APPLICATION OF PRELIMINARY DECOMPRESSION INTERVENTIONS ON THE BILE DUCTS

Shonazarov I.Sh
Abduraxmanov D.Sh
Samarkand State Medical University

Total percutaneous-transhepatic microcholecystostomy (CCMCS) under ultrasound control in the surgical treatment of patients with acute purulent cholangitis (AHC) was performed in 18 (21.7%) patients from 83 of the main study group. Drainage of the gallbladder under ultrasound control was performed through the area of the liver parenchyma in order to seal the canal and prevent leakage of bile into the abdominal cavity. Drainage in all cases was performed with an "umbrella" stylet - a catheter with a "basket" at the end, catheter diameter 4F and 9F.

After performing microcholecystostomy, the contents of the gallbladder were completely evacuated, its cavity was washed with saline to a clean discharge, and the drainage was lengthened. The drainage discharge was assessed visually and sent for bacteriological examination. The completeness of the emptying of the gallbladder cavity was monitored echographically .

Also, in the main study group with AHC, endoscopic papillosphincterotomy (EPST) was performed in only 27 patients. At the same time, 15 patients with AHC without a clinic of destructive cholecystitis underwent EPST and nasobiliary drainage (NBD) at the first stage. In 12 patients with a prevalence of acute destructive cholecystitis, this intervention was performed after PTCS. At the same time, it should be noted that in 9 patients with AHC, attempts at EPST and installation of NBD were unsuccessful, and in one case, the patient developed acute pancreatitis with a fatal outcome.

Thus, 2-stage surgical treatment was performed in 33 patients of the main group, which amounted to 39.7%. These patients, after a preliminary minimally invasive decompression of the biliary tract, underwent CE at the second stage on days 7-12, with 22 - LCE, 11 - MLCE, and in 6 of them, MLCE was supplemented with choledocholithotomy .

In 50 (60.3%) patients of the main study group, a radical operation - CE and choledocholithotomy was performed both from a wide laparotomic approach in 17 patients with a combination of ACH with acute destructive cholecystitis and peritonitis, and from a minilaparotomic approach in 33 patients.

At the same time, in the study group, 2 out of 83 operated patients died, mortality was 2.4%. The reason for the poor outcome was acute pancreatitis as a complication of transduodenal endoscopic intervention in 1 patient and ongoing peritonitis in 1 observation .

Postoperative complications developed in 10 patients, which amounted to 12.1%. At the same time, bilomas subhepatic region formed in 3 (3.6%) patients who were successfully sanitized by ultrasound-guided punctures. In 2 (2.4%) patients there was cholemic bleeding from the liver from the area of transhepatic puncture of the gallbladder.

External bile leakage was observed in 2 patients, during relaparoscopy , in 1 case, a failure of the cystic duct stump was detected, which was repeatedly clipped , in another 1 case, the gallbladder bed was coagulated as a source of bile leakage into the abdominal cavity. Duodenal bleeding was noted in 1 patient after EPST, the bleeding was stopped. 1 the patient formed subdiaphragmatic abscess sanitized by repeated punctures under ultrasound control. In 3 patients suppuration of the postoperative wound was observed.