



Diagnosis and Treatment of Emergency Abdominal Pathology at the Present Stage

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ABSTRACT

Objective: To evaluate the effectiveness of laparoscopic diagnosis and treatment of emergency abdominal pathology.

Materials and methods. An open prospective and retrospective study of clinical material was conducted using statistical and analytical methods of examination and treatment of 322 patients hospitalized in the Department of Pediatric Surgery of the Republican Scientific Center for Emergency Medical Care of the Samarkand branch in the period from 2007 to 2019.

Results. As a result, this method made it possible in our clinical studies to confirm and clarify the preliminary diagnosis in 161 (50%) patients, exclude the suspected pathology before the study in 91 (28%) patients and change the diagnosis in 70 (22%) patients.

Conclusions. Thus, laparoscopy allows you to reduce the percentage of unnecessary laparotomies, shorten the time of diagnosis, and reduce the occurrence of postoperative complications.

KEYWORDS: Laparoscopy, Emergency Abdominal Pathology, Diagnosis And Treatment.

INTRODUCTION

In recent decades, the rapid development of modern technologies in the field of endovideosurgery both abroad and in our republic has allowed us to take a fresh look at the role and place of this unique method in emergency surgery.

Currently, the problem of diagnosis and timely treatment of emergency abdominal pathology remains relevant. Laparoscopy for emergency abdominal pathology has gone a long way from devices with primitive diagnostic capabilities to upgraded video laparoscopic devices with the ability to perform a wide range of surgical interventions.

THE PURPOSE OF THE RESEARCH

To evaluate the effectiveness of laparoscopic diagnosis and treatment of emergency abdominal pathology at the present stage.

MATERIALS AND METHODS OF THE RESEARCH

An open prospective and retrospective study of clinical material was conducted using statistical and analytical methods of examination and treatment of 322 patients hospitalized in the Department of Pediatric Surgery of the

Republican Scientific Center for Emergency Medical Care of the Samarkand branch in the period from 2007 to 2019.

Indications for laparoscopy included: differentiation of diseases and injuries of the abdominal organs requiring emergency surgery from cases in which conservative treatment is possible. Also, with an unclear clinical picture, in which laparoscopy is the only suitable diagnostic method used. The quantitative composition of patients is presented in Table 1

Table 1. Quantitative composition of patients

№	Types of pathology	Quantity of patients (n=322)	%
1	Closed abdominal injury	146	45
2	closed abdominal injury combined injury with thoracic injury	61	19
3	open abdominal injury	90	28
4	Peptic ulcer of the stomach and duodenum, complicated by perforation	3	1
5	Acute appendicitis	19	6
6	Acute calculous cholecystitis	3	1

RESEARCH RESULTS AND DISCUSSION

The use of laparoscopy in practice for emergency abdominal pathology made it possible, together with the available diagnostic methods, to solve the issue of making an objective diagnosis at a significantly high level. This method made it possible in our clinical studies to confirm and clarify the preliminary diagnosis in 161 (50%) patients, exclude the pathology suspected before the study in 91 (28%) patients and change the diagnosis in 70 (22%) patients.

Of the three operations for acute calculous cholecystitis, two were performed by laparoscopic method, 1 patient underwent cholecystectomy by traditional method. All patients with acute calculous cholecystitis underwent surgery within up to 2 days from the moment of admission.

Appendectomy with laparoscopic access in acute appendicitis was performed in 14 (74%) patients out of 19 operated. Indications for laparoscopic appendectomy were all forms of destructive appendicitis, except for general peritonitis requiring intubation and intestines. The following forms of acute appendicitis were identified: catarrhal – 2; phlegmonous - 11; gangrenous - 1. Treatment of the stump of the appendix in 11 patients was performed by ligature method of endopetles of PDS, one patient – with the imposition of a pouch suture and two – with clips. There were no complications associated with the treatment of the stump of the process. Laparoscopy in acute appendicitis and difficulty with differential diagnosis of this pathology contributed to a noticeable decrease in the number of "futile appendectomies".

In addition, laparoscopy was performed in the diagnosis of perforation of gastric and duodenal ulcers in all clinically unclear situations. Of the 322 examined patients, three showed signs of perforation of gastric and duodenal ulcers, the patients were operated with laparoscopic access and with the use of minimally invasive techniques without fatal consequences. All patients were diagnosed with signs of complicated perforation and gastroduodenal ulcer. Laparoscopic suturing of a perforated ulcer was performed in 2 patients. In one case, with a large ulcerative defect, an "open" operation was performed - suturing of a perforated ulcer.

Laparoscopic surgery was performed in 47 out of 146 cases with closed abdominal trauma. At the same time, hemoperitoneum up to 500 ml was found in 10 (21.3%) victims associated with liver injury. The wounds were superficial in nature, which did not require an "open" surgical intervention. Indications for laparotomy were determined in 2 (4.2%) patients with spleen injury and in 4 (8.5%) cases with mixed types of injuries. During primary videolaparoscopy, hemorrhagic ce contents were removed from the abdominal cavity; hemostasis of liver wounds was performed using monopolar coagulation; lateral channels and pelvis were drained. In 28 (59.6%) victims of laparoscopy, no significant damage to the abdominal organs was found, the maximum amount of blood loss in this group of patients did

not exceed 500 ml, freely evacuated endoscopically. There were no signs of abdominal injuries in 3 (6.4%) cases.

The introduction of laparoscopy allowed early and timely detection of intestinal obstruction. The studies were carried out in order to differentiate the dynamic and mechanical forms of intestinal obstruction, as well as to detect the causes and possibilities of their elimination without extended surgical intervention.

Laparoscopic diagnosis of the causes of peritonitis was applied in 73 patients, including patients who had undergone surgery the day before. The purpose of the examination was to identify the localization of the source of peritonitis itself, its prevalence, the severity of changes in the parietal and visceral peritoneum, as well as to establish the possibilities of using laparoscopy to eliminate the pathological focus.

CONCLUSIONS

Thus, in emergency surgery, with proper equipment, there are all possibilities for the use of modern laparoscopic technologies. Laparoscopy allows you to reduce the percentage of unnecessary laparotomies, reduce the time of diagnosis, reduce the occurrence of postoperative complications.

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