

STAGED SURGICAL TREATMENT ACCORDING TO THE SEVERITY OF ACUTE PURULENT CHOLANGITIS

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The results of treatment of 83 patients with acute purulent cholangitis (AHC) that developed as a complication of cholelithiasis (GSD) are presented. The treatment was carried out taking into account the severity of AHC proposed at the conciliation conference in Tokyo (2013). In accordance with these criteria, mild severity of AHC was found in 54 (65%) patients, moderate in 18 (21.6%), and severe in 11 (13.2%) patients. Patients with AHC were subjected to various minimally invasive and open surgical interventions, taking into account the proposed severity criteria, as well as the presence of a clinic of acute destructive cholecystitis and peritonitis.

In patients with moderate severity (n=18) and severe AHC (n=11), the first stage of treatment in 20 patients was minimally invasive decompressive interventions.

At the same time, in 9 patients with acute destructive cholecystitis, gallbladder decompression was performed using percutaneous transhepatic microcholecystostomy (CCMCS) under ultrasound control. Then endoscopic papillosphincterotomy (EPST) and nasobiliary drainage (NBD) were performed in 5 of them. In the remaining 4 patients, PTCS significantly stopped the clinical manifestations of AHC. In 11 patients with AHC without a clinical picture of acute cholecystitis, the first stage was endoscopic transduodenal intervention - EPST with lithoextraction and NBD of the choledochus. At the second stage, these 20 patients underwent cholecystectomy-LChE-13, MLChE-7 on days 7-12, while in 4 MLChE it was supplemented with choledocholithotomy.

In 4 patients with a peritonitis clinic, according to emergency indications, laparotomy, CE, choledocholithotomy and sanitation of the abdominal cavity were performed. Another 5 patients with a progressive clinic of AHC, with an unsuccessful attempt at EPST, underwent CE with choledocholithotomy from an open mini-access.

In mild AHC, two-stage surgical treatment was performed in 13 (24.1%) patients, one-stage radical surgery was performed in 41 patients.

Thus, 2-stage surgical treatment was performed in 33 patients of the study 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.

At the same time, in the study group, 2 out of 83 operated patients died, mortality was 2.4%, postoperative complications developed in 10 patients, which amounted to 12.1%