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Minimally Invasive Methods Of Treatment Of Patients With Acute Cholecystitis

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ABSTRACT

Acute cholecystitis remains an urgent problem of modern emergency surgery. The incidence of acute cholecystitis still remains at a high level - 20-25% of patients in surgical departments. The number of destructive forms of the disease in older patients often exceeds 40%. The level of postoperative lethality in this category of patients remains high and reaches 20% during operations at the height of an attack, and in the presence of severe concomitant pathology postoperative lethality exceeds 40-50%. However, in case of delayed or planned surgical intervention after additional examination of patients and correction of concomitant diseases the level of postoperative lethality can be significantly reduced - it does not exceed 0.5-1%.

Keywords:

Acute cholecystitis, minimally invasive treatment methods, cholelithiasis

Acute cholecystitis ranks second in the frequency of urgent surgical diseases in Ukrainian hospitals. Despite a marked improvement in treatment results, mortality after emergency operations (9.4-37%) for acute cholecystitis complicated by peritonitis remains several times higher than in planned surgical interventions. There is an increase in the number of elderly and elderly patients who constitute the so-called risk group due to severe concomitant pathology. In these patients, the mortality rate from acute cholecystitis often reaches 27%. To date, the most controversial issues in the treatment of acute cholecystitis are the correctness of diagnosis and the timing of surgical intervention with the definition of the type of surgery.

Despite the fact that the problem of surgical treatment of calculous cholecystitis and its complications has been developed by many surgical schools, nevertheless, there are still many unresolved questions on diagnosis,

surgical tactics, surgical technique. This is especially relevant in connection with the widespread introduction of minimally invasive technologies.

Constant, not weakening interest of surgeons to the problem of calculous cholecystitis is also due to the fact that the number of patients with calculous cholecystitis is growing. Acute cholecystitis in emergency surgery is on the second place after acute appendicitis, and among elderly and old people it occupies the first place, the frequency of intra- and postoperative complications is growing proportionally.

Lethality in surgical treatment of calculous cholecystitis varies from 0.17 to 1.8% and in its acute forms reaches 2 - 10%, and in older age groups up to 20%. Calculous cholecystitis complicated by pathology of bile ducts leads to fatal outcomes in 9% of cases. It should be emphasized that there was and is no unified approach to determining the timing of

surgical intervention in acute cholecystitis, especially in the group of persons with increased surgical risk.

The introduction of minimally invasive technologies in the surgery of calculous cholecystitis has not been smooth. These technologies have brought with them specific complications characteristic only for them.

At laparoscopic cholecystectomy complications occur in 25%, lethality is 0,5 -2%, which makes little difference between laparoscopic cholecystectomy and traditional intervention. Laparoscopic cholecystectomy did not lead to elimination of such severe intraoperative complication as extrahepatic bile ducts damage, which occurs in 0,6 - 1,4% of cases at laparoscopic cholecystectomy. Emerging intraoperative complications and technical difficulties at laparoscopic intervention force surgeons to resort to conversion in 3-5% in chronic cholecystitis and up to 30% in acute cholecystitis. Therefore, the development of safe technique of intervention, methods of correction of complications at minimally invasive interventions is a rather urgent task today. It is not unimportant to solve the problem of indications for conversion at minimally invasive technologies before intraoperative complications occurrence as a preventive measure. Conservative ways of treatment of patients with cholelithiasis such as extracorporeal lithotripsy, litholytic therapy are not pathogenetic and effective. They have a high frequency of complications, relapse of the disease, therefore they are not an alternative to surgical treatment. Surgical methods of treatment of patients with cholelithiasis are the main, conservative methods are necessary in complex therapy of these patients. In modern surgery on abdominal organs, various approaches have been developed and implemented for performing surgical manipulations, including: laparotomy, minilaparotomy, videolaparoscopy, hybrid operations. Removal of the gallbladder in patients with gallstone disease by videolaparoscopy in modern minimally invasive surgery is the "gold standard". Until the 90s of the last century, laparotomy was the main access for cholecystectomy in the Russian

Federation. According to various authors, performing laparotomies for surgical interventions on extrahepatic bile ducts contribute to the development of complications with a frequency of up to 37%. Laparotomy is the main cause of many postoperative complications, such as suppuration, eventration, bleeding from wounds, postoperative hernias, which increase the duration and cost of treatment, as well as mortality. The first video laparoscopies were performed by Nezth C. and Mouret, respectively in 1986 and 1987. According to the World Organization of Endoscopic Surgeons, as a result of the use of minimally invasive video laparoscopy in the treatment of gallstone disease, not only tremendous successes, but specific complications have been achieved. One of the newly emerged types of iatrogenic injuries during video laparoscopy is electrical trauma of the biliary tract. At the first stage of the development of laparoscopic surgery, according to some authors, the number of damage to the extrahepatic bile ducts more than doubled. These data indicate the need to optimize minimally invasive methods.

Currently, with the availability of equipment and surgeons who fully possess minimally invasive techniques, there are no contraindications to performing laparoscopic cholecystectomy. According to the literature, the introduction of endovideosurgical interventions in the structure of all surgical operations in individual clinics reaches 70%. According to the opinion and results of most surgeons, video laparoscopic technologies reduce the time of surgery, contribute to reducing the number of inflammatory complications, there is no pronounced postoperative intestinal paresis and pain, bed-day is reduced, mortality. All the positive aspects of videolaparoscopy as a surgical method were analyzed and described in the eighties and nineties of the last century. According to the literature, the diagnostic effectiveness of endovideosurgery has increased to 100% in 10-15 years. In modern abdominal surgery, videolaparoscopic surgical interventions in emergency surgery are used along with laparotomy.

All the positive aspects of video laparoscopy are widely described in the literature. These are low invasiveness of operations, reduction of inflammatory complications, bed days, cosmetic effect.

The most promising of modern laparoscopy methods is minilaparoscopy, thanks to the use of equipment with a diameter of up to 5 mm.

Many surgeons claim that the widespread introduction of endovideosurgical technologies is associated precisely with minimally invasive, cosmetic benefits, and early recovery. Comparative studies of the use of videolaparoscopy and laparotomy in the treatment of gallstone disease show that video surgery is characterized by better visibility and visibility of the operating area for any patient's physique. Thanks to a better overview of the abdominal cavity, the diagnosis of other diseases increases to 100%, and it is also possible to perform a side operation.

According to the literature, in many surgical hospitals, gallbladder removal by videolaparoscopy ranges from 95% to 98%. But with pathology of the extrahepatic biliary tract, laparotomy is more often used. Currently, in many clinics, endoscopic technologies through the large duodenal papilla of the duodenum are widely used in the treatment of patients with cholelithiasis. According to many authors, endoscopic technologies of interventions through the large duodenal papilla of the duodenum have positive qualities, which are expressed in minimally invasive, rapid recovery of working capacity.

Conclusions: In recent publications, there is no shortage of descriptions of the advantages of minimally invasive methods of gallbladder removal (laparoscopic cholecystectomy, cholecystectomy from a mini-access) in comparison with cholecystectomy performed from a wide laparotomy access. However, there is not enough comparative analysis in the literature based on objective research methods, laparoscopic cholecystectomy and cholecystectomy from a mini-access. Research in this area is of sufficient interest, especially in terms of assessing the negative impact of these methods on the functions of patients' organ systems. The issues of surgical tactics in

complication of calculous cholecystitis with pathology of extrahepatic bile ducts are quite complex and unresolved in full, this is especially important with the widespread use of minimally invasive technologies.

Literature:

1. Saidullaev Z.Ya., Ergashev F.R. "Fresh" lesions of extrahepatic bile ducts (Literature review) Questions of science and education., pp. 104-124
2. SS Davlatov, KE Rakhmanov, ZYA Saidullaev "FRESH" DAMAGE TO THE EXTRAHEPATIC BILE DUCTS (LITERATURE REVIEW) Issues of science and education, 104-125
3. SS Davlatov, KE Rakhmanov, ZYA Saidullaev ALGORITHM FOR THE MANAGEMENT OF PATIENTS WITH BILE DISCHARGE AFTER CHOLECYSTECTOMY Journal of hepato-gastroenterological research 1 (1)
4. Davlatov S.S., Saidullaev Z.Ya. Minimally invasive interventions in mechanical jaundice of tumor genesis of the periampular zone COLLECTION of Scientific and practical conference of young scientists of SamMI, p. 170
5. Saidullaev Z.Ya., Ergashev F.R. Results of surgical treatment of patients with lesions of the magnetic bile ducts Questions of science and education., pp. 126-141
6. Kurbaniyazov Z.B., Kholbutaev O.I. Surgical treatment of patients with destructive cholecystitis HiST" All-Ukrainian Journal of Students and Young Scientists, page 426.
7. ZY Saydullayev, ZB Kurbaniyazov, ST Khujabayev, SS Davlatov Evaluating the effectiveness of minimally invasive surgical treatment of patients with acute destructive cholecystitis The First European Conference on Biology and Medical Sciences, 101-107