking into account the form and stage of the disease, as well as the severity of the process, the condition of internal organs and systems. Complex therapy for eczema includes a combination of hyposensitizing and detoxification therapy, antibacterial and sedatives, drugs for correcting changes in the gastrointestinal tract and immune status. Antibacterial agents (local and systemic) are important as pathogenetic therapy for microbial eczema; their effectiveness increases taking into account the pathogen and the results of antibiotic sensitivity tests.

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