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Extended Abstract
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Features of the morphological picture of the wound in patients with purulent-inflammatory soft tissues against diabetes mellitus

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Purpose of the study: To evaluate the features of changes in the cytological picture of the course of the wound process in patients with purulent-inflammatory diseases of soft tissues against the background of diabetes mellitus.

Methods: The studies were conducted in 73 patients with purulent-inflammatory diseases of the soft tissues against diabetes mellitus. An analysis of the prevalence of purulent-inflammatory process in patients with purulent-inflammatory diseases of the soft tissues against the background of diabetes mellitus revealed that its localization was more marked in the trunk region (59%), the location in the region of the lower extremity was almost the same (17, 8%) and perineum (13.7%). 95.9% of patients (70 patients) were diagnosed with diabetes mellitus. The material for microbiological studies was purulent exudate taken from the deep sections of the wound immediately after opening the pathological focus. The cytological material was stained with azure-eosin mixtures.

Results: A cytological study of the wound surface in the dynamics of treatment in patients with purulent-inflammatory diseases of soft tissues against diabetes mellitus showed a picture with background fat-protein detritus, which proceeded with dystrophic and necrobiotic changes in tissue elements. Often there were combinations of this type of change with the presence of inflammatory cells, which is characteristic of this type of pathological process. Tissue elements were subjected under the influence of microorganisms and the inflammatory process to destructive and necrobiotic changes in the form of vacuolization, loosening and homogenization of nuclear cytoplasmic structures. On the part of histiocytic cells, some activation was noted in the form of an expansion of the volume of the cytoplasm and hyperchromasia of the nuclei. In the early stages of treatment and the course of the purulent-inflammatory process, polynuclear leukocytes prevailed in the cytological material, and later periods - leukocyte infiltration of histiocytic and lymphoid cells. Detritus had a grayish tint at its protein origin. A yellowish tinge indicated the presence of a necrotic substance of a lipolipoid nature. The nature of detritus and protein mass in the composition of the cytological preparation, as you know, determines the type of bacteria. In the presence of structureless masses of a fat-lipid nature, in our studies, the infection was caused by gram-positive cocci, which were coated externally with a liposaccharide membrane.

Conclusions: The results of a cytological study of smears of fingerprints of a purulent-inflammatory wound of soft tissues against diabetes mellitus showed that the microscopic picture of the smear was characterized, first of all, by the presence of a microbial cell factor in combination with background elements. The main signs of an infectious purulent inflammatory process were the presence of various forms of microorganisms in the smear. In the early stages of the disease, coccal infection and polynuclear leukocyte infiltration prevailed, and at a later date, a small amount of lymphohistiocytic cells was found in the composition of leukocyte infiltration. All this testified to the presence of a close relationship between the course of the wound process and the role of specific cells of the leukocyte series.

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