

Objective of the work is experimental learning of Citrocard influence on neutrophil phagocytosis activity of peripheral blood.

The experiment is conducted in 40 mice with SVA line of both genders 3-4 months old. The neutrophil phagocytosis activity was latex tested. The ani-

mals were taken out of the experiment a day after a single intraperitoneal introduction of the test substance. All manipulations with animals were conducted keeping international principals of Declaration of Helsinki. The results were statistically processed using Student t-test.

Table. Citrocard influence on neutrophil phagocytosis activity

Experiment groups (n=10)	Phagocytic index, M±m, %	Phagocytic number, M±m
control (physiological saline)	35,9 ± 1,7	6,5 ± 0,5
Citrocard (15 mg/kg)	44,3 ± 3,2*	9,4 ± 0,4*
Citrocard (75 mg/kg)	39,5 ± 3,2	8,2 ± 0,6
Citrocard (375 mg/kg)	49,0 ± 3,5*	9,5 ± 0,4*

Degree of credibility concerning control (* - $p_1 < 0,05$)

It is established in the course of the experiment that Citrocard in all used doses has a stimulating effect on non-specific link of immunogenesis: in doses 15 mg/kg and 375 mg/kg the medication enables positive increase of neutrophils, able for phagocytosis, and also of latex elements, phagocytosed by neutrophils, dose 75 mg/kg is less effective, but also causes positive changes of phagocytosis index in comparison to control group results.

Based on the obtained data it has been concluded that Citrocard has phagocytosis stimulating characteristics which can be the basis of the following development of the medication as an immunomodifier.

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CLINIC APPEARANCES OF THE SEVERE ACUTE COMMUNITY-ACQUIRED PNEUMONIA

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In order to obtain actual clinic image of severe acute pneumonia an analysis of 185 hospital patients of age 18–87 years with pneumonia has been carried out. Among them – 136 men (73,5%) and 49 women (26,5%). Average age – 52,7 years. Among the patients 38 of them were ones of middle acuteness and 147 of hard acuteness, 85 of those – with fatal outcome. The verification diagnose was carried out in accordance with the criterions of Russian respiratory society. The results of the research has shown that the situation in lungs with acute pneumonia in average was displayed in: double-sided process in 55,4%, lobar, polilobar pneumonia in 10,8%, destructive process in 44,2%, lungs abscess in 3,9%, pleurisy in

29,9%, and pleura empyema in 4,1% of cases. In a number of fatal outcomes the part of focal pneumonia was 33,8%. The concomitant diseases that predispose to acute pneumonia were: COPD in 66%, IHD in 23%, chronic alcohol intoxication in 50,3%, insular diabetes in 6,8%, renal impairment in 10,2% of cases.

The following clinic displays has been registered with acute pneumonia (in parts): infection-toxic shock in 21,8%, hyperthermia in 38,2%, disturbances of arterial pressure in 65,5% (among those hypotension in 40,3%), cardiotropic index increase in 83,7%, acute respiratory shortage in 85,1%, diuresis decrease in 86,7% (among those – oliguria of less than 500ml a day in 28,8%), tachycardia in 85,3% of cases. Other reliable parameter alterations that reflect the complicity of other systems (blood-making (erithropenia), excretory (azotemia), hepatobiliary (bilirubinemia), endocrine (hyperglycemia), central nervous system (consciousness disturbances) etc.) were exposed. The cardiac failure preceded pneumonia within 62,7% of patients, in the course of pneumonia it was revealed in the small circle within 62,7% of patients, and within 100% of those with fatal outcome and in cases of inner organs dystrophy or edema, including lungs and brain.

Laboratory facts at the day of hospitalization were certainly different between the pneumonia of middle and hard acuteness in: the number of leukocyte - $12,06 \pm 0,79$ and $14,7 \pm 0,69$; the value of leucopenia - $4,93 \pm 0,36$ и $3,51 \pm 0,24$; index of stab shift - $5,63 \pm 1,07\%$ и $15,95 \pm 1,61\%$; the measure of leukocytal index of intoxication (LII) - $2,15 \pm 0,37$ и $6,45 \pm 0,66$, and indexes of asparate aminotransferase - $32,65 \pm 7,1$ u/L. и $102,95 \pm 15,9$ u/L. and analine aminotransferase - $26,8 \pm 3,9$ u/L. и $58,24 \pm 6,33$ u/L.; thrombocytopenia - $106,44 \pm 7,94 \cdot 10^9$ and $146,33 \pm 12,26 \cdot 10^9$.

The predictors of the pneumonia progress were outlined as: male sex, age over 40, mainly physical activity, lack of higher education. Specifically the

predictor of acute pneumonia was “passive” social status of patients (homeless persons, unemployed, invalids, retirees, lone ones) in 39,2% of cases. The hospitalization within the first 3 days was carried out within 22,1% of cases, in 60% of cases the pneumonia was not identified as “acute” by doctors, the patients got into resuscitation only in 44,1% of cases.

Thus, acute pneumonia is a special form of pneumonia that has its clinical peculiarities in the scale of lungs damage, often has comorbidity pathology of respiratory and cardiovascular system with the

progress of organism damage in forms of poli-organ pathology, that is mainly present within socially-depressed persons and is linked to the number of clinical-organisation defects (inopportuneness of hospitalization and transferring into the resuscitation block) of the treatment of them.

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