Diagnosis and treatment of patients with acute intestinal obstruction

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ABSTRACT

In order to improve the diagnosis and treatment of acute intestinal obstruction, there was a study of patients cured during 2018-2023.

Keywords: Intestinal obstruction, phytoeseoar, adhesive process

The problem of diagnosis and surgical treatment of patients with acute intestinal obstruction (OCP) is one of the most difficult in urgent surgery, which is due to the steady increase in the number of these patients, late admission to hospital, diagnostic errors at the pre-hospital stage, a large number of postoperative complications, a high mortality rate of 20-50% and has no downward trend [1, 2, 8].

The increase in the incidence of CTC, which now accounts for 10% of all urgent abdominal diseases, in recent years many authors attribute to the increasing operational activity in the diagnosis and treatment of surgical diseases, as well as with the development of adhesive disease [2, 3]. Adhesion after laparotomy was observed in 64-93% of observations. It should be noted that the results of treatment of KAP largely depend on the timing of diagnosis and the volume of emergency care. Postoperative mortality ranges from 4.6 to 40% depending on the duration of the disease.

The purpose of the work: improving the results of treatment of patients with different origins of CTC by applying different methods of diagnosis and choosing the appropriate surgical tactics.

Materials and methods: the results of treatment of 199 patients treated at the 7-city clinical hospital of Tashkent and at the 2-clinic of the Tashkent Medical Academy from 2018 to 2023 were analyzed. with the diagnosis of OCP.

Age varied from 18 to 84 years. Men were twice more than women. In 21 (14.7%) intestinal obstruction was resolved conservatively. The remaining 178 patients were operated on.

Of these, 24 (16.1%) patients are suffering from acute intestinal obstruction (OC), 35 (23.5%) are suffering from intestinal obstruction (OCS), 68 (45.6%) are suffering from acute spastic intestinal obstruction (USC), and 1 (0.3%) are experiencing anagery.

We have developed an algorithm of treatment and diagnostic measures, including diagnostic elements of all kinds of acute intestinal obstruction and indications for any method of operative treatment.

When patients were admitted to the hospital, they collected a history of illness and life to find out the type and nature of intestinal obstruction, conducted a rectal examination to exclude the unit of the distal gastrointestinal tract. In addition to laboratory methods, abdominal X-rays and ultrasonic examination (ultrasound) were also performed to detect pendulum-like movement® of the small intestine and the presence of free fluid.

In the case of tumor genesis, patients suffered from weight loss, abdominal distension, gas dissipation and lack of stool. In rectal examination, most often, we found the formation of rectum (4 cases) or an empty ampoule - a symptom of «Obukhovskaya hospital» (19 observations). And it was also possible to eliminate KAP, the cause of which was the Kale stones (11 observations).

With spastic intestinal obstruction, the pathognomonic symptom was the presence of pronounced persistent abdominal pain and occasional contractionary pains. With high STD, vomiting was the leading symptom. It is possible to have a stool and flushing due to the discharge of the small and large intestines below the obstacle.

When obturation of intestinal obstruction was suspected, there was knowledge of the operations suffered, such as gastric resection, calculus anamnesis, worm infestation and mental illness. Phytotbezoars were found in patients with gastric resections performed on Bilroth II (17 patients). The absence of gallstones in the gallbladder in patients with calculus history made it possible to suspect about KAP (2 cases). Patients with psychiatric disorders mostly had trichobezoars (2 cases) and foreign bodies (4 observations).

An endoscopic method of diagnostics was introduced in the algorithm developed for suspicion of high obturation of QPOP for phytoezoars and foreign bodies. Because a retrospective analysis of this population showed that in some cases, a block located in the gastroenteranastomosis area or in the duodenum was identified during the surgery, which would have been possible to eliminate endoscopically (phytodesoar - 2 cases, specific in the lumen of the stomach and duodenum - 3 cases).

After hospitalization, conservative activities began, including stomach decompression, an infusion program, intestinal stimulation, and an enema that lasted for two hours.

When there were signs of KH resolution (pain relief, nausea, swelling, gas release and stool removal), a control X-ray was performed to evaluate the digestive tract using a barium sulfate solution. The decision on further tactics is made after repeated R-examination of the abdomen (after 1.5-2 hours and 3.5-4 hours). In case of mechanical obstruction in the intestine after 1.5-2 hours, is identified

Results

As a result of a complex of treatment and diagnostic measures, 21 (14.7%) patients managed to eliminate the phenomena of the CPA conservatively. 23 (15.8%) patients with USCS, selected from the indications, were performed video laparoscopic adhesiolisis with decompression of the upper gastrointestinal tract.

The rest of the patients had open operations. All operations were performed under the endotracheal anaesthesia, the operating access was a wide median laparotomy.

In the remaining patients with OSKN adhesiolisis is made by laparotomy. In 2 patients with a rectum twist, mesosygmoplasty is performed according to Gagen-Thorn. Of the 48 patients with obturation intestinal obstruction, three were caused by

trichobezoars, one of which was more than 10 cm in diameter; three were caused by a gallstone penetrating the lumen of the small intestine through the bladderduodenal fistula; in 4 cases foreign bodies of the stomach and duodenal intestine were identified; in 32 patients phytotheoar was identified and in the remaining cases oncopathology. In cases where the tumor genesis was unavoidable, the operation ended with the removal of the stoma for further treatment in a specialized hospital.

During the operation, we consider intubation and decompression of the intestine to be obligatory. We prefer nasoenteral intubation. At the same time, intubation reduces intestinal hypertension, allows well-emptying the aperitical intestine, provides a functional favorable position of the intestine, promotes early recovery of motor function, implementation of early enteral nutrition.

Conclusions

1. The greater the effectiveness of treatment of patients, the earlier the patient requests medical assistance when signs of CTC appear and the earlier specialized medical care begins to be provided;
2. Laparoscopic adhesiolisis in USCS is successful when performed according to indications in early time patients with a small number of previous laparotomies. This reduces the hospitalization time and the number of postoperative complications. It should be noted that laparoscopic adhesion is only by an experienced surgeon.
3. During the operation, we consider it necessary to carry out intestinal intubation as a nasoenteral probe with obvious advantages.

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