

CLINICAL EFFECTIVENESS OF THIOTRIAZOLINE IN MANAGEMENT OF PATIENTS WITH COMMUNITY ACQUIRED PNEUMONIA

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Abstract

The *aim* of the study was to evaluate the efficacy of metabolic corrector thiotriazoline in management of community acquired pneumonia (CAP) patients.

Material and methods. 120 patients with group 3 CAP were examined: 61 men (50.8%) and 59 women (49.2%), aged 18–68 years. 50 (41.6%) patients, treated by standard therapy (antibiotics, mucolytics) composed the control group. Main group consisted of 70 (58.4%) patients, treated with thiotriazoline in addition to standard therapy. Clinical efficacy of therapy was determined based on clinical, laboratory (including leukocyte intoxication index, medium molecular peptide level, sorption erythrocyte capacity), radiological data and data from evaluation of adaptive organism response before treatment and at Days 3 and 10 of hospital stay.

Results. In thiotriazoline group a decrease of endogenous intoxication indices occurred earlier ($p < 0,001$). The rate of adverse reactions (hyperactivation, acute and chronic stress) was 21,4 % at Day 3 ($p < 0,01$) and 5,7 % at Day 10 ($p < 0,001$), which was significantly lower than in control group. Among thiotriazoline group patients there was a significant increase of favorite reaction rate (normal and increased activation reactions) — 69,9 % at Day 3 ($p < 0,05$) and 91,4 % at Day 10 ($p < 0,01$). Overall clinical effectiveness in main group was higher in comparison with control group.

Conclusion. Additional administration of thiotriazoline significantly reduced the level of endogenous intoxication and lung inflammation, and helped to reduce substantially the terms of hospital stay of CAP patients.

Key words: community acquired pneumonia, endogenous intoxication, adaptive reactions, thiotriazoline, effectiveness of treatment.

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