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**TOPICAL ISSUES OF NEW DRUGS
DEVELOPMENT**

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PHARMACOTHERAPY PLAGUE

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Plague - an acute infectious disease characterized by severe general condition of the patient, inflammation in the lymph nodes, lungs and other organs.

The highly contagious and very high mortality provided the basis attributed to plague especially dangerous, quarantine infections. For the plague is characterized by epidemics and pandemics with a very high mortality rate.

The disease is quite specific and less common, but due to the fact that the plague is to quarantine infections, the development of effective pharmacotherapy remains relevant in today's world.

Patients plague subject hospitalization in a special plague hospital. Treatment of patients should be integrated with the inclusion etiotropic and detoxification therapy.

Antibiotic therapy is prescribed to laboratory confirmation of the diagnosis. The main drugs for the treatment of all forms of plague are: streptomycin use to 1.0g, intramuscular or intravenous for 7-14 days; gentamicin to 5 mg / kg body weight, intramuscular or intravenous for once a day for 10 days; Doxycycline use to 200 mg followed by 100 mg 2 times a day for 10 days; Chloramphenicol (alternative drugs) use to 25 mg / kg body weight every 6 hours for 7 days. Alternative, modern drugs, is levofloxacin. Levofloxacin use to 500 mg once a day for 7-14 days.

To decrease intoxication and hemodynamic disorders use intravenous drip solutions, Ringer-Locke "Trisol", "Kvartasol", 5% glucose solution, hydroxyethyl starch (HES) derivatives (ionosteril). These solution administer bolus to recovery heart rate and blood pressure, and after the elimination of acute vascular insufficiency - drip.

If the introduction of therapeutic solutions in the vein cannot normalize blood volume and development of infectious-toxic shock, further added catecholamines (epinephrine, norepinephrine, mezaton) and glucocorticoids (100-150 mg of prednisone of other drugs). Infusion use with speed 40-60 drops per minute until complete and permanent eradication of acute vascular disorders.

Convalescents with bubonic plague, is discharged from the hospital or after 4 weeks from the date of clinical recovery, after two (5-6 days) control puncture buboes with negative results when bacteriological examination punctate.

For the pneumonic form of plague recovering discharged under normal chest radiograph and the presence of a normal body temperature for 6 weeks, and after three negative sputum-smear and mucus from the throat, held every two weeks. Also use vaccination.

Plague vaccination is of limited use and is not mandatory for entry into any country. The vaccine is not effective against the pneumonic form of plague. Plague vaccine is recommended for field workers in endemic areas and for scientists and laboratory personnel who routinely work with the plague bacterium.

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