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New Principles of Anticoagulant Therapy in Patients with Covid-19

I. E. Irgashev

Bukhara State Medical Institute named after Abu Ali ibn Sino,
assistant of the department of normal physiology, anesthesiologist-reanimatologist

Abstract

In the treatment of patients suffering from corona virus disease, the use of anticoagulants is the main part of the standard of treatment. Patients suffering from coronavirus disease are treated in our center. In addition to the treatment of these patients, the effectiveness of the treatment is also checked and conclusions are drawn accordingly. During the treatment and observation, we witnessed that their coagulation system is damaged despite the use of a number of anticoagulants. That is, it was felt that anticoagulants did not work after 7-8 days or their effect was insufficient, and this situation is reflected in the analyses. After observing a number of patients, we worked on how to use anticoagulant therapy more effectively and determined the optimal methods of using anticoagulants.

Keywords: COVID-19, anticoagulant, MNO, prothrombin time, prothrombin index, ACHTVD-dimer, ferritin, procalcitonin, C-reactive protein (SRO), low molecular weight heparin.

Introduction

Today, it has become known to everyone that the coagulation system of the blood of patients infected with COVID-19 is one of the organs that suffer a lot of damage. This indicates that it is the main factor in the course of the disease and one of the important factors in the exacerbation of the disease. As a result of damage to the blood coagulation system of almost all patients, in addition to the development of many secondary diseases, many complications arise after these diseases, and this situation leads to a decrease in the quality of life of patients, to the development of disability and reduced work ability or to complete incapacity. cause. In a word, it is not wrong to say that managing the coagulation system in sick patients is disease management.

Purpose. The main goal is to ensure the optimal state of the coagulation system in patients being treated in the intensive care and intensive care units, and to achieve this reflected in the analysis, and this goal continues with the prevention of many complications in them. By improving patient recovery and targeting the coagulation system, we improve disease management and the body's

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ability to fight disease.

Materials of research. The material of the research is the special Zangiota Infectious Diseases Hospital No. 2, which is intended for the treatment of patients with corona virus infection, in the intensive care unit 3, the infection of COVID-19 was confirmed, a computed tomography (CT) scan of the lungs was performed, and the percentage of damage was one -close to one, CT severity level is the same (CT-2-3), blood coagulation time, MNO, prothrombin time, prothrombin index, ACTVs changed in the direction of blood clotting and D-dimer, procalcitonin, ferritin 120 patients were selected from patients with high When selecting patients, their age, somatic diseases, gender, and body weight index were taken into account (patients with excess body weight according to BMI, with 1-2 degrees of obesity were selected). Patients with kidney, heart and liver failure were not included in our selected contingent.

Results and analyses. We received and treated many patients with this disease in the 3rd intensive care unit of Zangiota Infectious Diseases Hospital No. 2. During the treatment of patients, we regularly monitor their analysis and clinical condition.

Selected patients and their indicators:

	The coagulogram	D-dimer	Blood clotting time	S-reactive protein	X-ray and CT	PTsR Covid-19
Overweight patients	↑	↑	↓	↑	2-3	Positive
Patients with 1st degree obesity	↑	↑	↓	↑	2-3	Positive
Patients with 2nd degree obesity	↑	↑	↓	↑	2	Positive

Explanation: ↑ - blood thickening, ↓ - liquefaction, – - unchanged for 2-3 days

We witnessed a number of cases that worsened the condition of patients infected with the corona virus, and we tried to fight this situation. Despite the fact that some patients received low-molecular-weight heparin, some high-molecular-weight heparin, and some revoroxaban (or Xarelta) during the treatment, the results of the analysis showed that after a few days (in patients receiving it for an average of 7 days) It was noticed that the secretion stopped and the indicators of

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the coagulation system, instead of changing according to blood thinning, changed back to the direction of coagulation. In the language of doctors, the analysis showed that the drugs are not working. This made me think about how to influence the anticoagulant system in the treatment of patients. We obtained the following results for a total of 120 patients in 10 to 12 groups, using 3 groups of drugs. We conditionally divided the patients into 4 groups according to which group of drugs we use:

1. group receiving normal heparin
2. group receiving low molecular weight heparin
3. group receiving revoroxaban
4. Group 4 was replaced with 3 groups of drugs from time to time (on 6-7 days, anticoagulants of groups 1-2 were replaced, from 7-8 days on anticoagulants of group 3)

Patients in all groups were treated according to the standard and they did not receive any additional drugs, the treatment did not deviate from the standard approved by the Uz.Rep.MH.

Selected patients and their anticoagulants on the 7-8th day:

	The coagulogram	D-dimer	Blood clotting time	C-reactive protein	X-ray and CT	PTsR Covid-19
Overweight patients						
1st Group	↑	↑	–	–	1-2	Negative
2nd Group	↑	↑	–	–	1-2	Negative
3rd Group	↑	↑	–	–	1-2	Negative
4th Group	↓	↓	↓	↓	1	Negative
Patients with 1st degree obesity						
1st Group	↑	↑	↑	↑	2-3	Negative

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2nd Group	↑	↑	↑	↑	2-3	Negative
3rd Group	↑	↑	↑		2-3	Negative
4th Group	↓	↓	↓	↓	1-2	Negative
Patients with 2nd degree obesity						
1st Group	↑	↑	↑	↑	2-3	Negative
2nd Group	↑	↑	↑	↑	2-3	Negative
3rd Group	↑	↑	↑	↑	3	Negative
4th Group	↓	↓	↓	↓	1-2	Negative

Explanation: ↑ - blood thickening , ↓ - liquefaction, — - unchanged for 2-3 days

Patients in group 1 had blood coagulation time and coagulogram (prothrombin time, prothrombin index, ACHTV, MNO) changing to the direction of blood thinning by the 7-8th day, and from the 8th-9th day, the coagulogram gradually shifted to the blood clotting side. changed. In order to thin the blood, it is necessary to significantly increase the dose of the anticoagulant that the patient is taking. It was found that increasing the anticoagulant dose in 20% of patients changed the coagulogram to the blood thinning side for 1-2 days, and further increasing the dose was useless.

Patients in group 2 had blood coagulation time and coagulogram (prothrombin time, prothrombin index, ACTV, MNO, fibrinogen) changed to blood thinning by 6-7 days, and coagulogram gradually began to clot from 7-8 days. changed. A significant increase in the anticoagulant dose that the patient

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is taking to thin the blood is also found to be useless because the coagulogram changes in the direction of blood thinning in patients.

It was found that it changed for 1-2 days and then increasing the dose was useless.

The coagulation time and coagulogramm (prothrombin time, prothrombin index, ACTV, MNO, fibrinogen) of patients in group 3 changed towards blood thinning until the 6th day, and the coagulogram gradually changed towards blood clotting. A significant increase in the anticoagulant dose that the patient is taking to thin the blood is also found to be useless because the coagulogram changes in the direction of blood thinning in patients.

In group 4 patients, on days 8-9, high-molecular anticoagulants were first changed to low-molecular and then to revoroxaban. In this case, blood analysis (blood clotting time and coagulogram) revealed that the blood was kept in a liquid state.

In conclusion, alternating use of anticoagulant drugs has a better effect than long-term use of the same anticoagulant. When the same anticoagulants are used, their effectiveness decreases due to the increase in resistance to them and exhaustion of the receptors that sense them. We increased the effectiveness of anticoagulants by using them alternately, and this was reflected in the analysis. Changing anticoagulants on the 7th day, not to increase the dose of the previously taking anticoagulant (by stopping it and replacing it with another) and by this method to dilute the blood coagulogram to the required level and to prevent a number of thrombosis cases in patients, and this method helps patients to recover had a significant impact.

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