



FEATURES OF THE CLINICAL COURSE OF BURN SHOCK IN THE ELDERLY AND SENIORS

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Burn shock is a symptom complex, which is based on extensive thermal damage to the skin and surrounding tissues, leading to severe haemodynamic disorders with a predominant disruption of microcirculation and metabolic processes in the body of the burned.

Purpose of the study. To evaluate the peculiarities of clinical course of burn shock in elderly and old age.

Materials and methods of the study. To realise the aim and objectives of the study, data on a total of 522 burn injury victims were used.

Results of the study. The leading factors in the development of shock are the area and depth of skin lesions in victims.

When diagnosing and assessing the severity of burn shock we used the indicators of the total burn area, Frank index (FI) and the presence of thermoinhalation trauma. At the same time, clinical manifestations of burn shock were taken into account. Clinical symptoms of shock and severity of the course are determined by a set of signs. It should be noted that simultaneous skin lesions and TIT increase the severity of shock equivalent to 15-30 units. As our studies have shown, the development of shock in victims with concomitant diseases, in elderly and old people can occur with a smaller area of lesion (2-3% of the body surface) than in young victims and in the absence of concomitant pathology.

All our patients with burn shock had concomitant diseases of the cardiovascular system, IHD, hypertension. 13 patients had diabetes mellitus, 5 had various mental disorders, 7 were comorbid with chronic alcoholism. There were from 2 to 6 chronic diseases, pathological conditions and syndromes per patient, and their number increased with age.

Conclusions. Burn shock almost naturally accompanies deep burns with an area of more than 5% of the body surface. However, it should be emphasised that even with a relatively small area (1-5%) the development of shock in the elderly is observed in 30% of cases.