

# Independent work

Theme: **Lung abscess**

Prepared by: Mansurbek.A

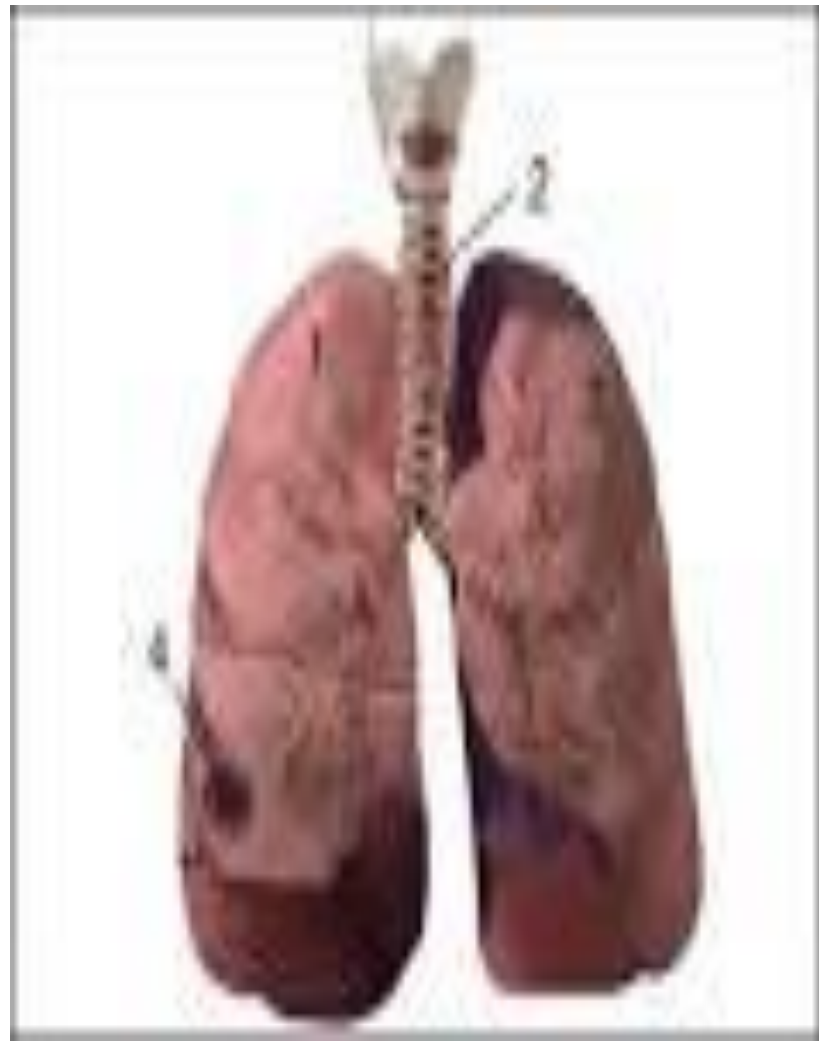
Group: 201 A

Faculty: General medicine

Checked by: Kosbatyrova N.B.

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**Lung abscess (abscess pneumonia).** - It's called a more or less limited cavity that is formed by fusion of purulent lung tissue. Pathogen - *razlichnyemikroorganizmy* (usually *Staphylococcus aureus*). Characterized by the decrease of general and local protective functions because of aspiration into the lungs and bronchial foreign bodies, mucus, vomit - prialkogolnom intoxication, after a convulsive seizure or coma. Contribute to chronic disease and infection (diabetes, diseases of the blood), impaired drainage funktsiibronhov, prolonged use of corticosteroids, cytotoxic drugs and immunosuppressants.



- Lung abscess may be
  - complication of pulmonary infarction
  - collapse of crustaceans howl tumor in the lung
- Acute abscess with perifocal inflammatory infiltration of lung tissue nor can become chronic with a dense pyogenic membrane.
- Is more common in middle-aged men, two thirds of patients abuse alcohol. Disease begins acutely: chills, povyshenietemperature, pain in the chest. After the breakthrough of pus in the bronchus, a large amount of purulent sputum, sometimes mixed with blood and foul odor. Over an area of lung disease initially auscultated respiratory depression, after breaking an abscess - bronchial breathing and moist rales. Within 1-3 months, there may come a favorable outcome: a thin-walled cyst in the lung or focal pulmonary fibrosis, an unfavorable outcome - the abscess becomes chronic.



- Lung abscess is a purulent fusion areas of the lung, followed by the formation of one or more cavities, often demarcated from the surrounding lung tissue by fibrous wall. Gangrene is easily characterized by necrosis and putrid decay of lung tissue. It is called anaerobic (putrid) infection. Suppuration light usually occur as a complication of acute pneumonia, bronchiectasis, and when released into the bronchial foreign body in the lung injury or tumor. Less frequently, infection enters the lungs from distant foci of inflammation hematogenic or lymphatic vessels.

- Chronic lung abscess
- Emerges as an unfavorable outcome of acute abscess or bronchiectasis. It has a more dense development fibrozalegochnoy capsule tissue around it. The patient, along with radiological signs of pulmonary cavity exhibit fever, cough with purulent sputum, clubbed fingers, the nails in the form of watch crystals. The disease runs in waves, with periodic exacerbations of acute fever, increase in the amount of a typical three-layer sputum. In the long complications are possible: amyloidosis, cachexia, septikomipiemiya with an abscess of the brain, etc. Treatment. Conservative - antibiotics, therapeutic bronchoscopy allowed to arrest the aggravation. The basic method is surgical: excision of the affected area of the lung.



- Acute lung abscess
- Before opening a draining bronchus lung abscess manifested fever sweat, chills, malaise, dry cough, sometimes associated with chest pain of uncertain nature. After breaking through the cavity in the bronchus of a cough, accompanied by the release of purulent sputum with a foul odor, sometimes mixed with blood. Before draining the abscess may be determined deadened sound and respiratory depression in the affected area. After the formation of the cavity above the ringing listened large bubbling rale, bronchial breathing amforicheskim shade. For percussion can detect sound from tympanic shade. Before the formation of lung abscess cavity diagnosis difficult. Pulmonary suppuration should be suspected when a prolonged pneumonia with prolonged fever and persistent leukocytosis. A break in the bronchus abscess radiographic opacities in the former found a cavity.

- Improving the drainage function of bronchi (bronchodilators, expectorants, inhalation, repeated therapeutic bronchoscopy). When the location of the abscess in the lower lobes conduct drainage, then lift up the foot of the bed is 20-30 cm Antibiotics in large doses stimulate immunity (high-calorie food, proteins, vitamins, levomizol, T-activin, antistaphylococcal plasma and gamma globulin, hemosorbtion, plasmapheresis ).



- When failure in 2-3 months - surgery. Treated early usually leads to recovery. The ineffectiveness of treatment for 6-8 weeks the patient should be hospitalized in a surgical hospital for bronchoscopic drainage or surgery. Gangrene of the lung is rare, different severe, severe intoxication, cough chocolate sputum with fetid odor. Antibiotics broad spectrum parenteral, with their inefficiency shown surgery. Operative lechnnie abscess is rehabilitation abscess cavity. Perhaps a percutaneous puncture.





- Produced Rg - study of the lungs with the imposition of labels on the area of suspected puncture. Then in the same way as when toraktsenteze puncture made in the cavity abtseesa start drainage tube. Further assigned comprehensive antimicrobial therapy. Another option is a bronchoscopic surgery rehabilitation abscess (held at sufficiently close together to abscess main bronchus).

