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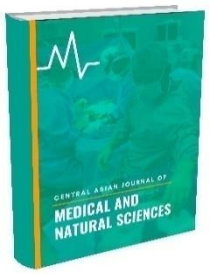

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Tactics of Treatment of Neurotrophic Corneal Ulcers in the Rikmiatm of the Bukhara Branch

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Relevance. Neurotrophic keratitis or trophic corneal ulcer occupies a special place in the structure of corneal pathology. Trophic corneal ulcer can be caused by both local (trauma, tumor, inflammation) and systemic processes (syndromic and endocrine pathology, consequences of damage to the central nervous system). there is often a combination of local and systemic factors . In most cases, the ulcer is accompanied by damage to the trigeminal and facial cranial nerves. Despite the treatment, trophic ulcer often ends with the development of severe keratouveitis and endophthalmitis with the loss of an eye.

Keywords: Treatment, Neurotrophic, Bukhara Branch.

Objective: to develop tactics for the treatment of corneal trophic ulcers and evaluate the results of the treatment.

Material and methods. During 2015-2020, 12 patients (12 eyes) with corneal trophic ulcer of various etiologies were treated at the Bukhara Regional Clinical Ophthalmological Hospital. Of these, 5 are women and 7 are men (average age 59 ± 2 years).

In 9 patients, a trophic ulcer formed against the background of lagophthalmos, which in 8 cases was caused by a lesion of the VII pair of cranial nerves (complications of neurosurgical Surgical treatment was performed in 9 patients. on 5 eyes, corneal autoconjunctival plastic surgery was performed, if necessary

Surgical treatment was performed in 9 patients. on 5 eyes, corneal plastic surgery was performed with an auto-conjunctival, if necessary, and in cases of lagophthalmos with partial bloody blepharography in the outer third of the eyelids. traction sutures were removed from the eyelids after a month, nylon sutures from the cornea after 10-15 days. One patient in serious condition in the early post-stroke period underwent only blepharography. in 3 patients (3 eyes), it was recommended to wear soft contact lens for 1 month and long-term therapy with keratoprotectors. the follow-up period of the operated patients was 2 years.

Results. After autoconjunctival corneal plastic surgery, a positive result was achieved in 4 out of 5 cases – a vascular thorn of varying intensity was formed. One operation of autoconjunctivoplasty was performed in 2 cases, the causes of trophic ulcer recurrence were anemia and rejection of the

autoconjunctival flap, despite repeated operations, it was not possible to achieve a positive result on one eye, in these cases other interventions were performed - evisceration of the eyeball, thus, anatomically it was possible to preserve 9 eyes out of 12 (88.4%). objective vision in the range from 0.005 to 0.4 (on average 0.12 ± 0.05).

Conclusion. Treatment of corneal trophic ulcers continues to be an urgent problem of modern ophthalmology. The combination of local and systemic causes in the development of trophic ulcers requires a comprehensive and individual approach. In conditions of almost universal shortage of donor corneal material, the surgery of choice remains autoconjunctival corneal plastic surgery, which in most cases allows to preserve the eye, and in half of patients to preserve objective vision with deep stromal ulcers with the threat of corneal perforation, blepharography can be regarded as the most promising method of treatment.

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