

ных условий для методики ЛДФ, датчик устанавливался на нижней трети предплечья. Статистическую обработку полученного материала проводили с использованием программы «*BIOSTAT*». Применялись непараметрические методы. Описательная статистика изучаемых параметров представлена медианой и межквартильным интервалом (25-го и 75-го перцентилей).

Результаты и обсуждение.

При изучении микроциркуляции установлено, что у пациентов с ХВГ, ПМ был снижен по сравнению с контролем на 38% (5,3 [4,2;6,2] и 7,3 [6,7;7,6], соответственно) ($p < 0,05$). При оценке среднеквадратического отклонения, характеризующего среднюю модуляцию кровотока (σ) достоверных отличий между группами выявлено не было (1,07 [0,6;1,1] в группе больных ХВГ; 1,1 [0,8;1,2] в группе здоровых). Коэффициент вариации, отражающий соотношение между перфузией ткани и величиной ее изменчивости (K_v), у пациентов с ХВГ наоборот был выше аналогичного показателя в контроле (22,3 [12,8;22,9] и 16,1 [11,9;19,1], соответственно) ($p < 0,05$).

Таким образом, у пациентов с ХВГ выявлено снижение капиллярного кровотока.

POSSIBLE CAUSES OF PURULENT-SEPTIC UROLOGIC COMPLICATIONS AFTER KIDNEY TRANSPLANTATION

M. Krstic, V.V. Bazaev, E.I. Prokopenko, A.V. Vatazin, A.B. Zulkarnaev

M.F. Vladimirsky Moscow regional clinical research institute Moscow, Russia

E-mail: dolce-vita07@mail.ru

A Purulent-septic urologic complication after kidney transplantation is quite complex and multi-disciplinary problem. This is largely due not only to the need for adequate immunosuppressive therapy, but also the difficulties arising from the differential diagnosis of postoperative infectious complications of other etiology (viral, fungal) and bacterial infections at other sites. Transplantation of kidneys, like any other surgery, carries risks of septic complications, including - urosepsis. Analysis of published data suggests the most important factors that are predictors of septic urologic complications:

1. Kidney transplantation may be complicated by septic processes (including urosepsis), which are particularly difficult to occur in recipients of renal transplant (RT).

2. Donor agencies (including kidney) may be infected with the organism has the potential donor, as well as on the stage of explantation.

3. At the time of surgery and post-transplant period, carried out in the central vascular catheterization, bladder

drainage of the wound, which creates additional conditions for the development of localized, and then a generalized infection.

4. Potential recipients of RT in a state of uremia, suffer from anemia, protein-energy deficiency may have metabolic disorders, which are themselves significantly alter the immune status.

5. Conduct a post-transplant period immunosuppressive therapy creates the conditions for secondary immunodeficiency, i.e. inhibition of proliferation of T - lymphocytes and B - lymphocytes, antibody production, and reduction of deep ant infectious immunity.

Thus, the incidence of these complications according to foreign and domestic research remains high for decades. The development of such complications depends on various factors. Purulent-septic urologic complications (including urosepsis) affect not only the outcome of kidney transplantation and duration of operation of the RT, but can often be the cause of unfortunate loss of functioning grafts, and sometimes death, transplant patients due to the generalization of the infectious process. What testify foreign publications including reports, United States Renal Data System according to which, in recipients of RT has an increased risk of hospitalization (41.53 times) over the septicemia as compared with the general population. The development of septicemia in hospitalized recipients often been associated with urinary tract infections - 30.6% of cases. In RT recipients with septicemia median survival was 9.03 years compared with 15.73 years for patients with kidney transplantation without this complication.

Thus, knowledge of the causes of septic complications after a kidney transplant clinicians to allow us to create an algorithm, as well as the principles of prevention and treatment of these complications and will improve the survival rate of recipients of the RT and improve their quality of life, reduce the period of examination and treatment hospital.

THE MODERN VIEW OF PURULENT-SEPTIC COMPLICATIONS IN PATIENTS WITH CHRONIC RENAL FAILURE WITH UROLOGICAL DISEASES BEFORE AND AFTER KIDNEY TRANSPLANTATION

M. Krstic, V.V. Bazaev, A.B. Zulkarnaev, A.V. Vatazin

M.F. Vladimirsky Moscow regional clinical research institute Moscow, Russia

E-mail: dolce-vita07@mail.ru

In the overall structure of the etiological causes of chronic renal failure (CRF), urological diseases ranging from 29% to 44,5% (Shilov E.M., 2008). The most common cause leading to chronic renal failure in urological patients, is a pyelonephritis. In second place is urolithiasis. Not rare causes of ESRD are congenital changes in