

I . . I I I

343, i i i i 741 i e i 1-8 i , i
i i i i «
» . 2020 i ,
i i i “ ?”, i 398, -
i 310 , 431 .
i i i i i i ,
310 1 18 i . i i i
5% 12%. i , i i i
i i i : 43,4% 53,1% .
27,4% i . i i 106 (25,92%) 409
, 61 (31,9%) 47 (21,56%) . 719 ,
i 194 (26,98%)
. 273 i i i
75 (27,47%) i . i
27 , 9 (33,3%) 5% 9%
i i . i , i i i
i i i , i i 26,9% i , i i

Andrushchak A. V.

**FORMATION OF VOLUME AND OSMOREGULATORY FUNCTION OF THE KIDNEYS
IN PATIENTS WITH COMPENSATED SEPSIS-INDUCED HYPOTENSION**

Department of Anesthesiology and Intensive Care

Bukovynian State Medical University

Current views on intensive infusion therapy for sepsis clinical course are focused on recommendations concerning priorities of crystalloid drugs use. Taking into account sepsis pathogenesis polymorphism, polyorganism and mutual burdensomeness, it should be considered that such arsenal of intensive care does not always satisfy the pathogenetic substantiation of the basic constituent of the intensive care program. In this connection, attention was paid to the properties and action spectrum of the derivatives of polyatomic alcohols, namely sorbitol, on the volume- and osmoregulatory function of the kidneys in patients with sepsis-induced hypotension.

Objective - to investigate the response of volume- and osmoregulatory function of the kidneys to Reosorbilact action in dopamine-dependent compensation of sepsis-induced hypotension.

Inclusion criteria - patients with purulent-septic complications with dopamine-dependent compensation of sepsis-induced hypotension (5-10 µg/kg min) and appropriate infusion therapy according to the starting indices: AAP>70 mmHg, APS>95 mmHg, CVP>4 mmHg, diuresis>30ml/h. Control studies - patients with systemic inflammatory response syndrome (SIRS: IDC-10: SIRS, ICD-10: R-65.2). Patients are divided into 4 groups: gr.I and gr.II - control studies (SIRS, n = 25); gr. and IV gr. - sepsis-induced hypotension (n = 28). Patients of II gr. and IV gr.