

ANALYSIS OF THE RESULTS OF SURGICAL TREATMENT OF ACUTE ADHESIVE INTESTINAL OBSTRUCTION

Rayimov G.N.¹, Xolmukhamedov J.R.¹, Kholmatov K.², Dekhkonov Sh.Sh.², Nematjonov B.¹

1-Fergana medical Institute of Public Health

2-Fergana branch of the Republican Scientific Center for Emergency Medical Care

Article history:	Abstract:
Received: 20 th July 2022 Accepted: 20 th August 2022 Published: 30 th September 2022	<p>The number of patients with acute adhesive intestinal obstruction (AIO) is 3.5% of the total number of surgical patients in the hospital. Over the past 20 years, the incidence of (AAIO) has increased by 1.9 times. Relapses of (AAIO) after adhesiolysis account for 20.3–71.0% of patients. Operated in the Department of Emergency Abdominal Surgery of the Fergana branch of the RSCEM in the period from 2018 to 2021. 87 patients with acute adhesive intestinal obstruction (AAIO), among them 51 men and 36 women. Improving the results of treatment of this group of patients is to reduce the trauma of surgical intervention, that is, preference is given to local viscerolization and careful attitude to tissues, if necessary, the imposition of bypass adhesive conglomerates of the inter-intestinal anastomosis, in order to prevent adhesion formation, the use of barrier agents.</p>

Keywords: Acute adhesive intestinal obstruction, local viscerolysis, prevention of adhesion formation.

INTRODUCTION

The number of patients with acute adhesive intestinal obstruction (AIO) is 3.5% of the total number of surgical patients in the hospital. Over the past 10 years, the incidence of (AAIO) has increased by 1.9 times. According to the International Adhesion Society, postoperative adhesions in the abdominal cavity are the most common complication of abdominal surgery. For adhesive disease, 1% of previously operated patients are treated annually in surgical departments, 50% of whom develop acute intestinal obstruction with postoperative mortality from 10 to 15% [1, 4]. According to the literature, in 55–70% of patients, after abdominal surgery, an adhesive process develops in the abdominal cavity, leading to such a formidable complication as acute adhesive intestinal obstruction. Relapses of (AAIO) after adhesiolysis account for 20.3–71.0% of patients. Postoperative mortality in patients with ASCI ranges from 13 to 60%. Acute adhesive intestinal obstruction is resolved in 52.0–69.8% of patients by conservative treatment. In the surgical treatment of (AAIO), the threat of recurrence of peritoneal adhesive disease and (AAIO) remains. To date, the issue of the etiopathogenesis of adhesion formation has not been fully resolved, there are no effective means of preventing the occurrence of adhesions, and therefore there are no standard approaches to the treatment of (AAIO).

PURPOSE OF THE RESEARCH.

Retrospective analysis of the results of surgical treatment of patients with (AAIO) depending on the volume of dissection of abdominal adhesions.

MATERIALS AND METHODS OF RESEARCH

Over the past 4 years, 87 patients with (AAIO) were operated on, including 51 men and 36 women. For the first time, 22.1% of patients were hospitalized due to (AAIO), in the second - 23.8%, 51.9% - patients hospitalized more than twice. In 87 (58%) patients, there was more than 1 laparotomy in history. Surgical treatment was performed in cases of ineffectiveness of conservative therapy. The results of the following types of surgical treatment of (AAIO) were studied: total viscerolysis was performed in 52 (59.8 %) patients, partial viscerolysis — in 26 (29.9 %) patients, of which 14 (16 %) were additionally subjected to bypass adhesive conglomerates; interintestinal anastomosis due to the impossibility of separation of the adhesive conglomerate. If a pronounced adhesive process and a conglomerate of inflamed and infiltrated intestinal loops localized at the level of the middle sections of the small intestine were detected in the abdominal cavity, total viscerolysis could not be performed. Therefore, after local viscerolysis of the small intestine for 1 m from the ligament of Treitz, a section of the small intestine was mobilized 15 cm above the infiltrate. located along the axis of the transverse colon. The small intestine before anastomosis was intubated with a transnasal probe. After intubation of the intestine, the anastomosis area is additionally covered with a Tachocomb plate with interrupted vicryl sutures in order to isolate it from the peritoneum (Pat. of Ukraine No. 76766). When analyzing the results of surgical treatment of (AAIO) in assessing the prevalence of adhesions, we used the

classification we developed: I st. - local changes - adhesions (SS) in one area or segment of the organ; II Art. - regional changes - adjacent organs within the same floor are involved in the periproces; III Art. - common changes - the spread of the SS within two floors of the abdominal cavity; IV Art. - total changes - SS are detected throughout the abdominal cavity. Most often there were patients with II and III degrees of the spread of SS

RESEARCH RESULTS AND DISCUSSION

In the late postoperative period, AKI recurrence occurred in 16 (18.3%) patients. Conservative measures managed to resolve (AAIO) in 7 (8%) patients. 8 (9.1%) patients were operated on again due to (AAIO). The recurrence of (AAIO) during the first year after the first operation was observed in 46 (52.3%) patients, during the second year — in 21 (24.1%). In 54 patients with I and II Art. prevalence of adhesive adhesions, total viscerolysis was performed. The recurrence of (AAIO) in the late postoperative period was complicated in 13 (15%) patients. Local viscerolysis was used in III and IV Art. prevalence of adhesive adhesions, 13 patients additionally imposed a bypass adhesive conglomerate inter-intestinal anastomosis due to the impossibility of separation of the adhesive conglomerate. The late postoperative period was complicated by (AAIO) in 8 (9.2%) patients.

In the main group of patients, where local viscerolysis was used, a bypass adhesive conglomerate interintestinal anastomosis was applied, the concentration of oxyproline in the daily urine was increased and corresponded to 15.3 ± 1.22 mg/day, and in the comparison group — 40.4 ± 3.23 mg /day, with a control value of 8.2 ± 0.57 mg/day. The level of uronic acids was more than twice that of the comparison group, although both values were within the reference range. From the data obtained it can be seen that at III and IV Art. prevalence of adhesive adhesions, the long-term results of local viscerolysis are better than total, which is confirmed by a lower level of the connective tissue metabolite - hydroxyproline, the concentration of which was twice the control values (15.3 ± 1.22 mg/day).

Thus, the adhesive process is localized in the area of surgical intervention. After urgent surgical interventions in connection with (AAIO), 19.3% of patients had a recurrence of (AAIO). A positive result of conservative treatment of (AAIO) does not give confidence in the absence of the likelihood of recurrence of (AAIO). The main reason for the unsatisfactory results of surgical treatment is the recurrence of adhesive disease of the peritoneum. Improving the results of treatment of this group of patients is to reduce the trauma of surgical intervention, that is, preference should be given to local viscerolization and careful attitude to tissues, if necessary, the imposition of bypass adhesive conglomerates of the interintestinal anastomosis, and also to prevent adhesion formation, use barrier agents, which is confirmed by a lower concentration of hydroxyproline in daily urine equal to 15.3 ± 1.22 mg/day, in contrast to the comparison group.

LITERATURE

1. Алиев, С.А. Особенности диагностики и хирургической тактики при спаечной кишечной непроходимости / С.А. Алиев // Хирургия. 1994. -№ 2. - С. 13-17.
2. Бебуришвили, А.Г. Пути повышения безопасности лапароскопических вмешательств у больных со спаечной кишечной непроходимостью / А.Г. Бебуришвили, И.В. Михин, А.А. Воробьев и соавт. // Эндоскопическая хирургия 2006. - № 2. -С. 16-17.
3. Бебуришвили, А.Г. Лапароскопические операции при спаечной болезни / А.Г. Бебуришвили, И.В. Михин, А.А. Воробьев и др. // Хирургия. 2004. -№ 6.-С. 27-30.
4. Райимов, Г. Н., Набижонов, О. Г., Каттаханова, Р. Ю., & Холматов, К. К. (2014). Лечение гнойных осложнений в неотложной абдоминальной хирургии. *Инфекции в хирургии*, 12(3), 36-36.
5. Qosimova, M. Y., & Yusupova, N. X. (2020). On a property of fractional integro-differentiation operators in the kernel of which the meyer function. *Scientific-technical journal*, 24(4), 48-50.
6. Rayimov, G. N., Tillaboldiyev, A. R., Saloxiddinov, N., & Sh, D. S. (2022). Actical Errors in Surgical Treatment of Strengthened Abdominal Hernias. *The Peerian Journal*, 5, 130-135.
7. Qosimova, M. Y., Yusupova, N. X., & Qosimova, S. T. (2021). On the uniqueness of the solution of a two-point second boundary value problem for a second-order simple differential equation solved by the bernoulli equation. *ACADEMICIA: An International Multidisciplinary Research Journal*, 11(9), 969-973.
8. Комаров, Б. Д. Отдаленные результаты хирургического лечения спаечной болезни / Б.Д. Комаров, И.А. Чекмазов // Хирургия. 2002. - № 7.-С. 72-74.
9. РАЙИМОВ, Г., & КОСИМОВ, Ш. СОВРЕМЕННЫЕ АСПЕКТЫ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ БОЛЬНЫХ СПАЕЧНОЙ БОЛЕЗНЬЮ БРЮШИНЫ И ЕЕ ОСЛОЖНЕНИЙ. *ЭКОНОМИКА*, 1002-1014.