

THE VALUE OF LAPAROSCOPY IN THE DIAGNOSIS AND TREATMENT OF EMERGENCY DISEASES OF THE ABDOMINAL CAVITY

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INTRODUCTION

The current trend in the development of surgery is to reduce the invasiveness and trauma of surgical interventions. In connection with the development of surgical technologies, one of the main tasks in surgery is the minimization of surgical trauma and the subsequent reduction in the number of postoperative complications and mortality, as well as the duration of inpatient treatment of patients while maintaining the quality of surgical care. Today, emergency surgery can no longer be imagined without laparoscopy. The value of laparoscopy in such situations is invaluable. The method makes it possible to carry out diagnostics with a greater degree of informativeness, and when establishing a pathology in the abdominal cavity, it provides an opportunity to transform a diagnostic manipulation into a therapeutic one.

The purpose of the study is to improve the results of surgical treatment of patients with acute surgical diseases of the abdominal organs, by improving diagnostic and therapeutic laparoscopy.

Materials and methods: Since 2019-2021, diagnostic laparoscopy (DL) for acute surgical diseases of the abdominal organs was performed in 488 patients, of which 145 with abdominal trauma, in the Bukhara branch of the RSC EMC based on surgical departments. There were 308 (63, 1) women, 180 men (35.8%). The age of the patients ranged from 19 to 75 years. We used video-laparoscopic equipment manufactured by “Karl Storz, Germany”.

Research results. Out of 207 patients with suspected acute appendicitis (OA), in 102 (49.3%) patients with DL, the diagnosis was confirmed, of which 72 (71%) patients underwent laparoscopic appendectomy. The diagnosis of acute catarrhal appendicitis in DL was established in 9 developing appendicular infiltrate - in 2 patients. As a result of DL, acute surgical pathology of the abdominal organs was excluded in 36 (17.4%) cases with suspected acute appendicitis before surgery. In 3 patients, due to the retrocaecal location of the process,

it was not possible to obtain objective or indirect information about the condition of the appendix.

The most difficult is the diagnosis of the catarrhal form of OA, due to the lack of clear visual signs. A reliable criterion for the detection of catarrhal inflammation are hyperemia and edema of the appendix. To identify the edema of the process, the following technique was used: the process, fully brought into the field of view, was lifted with an instrument, which was held under its middle part. In the presence of edema, the process was used in the following way: the process, fully brought into the field of view, was lifted with an instrument brought under its middle part. In the presence of edema, the process did not hang from the instrument, but retained its former horizontal position.

The diagnosis of the phlegmanous form of OA was established by revealing bright hyperemia and infiltration of the wall of the appendix in combination with fibrinous overlays on the serous cover. Gangrenous OA is characterized by the presence of inflammatory foci of dirty green, dirty gray color and massive fibrinous overlays on the process and its mesentery, the detection of perforated holes on the current appendix indicates the unlimited process. In destructive forms of OA, more or less peritoneal fluid was found during DL exudate. In this case, it is possible to accurately determine the spread of fluid in the abdominal cavity, the presence of fibrin deposits on the peritoneum, in contrast to traditional intraoperative diagnostics using access in the iliac region. Diagnostic difficulties during laparoscopy arose in 3 (4.1%) patients; the appendix was inaccessible to examination or was partially visible. In such situations, the diagnosis was established by indirect signs: hyperemia of the parietal peritoneum of the right iliac fossa, hyperemia and infiltration of the wall, the adjacent part of the greater omentum, the presence of cloudy effusion and fibrinous overlays in the projection of the supposed location of the process. If during DL the diagnosis of acute appendicitis is not excluded and according to clinical data there is a suspicion of OA, then the operation was performed in the traditional way. LA was produced according to the method F Gotz, proposed in 1993. The morphological forms of OA removed laparoscopically were as follows: catarrhal form in 22, phlegmonous in 44, and gangrenous in 6. Our experience of laparoscopic appendectomy shows that contraindications for complicated forms of OA are dense appendicular infiltrate, perpendicular abscess, widespread purulent-fibrinous peritonitis, accompanied by intestinal paresis and dense fibrinous adhesions with many interloop abscesses.

Conclusion

1. Laparoscopic interventions for major urgent diseases of the abdominal organs are highly effective, having all the advantages of minimally invasive surgery and quite safe, accompanied

by a small percentage of intraoperative and postoperative complications in accordance with the nature of the operation.

2. The developed and applied diagnostic and treatment algorithms for urgent diseases make it possible to determine the treatment tactics, indications and contraindications, choose the method of surgical treatment and set the timing for the implementation of diagnostic and therapeutic laparoscopic interventions.