

and stabilization of glaucomatous process.

Conclusion

1. Conduct of the optic nerve electrostimulation in combination with drug Cortixin is pathogenetically substantiated treatment unstabilized OAG.
2. The use of electrical stimulation with neuroprotective therapy in compensated IOP allows for improvement of visual acuity in 96% of cases, the expansion of the visual fields in 98% of patients.
3. Six months after the complex treatment of patients there is stabilization of visual function in 87% of cases, while 13% of indicators have declined, this is due to decompensation of intraocular pressure and progression of glaucomatous neuropathy.
4. Our result of treatment is based on improving the conductivity of bioelectric activity of the optic nerve, stimulation of reparative processes.

Literature

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Table 1. Changes in visual function in patients studied.

| Examination | Before treatment | After treatment | After 6 months |
|------------------------|------------------|-----------------|----------------|
| visual acuity | 0,72±0,08 | 0,84±0,04** | 0,86±0,02** |
| total field of view of | 435±20,5 | 495±16,0*** | 495±20,4** |
| EL (Hz) | 28±2,6 | 37±3,2** | 35±2,4** |
| ECH (ICA) | 380±20,0 | 240±18,0** | 260±20,0*** |

*, **, ***- Differences were significant compared with the original data (P <0.05, P <0.01, P <0.001, respectively)

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THE DIAGNOSTICS OF COMMUNITY ACQUIRED PNEUMONIA IN PREHOSPITAL PERIOD

Krugliakova L.V., Naryshkina S.V., Sulima M.V.

Amur State Medical Academy, Blagoveshchensk, Russia

The present day duration of pneumonia is quite different from the classical duration of this disease and that's why it is difficult to diagnose pneumonia in prehospital period.

Aim. To improve the diagnostic of community acquired pneumonia (CAP) the "golden standart" suggested by the leading Russian pulmonologists (Chuchalin A.Y., Sinopalnikov A.I., Selvestrov V.P.) was used. This "standart" includes 5 symptoms: acute onset of the disease with fever; cough with sputum of purulent character; physical symptoms: the shortening of percuss sound and auscultative phenomena; laboratory markers: leucocytosis or leucopenia with neutrophil movement of leucocytes formula and rontgenological symptoms: infiltration of pulmonary tissue.

Materials and methods. The frequency of these symptoms was studied to astimate the diagnostic im-

portance of each named symptoms and the “golden standard”. At the same time the frequency of symptoms which were out of “golden standard” was also studied. 96 patient with the diagnose of CAP made to all of them on admission to the hospitale and which was then confirmed were the subject of the study. The age of patients varied from 16 to 92 years old. These were 57 men (59,4%) and women (40,6%). The patients with CAP were divided into three groups: the 1st group – 22 young persons (22,3%) at the age of 16 – 30 years old; the 2nd group – 45 perdon at mature age (46,9%) from 31 to 60 years ; the 3rd group – 29 middle aged and old persons (30,2%) elder then 61 years old.

Results of study. The most frequent symptom of CAP was the acute onset of the disease with the temperature reaction. This symptom was observed in patients at the age of 31 – 60 years and in 91,1% of cases; in young pations – in 86,4% of cases and in patients of the eldest age group – in 72,4% of cases.

On the contrary, the cough was more frequently observed in patients of the 3rd group (96,5%), in the patients of the 1st and 2nd groups the frequency of cough was no so different (90,9% and 84,4%). It is explained by the fact that chronic obstructive pulmonary disease as a rule accompanied the community aquired pneumonia more often in elderly people.

Physical features of inflammation of pulmonary tissue were often marked in the 1st and in the 2nd groups (90,9% and 84,5% accordingly) and only 65,5% of cases were observed in elderly patients. It was conditioned by the fact that physical phenomena of pneumonia were sliped away by accompanying chronic obstructive pulmonary disease occurances of pneumosclerosis and emphizema of lungs.

Roentgenological features of pneumonia were met practically with the same frequence in patients of all age groups: 72,7% of cases – in the 1st group, 74% of cases – the 2nd group and 73,3% of cases in the 3rd group.

Leucocytosis with neutrophil movement in leucocytic formula was met more often in the 1st age group (40,9%) but it was seldom met in the 2nd age group (37,8%) and in elderly patients it was met only in 31% of cases, but leucopenia was observed more often (6,9%) in this group. In young patients this symptom was not registered and in patients of mature age it's frequency was not above 4,4% of cases.

Analysing the frequency of symptoms which were not included into the “golden standard” of CAP diagnostics, it should be mentioned, that such symptoms as asthenia, tachycardia, dyspnea were accumulated with the age. Instability of haemodynamic was determined not only by age, but by the degree of CAP, which had the tendency to the extention in the elder age groups. On the contrary, the pain syndrome was met more often in young patients (40,9% of cases – in the 1st group, 37,8% of cases – in the 2nd group and 27,6% of cases – in the 3rd group). The ESR took place in all age groups: 72,7% of cases were marked in young patients, 68,9% of cases were marked at mature age patients and 72,4% of cases were marked in elderly patients.

Thus, gained results show not the same diagnostic importance of symptoms of “golden standard” of CAP in different age groups.

Taking all these into consederation we tried to determine the diagnostic difficulties of community aquired pneumonia in prehospital period. To fulfil this aim we used the criteria of diagnose of community aquired pneumonia which according to modern recommendations (2014) are the following:

1. The diagnose of community aquired pneumonia is definit in the presence of:
 - a) roengenologically confirmed the focus of infiltration of pulmonary tissue;
 - b) and even two clinical symptoms from “golden standard”.

It was determined, that 81,3% of analysed cases of community aquired pneumonia were confirmed to this category of argument.

2. The absence or impossibility of roentgenological confirmation of focus of infiltration in lungs makes the diagnose of community aquired pneumonia not exacting (indeterminate). 12,4% of cases of community aquired pneumonia were confirmed to this category of confirmation. The diagnose was made on the base of anamnesis, complaints and the presence of local symptoms.

3. The diagnose of community aquired pneumonia in the prehospital period was probable in 6,3% of cases.

It comes out from the observations gained during examinations of the patients with fever, cough, dyspnea, separation of sputum and/or with pain in the chest roengenological examination of organs of the chest was not informative and the local symptomatology was also absent: shortening of percuss sound, local auscultation of bronchial breathing, focus of sonorous fine pemphiquis crepitation or inspiratory crepitation, strengthening of bronchophony and vocal tremor. It is clear, that the most number of these patients were persons of elderly age group.

Conclusions. The results of the study confirm the fact that some percentage of diagnostic mistakes in prehospital period have objective character (are objective) and are depended from peculiarities of clinical duration of the disease, and also availability and the results of roengenological examination of the organs of the chest.