CONJUGATED TREATMENT OF ACUTE PURULENT CHOLANGITIS IN ADULTS FROM 26 TO 80

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Relevance. Acute purulent cholangitis is one of the severe and life threatening complications of bile tract diseases, which is an acute inflammation of the bile ducts, formed against the background of a persistent violation of bile outflow function. One of the most important causes of bile outflow failures is bile stone disease.

Research purpose. This study aims to improve the results of treatment of patients with acute purulent cholangitis by improving efficiency in optimizing tactical and technical aspects of complex surgical treatment.

Materials and methods. From 2012 to 2022. In the surgical departments of the clinic of the Samarkand Medical Institute, 187 patients with acute purulent cholangitis formed as a complication of housing and communal services were operated on. The age group of patients ranged from 26 to 80 years, an average of 54 + 14 years. Men 67 (36.5%), women 120 (64.2%). acute purulent cholangitis as a complication of LCD developed as a result of choledocholytiasis and chronic calculous cholecystitis in 105 (56.1%), acute calculous cholecystitis and choledocholytiasis in 82 (43.9%) patients, in addition, acute destructive cholecystitis was complicated by various variations in peritonitis in 32 patients (flooding)

Diagnosis of acute purulent cholangitis was carried out on the basis of a clinical picture (Sharko triad, Reynolds pentad), laboratory and instrumental research methods (sonography, RPHG, MRI-cholangiography).

Results and discussions. All patients in the acute purulent cholangitis sample were assigned to 2 groups. The comparison group was 73 (39.1%) patients who were operated in the clinic from 2010 to 2014, the main one - 114 (60.9%), who were under treatment 2015-2020. In the main group, the treatment of patients was implemented with the fact that the severity of acute purulent cholangitis proposed at the conciliation conference in Tokyo (2006) was taken into account. In accordance with these criteria, the mild severity of acute purulent cholangitis was stated in 74 (65%), the average in 24 (21.6%), severe in 15 (13.2%) patients with APC.

In the main sample, the group of patients with moderate severity (n = 18) and severe OSH (n = 11). At the first stage of treatment, 21 patients were subjected to miniinvasive decompressive interventions. At the same time, 8 patients with acute destructive cholecystitis underwent gallbladder decompression by transdermal-transhepatic microcholecystomy (PMCS) under direct ultrasound control. Then, 5 of them underwent endoscopic papillosphincterotomy (EPST), as well as nasobiliary drainage (NBD). In the remaining 3 patients, ChMHC significantly stopped the clinical
manifestations of acute purulent cholangitis. In 11 patients with acute purulent cholangitis without an acute cholecystitis clinic, the first stage was endoscopic transduodenal intervention - EPST with lithoextraction and NBD choledoch. The second step in these 20 patients on day 7-12 was cholecystectomy-LHE-13, MLKhE-7, with 4 MLHE supplemented with choledocholithotomy.

In 4 patients with a peritonitis clinic, laparotomy, CE, choledocholithotomy and abdominal sanitization were performed according to emergency indications. Another 5 patients with a progressive clinic of acute purulent cholangitis with an unsuccessful attempt at EPST performed a cold ectomy with choledocholithotomy from an open mini-access.

In order to stop inflammatory events in the bile ducts, prevent formation of microabscesses and abscesses in the liver, these patients underwent sanitization perfusion of the biliary tract with 0.06% sodium hypochlorite solution by the method developed by us.

**Conclusion.** Stage surgical treatment with decompressive interventions was carried out in 81.9% of patients with severe severity, 61.5% of moderate severity and 24.2% with mild severity of acute purulent cholangitis. Percutaneous rehabilitation of the biliary tract contributed to the early cupping of cholangitis, the prevention of the formation of cholangiogenic abscesses and the development of biliary sepsis. Reduced postoperative complications from 24.6% to 12.1%, lethality from 8.2% to 2.4%.