PATHOGENETIC SUBSTANTIATION OF INFUSION THERAPY TACTICS IN CASES OF SURGICAL SEPSIS

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Summary. For pathogenetic studies infusion therapy tactics as a component of the algorithm emergency organoprotective targeted therapy (EOTT) patients with surgical sepsis conducted a prospective, non-randomized, observational cohort-controlled clinical trial in 208 patients aged 19 to 74 years with severe surgical sepsis (SSS, n = 167) and septic shock (SS, n = 41). Substantiated the feasibility of early pathogenetic causal, early infusion, early transfusion, early metabolic therapy, early replacement immune. Proven clinical efficacy of the algorithm EOTT surgical sepsis statistically significant reduction in the chances and risks of death in the study group compared with the control. In the SSS groups risk ratio (RR) was 1,76 [95 % CI: 1,06?2,92], p = 0,038; odds ratio (OR) = 0,46 [95 % CI: 0,23?0,91], p = 0,038; χ^2 = 5,28 with absolute risk of death (RD) to 15,74 % [9 5% CI: 2?28,7 %] p = 0,038. In patients with SS RR was 2,28 [95 % CI: 1,08–4,81], p = 0,046; OR = 0,23 [95 % CI: 0,06–0,81], p = 0,043; χ^2 = 4,1; ARR = 36,43 % [95 % CI: 6–58,9 %] p = 0,046.

Key words: *severe surgical sepsis, septic shock, early etiotropic treatment, early infusion therapy, early transfusion therapy, early metabolic therapy, early immunocorrection, algorithm of emergency organoprotective targeted therapy for sepsis.*