

## TO THE SELECTION OF SURGICAL TREATMENT OF PERFORATIVE ULCERS OF THE DUDOM

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**Key words:** *duodenal ulcers, perforation, resection, pyloroplasty.*

**Relevance.** *A severe, life-threatening complication - perforation - occupies a leading position in the structure of mortality in duodenal ulcer (duodenal ulcer). The number of operations over the past decades has remained at the level of 7.5-13.0 per 100,000 people, and the mortality rate has ranged from 5 to 17.9% for many years. (Yu.M. Pantsyrev et al., 2004).*

**Purpose:** *to determine indications for choosing a method of surgical intervention.*

**Materials and methods:** We retrospectively analyzed 100 medical records of patients operated on for a perforated duodenal ulcer in the department of emergency abdominal surgery of the Fergana branch of the Russian Research Center for Emergency Medicine in the period from 2012 to 2014. Among them there were 73 men (73%) and 27 women (27%). The average age of the patients was  $46.3 \pm 3.48$  years. The time from the onset of the disease to surgery was: less than 6 hours - 40 patients (40%), 7-24 hours - 38 patients (38%), more than 24 hours - 22 (22%). In 37 patients (37%), purulent-fibrinous peritonitis was diagnosed, in 63 patients (63%) - serous-fibrinous. When choosing the method of operation, the localization of the ulcer, the presence of perifocal infiltrate and other complications of peptic ulcer were taken into account.

**Results:** A comparison was made of the results of resection methods of surgery and pyloroplasty. The first group included patients who underwent resection of 2/3 of the stomach according to B-1 - 12 patients (12%); in the postoperative period: complications in the form of suture failure occurred in 4 patients after B-1 - 33%, 3 patients died - 50%. The second group consisted of patients (88) after Judd pyloroplasty with truncal vagotomy - 55 (55%), without truncal vagotomy - 30 (30%); suturing perforation - 3 (3%); in the postoperative period: complications in the form of suture failure occurred in 2 patients after pyloroplasty - 2%, 2 patients died (2%). The groups of patients were comparable in age, gender and severity of peritonitis. In the first group of patients, the postoperative period averaged  $19.8 \pm 0.33$  days, in the second -  $10.1 \pm 1.7$  days.

**Conclusions:** Thus, Judd pyloroplasty gives better immediate results compared to gastrectomy and can be considered the operation of choice for perforation of duodenal ulcer.

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