

Application of an integrated approach in the treatment of chronic osteomyelitis (case from practice)

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Introduction

Osteomyelitis (from Greek words: osteo from osteon - "bone"; myelo - "brain"; -itis - "inflammation") - a purulent-necrotic process that develops in the bone and bone the brain, as well as in the surrounding soft tissues, caused by pyogenic bacteria or mycobacteria.

Osteomyelitis is a purulent infection that affects bone tissue (osteitis), surrounding bone, periosteum (periostitis), and bone marrow (myelitis). Osteomyelitis that occurs for the first time is called acute. In the case of a prolonged course of the disease with periods of exacerbation and remission, one speaks of the development of chronic osteomyelitis [1]. There is always the presence of purulent cavities, sequestration of bone tissue develops, fistulous passages are formed and inflammation spreads to the surrounding soft tissues [2].

Treatment of patients with acute or chronic osteomyelitis is one of the most pressing problems in purulent-septic surgery. According to various authors, 30-60% of cases of acute osteomyelitis are chronic [3]. The pathophysiological basis for the chronicity of the process is the formation of antibiotic-resistant microbial flora, disruption of local tissue microcirculation in the focus - lymphostasis, venostasis, immunodeficiency, fermentopathy.

This paper describes a case of treatment of long-term chronic osteomyelitis of the 1st and 2nd metatarsal bones of the right foot, combined with chronic osteoarthritis of the big toe of the right foot.

Clinical example

Patient R.B., 37 years old. Diagnosis: Halus valgus dextra posttraumatic. The patient underwent the first surgery for post-traumatic deformity of the big toe of the right foot 20 years ago (when he was only 17 years old). Then, in connection with the development of postoperative osteomyelitis, over ten surgical corrections were performed. At the time of the first ART examination, an atonic necrotic wound 6 x 1 cm in size with a deep fistula and discharge of a pus-like exudate was observed at the base of 1 and 2 metatarsal joints (Fig. 1). The skin of the fingers is cyanotic, the pain is severe, it is almost impossible to walk.



Rice. 1. Condition of the affected area at the beginning of treatment

A complex treatment of the patient was carried out, consisting of: 1. Appointment of drains of the company "ONOM".

2. Performing PRP (platelet-rich plasma therapy) - Once a week.

It is used to stimulate regenerative processes in tissues. It provides synergism of restorative reactions in the body and helps to accelerate the regeneration of damaged tissues by introducing its own stem cells and growth factors (EGF, PDGF, TBG, IGF, KGF, VEGF), activates fibroblasts and fibrocytes [4].

3. Conducting neuronal therapy near the focus of inflammation with the drug Xyloneural 1%. At the same time, at the site of the injections, a biochemical reaction of the interaction of the drug with the nerve endings - neurons occurs. In the treated area near the focus, the pain threshold of sensitivity increases, which leads to a decrease in the sensation of pain. After 6 procedures of neuronal therapy in combination with PRP, sensitivity was restored in the area adjacent to necrosis, in which analgesia was noted at the beginning of treatment.

4. Introduction to the focus of sequestration and inflammation of the homeopathic preparation The goal of Heel is in the form of injections. The combination of therapy with this homeopathic remedy gives a local and systemic anti-inflammatory effect. Simultaneous administration of stem cells and the drug The goal of Heel is to eliminate inflammation and accelerate the overall recovery process.

5. Carrying out hyperbaric oxygenation 3-5 times a week. Hyperbaric oxygenation leads to an increase in the partial pressure of oxygen in the body fluids (plasma, lymph, interstitial fluid, etc.). Consequently, there is an increase in their oxygen capacity and an increase in oxygen diffusion into hypoxic areas of tissues. This improves the metabolism of damaged tissues, prevents the formation of toxic metabolites and improves their excretion. This, in turn, leads to additional detoxification of the body and ultimately increases the specific and

nonspecific immunity. During the patient's therapy, forty procedures of hyperbaric oxygenation were performed.

The treatment was carried out for three months. As a result of the treatment, the cyanotic coloration of the skin of the fingers first disappeared, and the restoration of microcirculation began, the signs of inflammation in the focus decreased significantly, and then disappeared, the suppuration stopped, the fistula closed, the pains practically disappeared, the normal color of the skin of the entire foot was restored.



Rice. 2. The condition of the affected area through 3 months after starting treatment

Conclusion

Diagnostics and complex treatment according to the aforementioned author's technique can effectively treat incurable surgical pathology and significantly reduce the recovery time of patients with chronic purulent-septic diseases.

Literature

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