

among patients with higher LRINEC rates. The length of stay in the ICU and the hospital was also significantly longer.

Conclusion: Evaluation of LRINEC is a reliable indicator capable of detecting even clinically early cases of necrotizing fasciitis. In addition to its diagnostic role, it can identify patients at high risk, predict the risk of complications and hospital outcomes in patients with NF. Further prospective studies are needed to support this study.

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INDICATORS OF IMMUNITY DURING TRANSMEMBRANE DIALYSIS

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All patients with common peritonitis were divided into two groups: observer group - 58 patients with common peritonitis, who received intra-abdominal sorption-transmembrane dialysis in the postoperative period. A comparison group - 50 patients with common peritonitis, in the complex treatment of which transmembrane dialysis was not used.

In patients of the observation group who used intraabdominal sorption-transmembrane dialysis, the concentration of Ig-A in serum initially and in the 1st and 3rd days of the early postoperative period was possible to compare with the data of the GP ($p > 0.05$, $p < 0.05$ and $p < 0.05$, respectively). However, in patients of the observation group compared with the patients of the comparison group at the 5th and 10th days of the postoperative period, there was a more rapid increase in the concentration of Ig-A blood serum in patients with common peritonitis, which ranged from 5.1 to 4.6 to 6, 3 g / l versus 4.6 ranging from 3.8 to 5.2 g / l ($p < 0.05$) and 5.9 ranging from 4.7 to 6.4 g / l versus 4.8 ranging from 4.0 to 5.6 g / l ($p < 0.05$). In our opinion, this is due to the use of the proposed method of rehabilitation of the abdominal cavity in patients with prevalent peritonitis.

Conclusions:

1. Intraabdominal sorption-transmembrane dialysis in patients with common peritonitis contributes to the acceleration of regression of the inflammatory process in the abdominal cavity, as well as the manifestation of endotoxemia and systemic inflammation.

2. The study of humoral immunity, namely Ig-A, demonstrates the high efficiency of intraabdominal sorption-transmembrane dialysis as a way of accelerating the detoxification process in the complex treatment of patients with common peritonitis.

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