

**MODERN VIEWS ON THE DIAGNOSIS AND TREATMENT OF PATIENTS
WITH DIFFUSE LIVER DISEASES ACCOMPANIED BY ABDOMINAL SURGERY****Makhmanazarov O.M***Bukhara State Medical Institute named after Abu Ali Ibn Sina.*

Abstract: *Globally, among chronic diffuse liver diseases, liver cirrhosis remains one of the pressing medical problems due to its significant growth rate and high mortality rate. According to the World Health Organization, approximately 300,000 patients die from liver cirrhosis every year. “Viral hepatitis, which is currently spreading significantly in the countries of Central Asia, as well as throughout the world, is considered a regional disease” Liver cirrhosis occupies a special place among chronic diffuse liver diseases in terms of its prevalence, complications and mortality rate. At the beginning of 2010, the number of patients with liver cirrhosis was 1-11%, the average age for this disease was 46 years, life expectancy for the disease was 3-6 years. According to the World Health Organization, liver cirrhosis is the 8th leading cause of death.*

Key words: *Liver cirrhosis; injuries; obstructive jaundice.*

Combined diseases mean the coexistence of two or more different diseases in the same body, at the same time, and complex treatment with surgery or intensive conservative methods, taking into account both pathological processes [1; 2].

A patient may have a primary disease and an additional disease that aggravates the course of one or more primary diseases. The main disease is a pathological process that causes the patient to come to the clinic and threatens his health and life [3].

The most common disease among the digestive organs is liver disease, and now, especially, the occurrence of diffuse liver diseases is significantly increasing. Liver cirrhosis is the most common among diffuse liver diseases, and although gastroenterologists, hepatologists, infectious disease specialists, surgeons, resuscitators, and transplantologists deal with this disease, it remains one of the urgent problems of modern medicine. It should also be noted that the number of cases of cirrhosis of the liver and the co-occurrence of this disease with other concomitant diseases are also increasing significantly [4; 5].

According to the WHO, 20-30% of hospitalized patients needing surgical treatment have additional, i.e. co-morbidities with the main disease [7].

According to the data provided by some authors, in the last two decades, the cases of liver cirrhosis and chronic pancreatitis, or even the combination of both mentioned diseases, have increased among men, especially those who drink a lot of alcohol. This situation increases the disability, reduces the average life expectancy and increases the amount of money spent on treatment [8].

Abdominal surgery and the increase in surgical aggression, simultaneous, extended operations, and the large number of elderly and elderly patients among patients have led to a significant increase in ventral hernia. He believes that the variety of surgical conditions that arise in the treatment of patients requires their systematization by dividing them into groups based on one or more dominant characteristics. It is emphasized that not only correct diagnosis, but also rapid prediction of the development of complications are of great importance in determining

the tactics and scope of operative intervention in the pathology of joint abdominal surgery [9]

Sherlock Sh., Dooley Dj. [10] noted that all operations performed in liver cirrhosis are associated with a risk of complications or death. According to the authors, 30% of postoperative mortality in liver cirrhosis is observed, and in another 30%, various complications are observed.

At the end of the 20th century, at the beginning of the 21st century, the achievements of world medicine, especially the development of anesthesiology and resuscitation, the improvement of pre- and post-operative intensive therapy, the repair of surgery, in particular, the diagnostic service with modern technical equipment - equipment, the quality, radical, expanded scope of the performed operations, even made it possible to eliminate several pathologies present in the patient at the same time (simultaneous operations) [11]

And mini-invasive methods have made unprecedented progress. The main thing is to expand the possibility of making a diagnosis, and it is possible to identify not only the dominant disease in one patient, but also additional pathologies. As a result, not only the disease or its complications, but also the factors that cause the disease, or the factors that aggravate the disease, and simultaneously eliminate them, became one of the main tasks of modern medicine [12].

In recent years, the increase of calculous cholecystitis from surgical diseases among the population indicates the urgency of this problem. In the methods of surgical treatment of chronic cholecystitis, cholecystectomy through a video laparoscope is considered the main method. Currently, 90% of cholecystectomy operations are performed using the above-mentioned method. Even with this method, according to the latest data, several pathological processes in the common bile duct are being eliminated [14].

It is known that LC is a multisystemic disease, and in most cases, it provokes and complicates existing accompanying diseases in the body, and in some cases, it directly accelerates the pathological process [11; 13].

We can see the following numbers when the postoperative complications, especially the mortality, are divided into groups according to the researcher's Child-Pugh method. That is, 10% in "A" group, 31% in "V" group and 76% in "C" group. According to the authors, the above complications were observed especially in biliary tract, gastric and duodenal ulcers and colon operations. The reasons for this are a decrease in the amount of albumin in the blood serum, the addition of infection, etc. [5; 14].

According to the opinion of medical scientists, the incidence of gastric and duodenal ulcer, cholecystitis, abdominal wall hernias, pancreatitis, and echinococcosis diseases is growing significantly together with LC [1].

Various conflicting theories are also found in the literature about the clinical course, etiopathogenesis of gastroduodenal ulcers against the background of cirrhosis of the liver, especially portal hypertension, and methods of treatment for their bleeding complications [1].

Loginov A.S. , believe that the use of H₂ receptor blocking drugs in hepatogenic gastric ulcers led to rapid wound healing in many patients, while some authors suggest using surgical methods in combination with conservative treatment. When gastric and

duodenal ulcers are accompanied by cirrhosis of the liver, the surgical method should be aimed primarily at eliminating portal hypertension. In this regard, the authors suggest the use of splenorenal anastomoses. In order to eliminate the factor of ulcer formation, organ-preserving operations in the gastroduodenal area, i.e., various vagotomy and drainage operations, were proposed [5].

Nazyrov F.G., Orokov Sh.T. In "hepatogenic ulcers" of the upper part of the gastrointestinal tract, he advocated popular conservative treatment against *Helicobacter pylori*, and the surgical method aimed at reducing portal hypertension was suggested to be performed only after the ulcer is completely healed. In this case, he believes that simultaneous operations, that is, operations aimed at eliminating portal hypertension and the wound at the same time, should be performed only in a planned manner [5].

In cases where LC and abdominal echinococcal disease occur together, the authors proposed treatment methods based on the Child-Pugh classification of JTs. In other words, Child-Pugh of liver cirrhosis proposed performing echinococcosis and JTs operations at the same time in "A" class of liver cirrhosis, while in "V" and "S" classes, mini-invasive methods were used to eliminate the echinococcal cyst without expanding the size of the operation as much as possible, cyst puncture under ultrasound control. they suggest limiting the removal and drainage of the chitin membrane of the parasite. Residual cavity elimination is considered not the main treatment.

Orokov Sh.T. presented some information on the treatment of patients with cirrhosis of the liver and hernias of the anterior abdominal wall. It is noted that in this case, the increase in pressure in the abdominal cavity and the loss of weight in a short period of time are the main reasons for the occurrence of hernia [5].

The authors suggested simultaneous operation of hernioplasty with peritoneoatrial valve shunting in patients with diuretic-resistant anterior abdominal wall hernias due to complications of liver cirrhosis, and abdominal drainage after hernioplasty even in the absence of ascites [13].

Also, in the literature, there is a lot of information about cases of acute and chronic pancreatitis, acute intestinal seizures with different degrees of cirrhosis of the liver. According to the data of some scientists, the rate of growth of acute and chronic pancreatitis diseases has been observed worldwide in the last 30 years. [90; 132;].

In the necrotic type of acute pancreatitis, in 40-70% of cases, as a result of the addition of endogenous infection to the necrotic process, the process of necrotic inflammation develops in the pancreas and surrounding tissues, which in turn leads to infectious-toxic shock, and later to septic polyorgan failure. In such cases, the outcome is up to 85% fatal [12].

According to the authors' data, the complications observed in other organs in this disease, i.e. complications of polyorgan failure, are 60.8% - 96.5% [13]. Especially, the early complications of the disease affect the cardiovascular system, lungs, liver, and kidneys, causing an increase in mortality. Liver failure is observed in one out of four patients with pancreatic necrosis, so 40% end in death [5; 9]. Pancreatic hepatargia, acute toxic dystrophy of the liver of varying degrees, is almost always observed in acute pancreatitis [5].

It is known that both of these diseases are members of the same system and topographically located in the same area and functionally related. The anatomical and

functional generality of the pancreatobiliary system, gallstone disease, choledocholithiasis or microcrystals in the biliary tract, stenosis or spasm of the biliary tract, inflammation or swelling of the large duodenal duct, dyskinesia of the biliary tract for various reasons, cause the rapid development of acute pancreatitis [8].

In such conditions, the violation of pancreatic secretion and the development of biliary hypertension are the leading factors in the pathogenesis of the disease [10].

Micro choledocholithiasis and small gallstones cause papillospasm, which later causes papillostenosis and secondary biliary pancreatitis. The mechanism of pancreatic autolysis begins with a violation of the secretion of glandular juice, which is caused by compression of the large duodenal tube and hypertension of the biliary tract due to obstructing microliths [5; 9].

The inflammatory process that started from the liver tissue initially leads to inflammation of the pancreas, and the pathological condition that has arisen in this organ, as a vicious circle, further derails the activity of the liver tissue, where there is re-inflammation, and has its effect on its functional state. That is why, in some cases, patients presenting with acute pancreatitis may not experience improvement in dynamics despite traditional treatment measures. One of the main reasons for this may be the process of developing one of the two pathological conditions as a result of acute pancreatitis combined with cirrhosis of the liver. In the treatment of joint diseases, we should first of all take into account the changes in the organs and tissues caused by these diseases. Because there may be joint disease factors that aggravate the general condition of the patient and the course of the main disease. This prevents treatment of the underlying disease [4].

At present, the operations performed for the diseases associated with cirrhosis of the liver, their method, scope, time, especially the specifics of intensive postoperative treatment, have been little studied, and there is little information about them [3; 6; 12].

According to the authors, the addition of mechanical jaundice against the background of chronic diffuse liver diseases increases the risk of developing kidney failure, acute wounds, bleeding and liquefaction syndrome in the patient. The outcome of postoperative complications in this category of patients depends on the timely detection of the accompanying disease and the treatment measures taken against it [59].

In some cases, patients turn to surgical hospitals due to the complications of several urgent diseases, and cirrhosis of the liver is detected in the hospital and in some cases during the operation [5].

Conclusion: in other words, at present, we did not find enough information in the literature we searched about diagnostic tactics, specificity of the clinical course, treatment tactics, indications and contraindications for operative treatment in cases of cirrhosis of the liver accompanied by mechanical jaundice. All of the above shows that there is still insufficient information in this area, the urgency of the problem. That's why we considered that it is necessary to carry out research and studies in this field.

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