

ENTEROSGEL IN THE COMPLEX THERAPY OF ALLERGIC DISEASES

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In the past decade, the methods of extracorporeal detoxication, such as hemosorption, enterosorption, and applicative sorption, have found a wide utility in medicine. Enterosorption is a safe and efficient method, which is applied upon diseases of different etiology. Enterosorption can be used both as monotherapy and in combination with conventional therapy. The application of enterosorption in treatment of allergic diseases is especially feasible.

We studied the efficacy of the enterosorbent Enterosgel in the complex therapy of patients with allergic diseases. All patients were divided in three groups.

- The first group included 88 patients (36 males and 52 females) with recurrent urticaria (RU) and Quincke's angioneurotic edema (QANE) at the age from 24 to 67 years. The duration of a disease is from 2 to 11 years. In the first group, parasitic invasion was diagnosed in 58 patients (16 patients were suffered from opisthorchosis and 42 patients were suffered from gisrdiasis).
- The second group included 76 patients (26 males and 50 females) with dermatitis at the age from 16 to 55 years. Atopic dermatitis (AD) was diagnosed in 28 patients (10 males and 18 females) and the duration of a disease is from 15 to 26 years. Recurrent dermatitis (RD) was diagnosed in 50 patients (16 males and 32 females) and the duration of a disease is from 2 to 8 years. In the second group, parasitic invasion was diagnosed in 48 patients (8 patients were suffered from opisthorchosis and 40 patients were suffered from gisrdiasis).
- The third group included 20 patients (6 males and 14 females) with atopic bronchial allergy (ABA) at the age from 16 to 24 years with the duration of disease from 2 to 6 years. The presence of food allergy (6 patients) and parasitic invasion (opisthorchosis was diagnosed in 4 patients) was detected. In the ABA patients and gisrdiasis was diagnosed in 10 patients.

The control group included patients, the complex therapy of which did not involve the use of enterosorbent.

All patients received conventional therapy. Enterosgel was administered in a daily dose of 45 g in three receptions 1.5 hour before meals and medication taking. The course of treatment lasted 14 days.

The efficacy of treatment was evaluated according to the dynamics of clinical implications and laboratory data. The ABA patients underwent the study of respiratory function prior to and after the course of treatment and monitoring of peakflowmetry. To study the effect of Enterosgel on the status of normal mutualists, we performed the dysbacteriosis analysis of feces prior to and after treatment. In the first group, the clinical effect was more pronounced in the patients suffered from RU caused by parasitic invasion. Enterosgel was administered for 3-4 days before, during and after performance of helminthic invasion. This allowed prevention of recrudescences of urticaria and decreasing dyspepsia disorders. A decreasing in the urticarial rashes and intensity of skin itch was noted even in Days 3-4 of treatment. In Day 5, the manifestations of Quincke's edema were reduced and the urticarial rashes disappeared completely, but skin itch remained. The complete disappearance of urticarial manifestations was noted in Day 10-12. Fast regression of the clinical symptoms of urticaria allowed performing specific examination with allergens, which is not always possible during exacerbation. The term of patient treatment was 16 days.

In the control group, the clinical response was noted in Day 7-8 of treatment and complete regression of the clinical symptoms was observed in Day 20-21. The term of treatment was 20-23 days.

In the second group, the positive effect was noted in the patients with the eczematous AD. In Day 5 of treatment of these patients, there was a decrease in the intensity of skin itch, edema, and dermahemia. Oozing lesion was terminated and limitation of excoriation sites was observed. A considerable improvement was observed in Day 14-16 of treatment. The patients with the lichenoid form of AD failed to achieve a considerable improvement. The course of treatment lasted 19-21 days.

In the control group, the clinical response was achieved in Day 7-8 of treatment. The complex therapy used higher doses of antihistamine drugs and glucocorticoids than in the second group. The term of treatment was 23-24 days. Administration of Enterosgel to the patients suffered from RD caused by parasitic invasion allowed considerable decreasing the clinical implications in Day 4-5 of treatment and complete arresting them in Day 13-14. The term of patient treatment was 14-16 days.

In the third group, a high clinical effect was noted in all ABA patients. Considerable decrease in the coughing and frequency and intensity of choking fits was observed even in Day 3-4. The choking fits were arrested in the most of patients in Day 10, which allowed decreasing the dose of bronchial spasmolytics and

complete elimination of them and performing the specific immunotherapy in 12 patients. The clinical effect was confirmed by the results of spirometry. We succeeded to normalize the indices of bronchial patency in all patients. Monitoring of peakflowmetry showed an increase in PEF and decrease in its daily variability below 20% even in Day 5-6 of treatment. The term of treatment was 16-18 days.

In the control group, the clinical response was observed in Day 8 of treatment. We succeeded to arrest completely the choking fits in Day 14 of treatment. The dose of sympathomimetics decreased until the maintaining dose; however, complete cancellation occurred in none of patients. Increase in PEF according to the data from peakflowmetry was noted in Day 8-9 of treatment. The course of treatment lasted 18-20 days. Improvement was also noted according to the laboratory indices: eosinophilia and the common IgE level decreased, but the contents of IgM and IgA did not change significantly. No complications upon Enterosgel administration were observed.

CONCLUSIONS

Thus, Enterosgel is a highly-active safe drug, which is well-tolerated by patients. Administration of Enterosgel in the complex therapy of patients with allergic diseases allows reduction of the terms of hospital treatment of patients by 10-15%, decreasing the need for antihistamine drugs, glucocorticoids, and bronchial spasmolytics, and reducing the treatment expenses by 15-20%.