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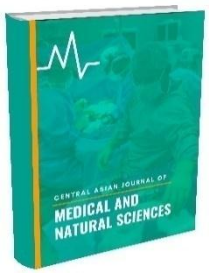

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Effectiveness of the Treatment of Limited Scleroderma

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Abstract: this article presents a summary of the study examined 44 patients aged 21 to 60 years. There were 24 men and 20 women. The largest number of patients of working age was from 21 to 40 years (75%). More often (in 50%), the disease was observed in persons of physical labor, among 25% of patients, occupational hazards were established. Plaque scleroderma was diagnosed in 16 (36%) patients, lichen sclerosus — in 28 (64%) patients. The objective of our work was to conduct a comparative assessment of the effectiveness of the treatment of localized scleroderma (OS) in patients of various age groups who received modern domestic antioxidants in complex therapy.

Key words: complex therapy, treatment, scleroderma.

Introduction: Over the past decade, the understanding of systemic connective tissue diseases has significantly expanded, among which scleroderma occupies the second place in frequency. The disease is characterized by a systemic progressive lesion of the connective tissue with a predominance of fibro-sclerotic and vascular changes in the form of obliterating endarteritis with widespread vasospastic disorders.

Despite the lack of official statistics, it can be argued that patients with such an autoimmune disease as focal scleroderma are becoming more and more aggressive. Perhaps this is due to non-compliance with the norms of medical examination and terms of treatment.

Discussions about the relationship between systemic (SSD) and limited (OSD) scleroderma continue. According to some authors, OSD and SJS are varieties of the same pathological process, which is confirmed by the presence of visceropathy in OSD, the unidirectionality of metabolic changes, the common pathohistological changes in the skin in both forms of the disease, as well as cases of transformation of a localized process into progressive systemic sclerosis. Other researchers refer only SJS to the group of "diffuse connective tissue diseases", believing that OSD and SJS are two diseases that differ sharply in the clinical picture, course and prognosis. However, it is not always possible to draw a clear line between focal and systemic processes. Clinical observations have shown that skin lesions as one of the first signs of diffuse scleroderma are observed in 61% of cases, and descriptions of the transformation of a limited process, in particular, lichen sclerosus, into systemic scleroderma suggest the unity of these two forms. As evidenced by the results of a survey of patients with limited scleroderma, the unfavorable course of the disease with the transition to a systemic process is mainly facilitated by 4 factors:

debut of the disease before the age of 20 or after 50 years;

multiple plaque or linear forms of the disease;

localization of lesions involving the skin of the face or areas above the joints of the extremities;

the severity of deficiency of the cellular link of immunity, dysimmunoglobulinemia, an increase in coarse circulating immune complexes and antilymphocyte antibodies.

OSD, as well as SJS, are more often affected by females, for example, girls get sick more than 3 times more often than boys, and women aged 40–55 years make up 75% of patients with scleroderma. The disease can occur at any age, even in newborns, usually starting without any subjective sensations and disturbance of the general condition. In connection with the tendency of the growing organism to the spread of pathology, to pronounced vascular reactions in children, this disease often has a tendency to extensive damage, although in the early stages it can manifest itself as single foci.

Purpose: to conduct a comparative assessment of the effectiveness of the treatment of localized scleroderma (OS) in patients of various age groups who received modern domestic antioxidants in complex therapy.

Materials and methods: 44 patients aged 21 to 60 years were examined. There were 24 men and 20 women. The largest number of patients of working age was from 21 to 40 years (75%). More often (in 50%), the disease was observed in persons of physical labor, among 25% of patients, occupational hazards were established. Plaque scleroderma was diagnosed in 16 (36%) patients, lichen sclerosus — in 28 (64%) patients. The duration of the disease was less than 6 months in 16 (36%) patients, from 6 months to 1 year in 12 (27%), from 1 to 2 years in 16 patients (36%). A small lesion area was detected in 46% of individuals, a moderate lesion area in 36%, and a significant lesion area in 23%. Insignificant activity of the course of dermatosis was noted in 8 (18%) patients, moderate activity - in 36 (82%). The disease began at the age of 10 years in 59% of patients, from 11 to 20 years - in 18%, at the age of 21 to 30 years - in 23% of patients. 28 people were able to indicate the cause of the onset of the disease, and 12 patients were able to indicate the cause of activation of the skin lesion. AlAT, AsAT, bilirubin, CRP, and DFP were studied in patients. In most cases, ALT and AST did not exceed the values of healthy people. In 39% of individuals they were increased, and in 32% they were reduced. The level of bilirubin was elevated in 27% of patients, CRP was found in 55% of patients. DFP indicators are increased in 23% of people.

All patients received a 1.5% solution of Reamberin 400.0 ml (8-10 infusions per course), further 1% solution of emoxipine 2.0 subcutaneously or intramuscularly (15-20 injections), capillary, hypoxen; eikolen or omega-3, L-arginine containing polyunsaturated fatty acids (within 6-8 weeks). Being different in chemical structure and pharmacokinetics, the drugs used have common properties of inhibiting free radical oxidation of biomembranes, enhancing tissue respiration, and improving microcirculation. Penicillin injections were also carried out, vitamins, non-steroidal anti-inflammatory drugs, lidase, and physiotherapy were prescribed.

Results: the most active regression of clinical manifestations was noted in young people. The presence of deeper organic changes in tissues due to prolonged hypoxia and sclerosis in the elderly slows down the regression of the clinical manifestations of OS, which leads to an increase in the duration of antioxidant therapy.

Conclusions: the work performed showed the need for the use of modern domestic antioxidants in the complex treatment of OS in various age groups.

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