

THE USE OF VARIOUS OPTIONS FOR PANCREATODUODENAL RESECTION IN TUMORS OF THE BILIOPANCREATODUODENAL ZONE

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The purpose of the study: to study the immediate results depending on the PDR variants in patients with tumors of the biliopancreatoduodenal zone.

Materials and methods: We analyzed the results of providing medical care in the amount of PDR to 104 patients with BPDZ tumors treated in 2020-2023 in the department of BPDZ tumors of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology of the Republic of Uzbekistan. The resectability of the process was assessed according to the criteria of the M.D. Anderson clinic based on CT scans. According to the performed operations, the patients were divided into 3 groups: 1-group – 40 (38.4%) patients who underwent gastro-PDR (GPDR) with pancreato-gastro anastomosis, 2-group - 30 (28.8%) patients, pylori-preserving PDR operation (PPDR) and 3-group - 34 (32.7%) of patients with GPDR with the imposition of a Bloomgard PEA. When distributing patients by stages, it was revealed that stage I of the disease was noted in only 2 (1.9%) patients, stage II in 50 (48.0%), stage III in 42 (40.4%) and stage IV in 14 (9.6%) patients.

Results: The average duration of surgery in group 1 was 414 minutes, in group 2 - 408 minutes and in group 3 - 382 minutes. Internal virsung-ental drainage was performed only in patients in the 2nd and 3rd groups - 19 (63.3%) and 32 (94.1%), respectively. Internal hepatic-ental drainage was also performed in patients of the 2nd and 3rd groups in the amount of 9 (12.5%) and 9 (26.5%), respectively. Postoperative complications were observed in patients of group 2 in 33.3% of cases, in group 3 in 30% and in group 1 in 25% of cases. The failure of pancreatodigestive anastomosis with the formation of pancreatic fistula was observed in group 1 in 15% (6) patients, in group 2 in 20% (6), in group 3 in 20.6% (7) patients. The failure of biliodigestive anastomosis was observed in group 2 in 6 (17.6%) patients. Delayed gastric emptying was most observed in group 2 in 33.3%, which was noted in 10 patients. In group 1, 1 (2.5%) patient and 8 (23.5%) patients in group 3. 2 patients (5%) from group 1, 2 patients (6.7%) from group 2 and 2 patients (5.9%) from group 3 had a fatal outcome.

Conclusions: The study of immediate immediate results showed that the use of drainage of the pancreatic and general hepatic ducts facilitates the severity of postoperative complications, thereby reducing postoperative mortality after specific complications. With GPDR with Bloomgard PEA, the time of PEA formation is significantly reduced and the time of the operation is shortened.

Literature:

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