

ENDOSCOPIC OPERATION IN PATIENTS WITH LIVER CIRRHOSIS AND ACUTE PANCREATITIS

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The importance of the topic: In acute pancreatitis, the development of functional liver failure is observed in 40.8% of cases. At the same time, in patients with a tumorous 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.

Acute Pancreatitis and Cirrhosis of the Liver are two serious medical conditions that can affect each other and worsen the condition.

The combination of acute pancreatitis and cirrhosis of the liver 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 acute pancreatitis and liver cirrhosis often have high morbidity and mortality, worsening disease course and mortality. This situation, in turn, requires 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 tactics of treatment of OP due to the fact that 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.

Material and method of the research: The research 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 .

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

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.

Conclusion:

In the development of OP on the background of JTs, endoscopic probing of the small intestine and early feeding of patients through this probe reduces IES syndrome, its complications, and the best way to feed patients is artificial feeding through the intestine. This is done through a nasogastric and nasoenteral probe, which is inserted endoscopically into the initial part of the intestine.