Method Of Treatment Of Cholelithiasis In Children

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ABSTRACT

The problem of cholelithiasis in pediatrics is extremely relevant today, which is explained by the annual increase in the number of detected cases and difficult diagnosis. Blurred and unexpressed clinical symptoms do not allow suspecting the formation of stones in the gallbladder in the early stages. Many questions remain regarding the choice of tactics in relation to treatment options for gallstone disease in childhood. For a long time, gallstone disease has traditionally been considered a pathology of adults. Accordingly, almost the entire volume of scientific research was devoted to the diagnosis and treatment of this pathology in the above group of patients

Keywords: cholelithiasis in children, childhood diseases, treatment of cholelithiasis, cholelithiasis in children, childhood diseases, treatment of cholelithiasis

Relevance. For a long time, cholelithiasis (GSD) was considered a pathology of adults. Accordingly, almost the entire volume of scientific research was devoted to diagnostics and this object of study belongs to groups of patients [3, 5, 8, 10, 15, 17]. Only in recent years have been found individual works on the study of cholelithiasis in children [2, 9, 12, 16, 17]. At the same time, many questions remain regarding the choice of treatment tactics for this childhood. There are many opinions regarding the cause of gallstones, and the views on this problem among pediatric surgeons and general surgeons are often directly opposite, which indicates that this problem has not been resolved [1, 4, 6, 7, 11, 13, 14].

Purpose of the study. To improve the results of diagnosis and treatment of cholelithiasis in children based on the optimization of early diagnosis, differentiated treatment tactics. Results of the study and their discussion. We conducted a study in the periods from 2020 to 2022 of those being treated with a diagnosis of cholelithiasis in the surgical department of the multidisciplinary children's medical center of the Kharezm region, which consisted of 75 children in the first group. The age of the patients ranged from 5 to 16 years, the mean age was approximately 10±5.2 years. in girls, 71.2% of cases were noted, respectively, in boys - 30.1%. Against the background of anemic conditions, cholelithiasis developed in 7.8% of patients. About a third of these patients complained of moderate pain or a feeling of heaviness in the epigastric region of the abdomen.

Against the background of a violation of the diet, clinical symptoms occurred in 17% of children. At the same time, all indicators of blood and urine tests, liver profile are within the normal range. The above symptoms served as an indication for an ultrasound examination. In patients with ultrasound examinations in all patients with a diagnosis of cholelithiasis, hyperechoic formations are found in the gallbladder, which shifts with a change in body position. One patient admitted to the

department for urgent indications had manifestations of obstructive jaundice: an increase in the level of total bilirubin and its direct fraction, severe icterus of the skin. To obtain comparative data, 40 children with chronic acalculous cholecystitis were included in the second group. In 62.8% of cases, the disease was observed in girls, respectively, in boys - 37.2%. All patients underwent ultrasound examination of the gallbladder. Almost everyone has thickening and heterogeneity of the gallbladder wall. In 17%, deformational changes in the body of the gallbladder were detected. When examining patients in this group, none of the patients had pathological changes in the gallbladder area. In all patients, after establishing the diagnosis of cholelithiasis, a survey radiographic examination of the abdominal cavity was performed to detect calcified stones in the gallbladder. In three patients, calcified calculi were clearly visualized, as a result of which conservative treatment was not carried out for children and indications for surgical treatment were established. The remaining 72 patients were prescribed conservative therapy under the supervision of a gastroenterologist. After the conservative therapy, a control ultrasound was performed, which was found in all children with stones in the gallbladder. The presence of calcified stones in the gallbladder and the lack of effect of conservative therapy was an indication for surgical treatment. For several years, there has been an evolution of the methods of surgical treatment used for the surgical treatment of cholelithiasis in children. Between 2020 and 2022, 11 patients underwent cholecystectomy through a Kocher laparotomy incision. From 2020 to 2022, minilaparotomy manipulations were used for cholecystectomy in 9 patients. Since 2022, 63 children have undergone laparoscopic cholecystectomy. One child with obstructive jaundice underwent laparotomy with fundus cholecystectomy for urgent indications. During surgery, a membrane was found in the distal part of the common hepatic duct, which was destroyed during probing of the duct for its drainage according to Halsted. After the elimination of the phenomena of obstructive jaundice and the contrasting of the extrahepatic bile ducts, which showed their complete patency, the drainage was removed. All removed macropreparations were sent for histopathological examination.

Conducted in the course of the study in the preoperative period, ultrasound of the hepatobiliary system revealed in all patients with cholelithiasis various variants of deformity in the area of the cystic duct. Similar changes in the cystic wall were also detected during surgical treatment. No calculus was found in the extrahepatic bile ducts in any patient In a detailed pathohistological study, in all cases, the removed gallbladder had signs of chronic inflammation and, in confirmation of the ultrasound data, deformation or narrowing of the cystic duct of various lengths. All patients in the immediate and late postoperative periods were under the supervision of a gastroenterologist. In the period from one to ten years of follow-up in the postoperative period, none of the patients had a recurrence of cholelithiasis.

Conclusions. One of the main causes of cholelithiasis in children is changes in the area of the cystic duct, which most likely leads to difficulty in the outflow of bile from the gallbladder, followed by the formation of calculi. Therefore, conservative treatment for cholelithiasis in children seems to be ineffective, and cholecystectomy may be the method of choice in the treatment of this pathology.

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