

## DIAGNOSIS AND TREATMENT OF ACUTE PANCREATITIS ON THE BACKGROUND OF CHRONIC DIFFUSED LIVER DISEASES

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### **Relevance of the problem:**

According to the authors, the rate of growth of acute pancreatitis (AP) worldwide has been observed twice or more in the last 30 years.

The course of acute pancreatitis is characterized not only by the inflammatory process of the pancreas, but also by damage to many other organs. According to a number of authors, the frequency of damage to other organs and complications in acute pancreatitis ranges from 60.8% to 96.5%. The pathological process, especially destructions of different levels, provokes the inflammatory process and accelerates the systemic inflammatory reaction.

In acute pancreatitis, the development of functional liver failure is observed in 40.8% of cases. At the same time, in patients with an inflammatory form of severe pancreatitis, a change in liver function was noted in 23.3% of cases, and in destructive forms - in 83.9% of cases.

OP and JTs are two serious medical conditions that can affect each other and make the disease worse.

The joint meeting of OP and JTs creates a difficult diagnostic task, because their symptoms are similar and the appearance of the disease is changed. A special approach is required to accurately distinguish and manage these conditions. Patients with OP and JTs often have high morbidity and mortality rates, worsening disease course and mortality outcomes. This situation, in turn, requires a careful study of individual treatment strategies to reduce negative consequences . Although the pathological process is covered in the literature, JTs are not always taken into account in the treatment tactics of OP, because the clinical appearance of JTs is often hidden.

**Purpose of inspection** Improvement of diagnosis and treatment tactics in cases of acute pancreatitis accompanied by chronic diffuse diseases of the liver.

**Materials and methods of the research:** The scientific work was carried out in the clinical base of the Department of "Surgical Diseases" of the Bukhara State Medical Institute named after Abu Ali Ibn Sina (emergency surgery departments I-II of the Bukhara branch of RShTYoIM). Between 2015 and 2019, 2,410 medical histories treated in the clinic for acute pancreatitis (AP) were retrospectively analyzed, the development of JTs (in different stages of

JTs) in patients with OP and as a co-morbidity was detected in 35 (1.4%) of them with various degrees of advanced JTs.

The medical histories of 120 patients with different degrees of severity of OP (moderate and severe patients) were analyzed in the I-control group, and the conservative and surgical methods, observed complications and mortality indicators were retrospectively analyzed. In this case, patients without JTs were taken as a background disease. Patients in this group underwent standard conservative therapy and operative treatment operations.

2,550 patients admitted to the II main group during 2019-2023 were affected by various degrees of advanced UP and its complications. During the clinical, anamnestic, laboratory and additional and deep instrumental examinations of these patients, 128 (5%) of them were diagnosed with JTs of various degrees. In order to improve the results of treatment, planned examination and treatment (conservative and surgical) methods were used in patients and were taken as the main group. In addition to the standard treatment, Ulinastatin, Glutathione and Remaxol drugs were used in the first days of the main group of patients. After the elimination of dyspeptic symptoms (nausea and vomiting) in the patients from 3 days on, enteral feeding through a tube Nutricomp Standard (B. Brown company) enteral feeding was started.

JTs were diagnosed using abdominal cross-sectional imaging, computed tomography, and magnetic resonance imaging.

In 128 patients included in this group, in addition to the above-mentioned standard examination and treatment procedures, JTs were diagnosed according to the guidelines as a result of MSKT, MRPXG, elastography and intraoperatively.

Patients were diagnosed based on anamnesis, clinical data, laboratory and instrumental examination methods. Patients came to the branch, through the emergency line, through a referral from the polyclinic or by private car, and were admitted .

At the initial stage, the research groups were compared according to various clinical, laboratory and endoscopic data - age , gender, blood pressure, money , hemoglobin, red blood cells, urea, sugar in the blood, biochemical tests (bilirubin, amylase, ALT, AST, urea, creatine, total oxygen and albumin, prothrombin index, thrombotest, HBsAg, HBeAg, anti-HBe, anti-HBc markers were analyzed.

**Research results :** The results of endoscopic research on the development of U P against the background of J Ts .

There are currently no special technical and tactical problems in the diagnosis and treatment of OP. However, the development of this disease against the background of JTs can lead to various complications and complications in the treatment of this group of patients.

For this purpose, all patients of the main group underwent EFGD. In the control group of patients, EFGD was performed in only 5 (4.2%) patients due to the lack of planning for these studies. In this case, not a single patient was diagnosed with CVD. All patients in the main



group underwent FGDS. Along with esophagus, stomach and 12 b. i. state that it contains ut liquid and other information was obtained.

In this case, 33 (26%) patients had esophageal varices of the I degree (1-2 mm), 65 (50%) patients with esophageal varices of the II degree (diameter 2 to 5 mm) and 15 (12%) of the III degree. Patients with esophageal varices (more than 5 mm in diameter) were analyzed. Main 15 (12%) of the group did not have CVD . This Child-Pugh class A patients in half was determined. ( table 12).

Thus, although the background disease JTs in the main group of patients, the rates of complications and mortality in the groups were statistically the same. Although our study shows that among hospitalized OP patients, patients with JTs had a higher in-hospital mortality rate, we believe this is related to complications of JTs and portal hypertension. In the main group of patients, 3 patients died from CVV bleeding.