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A New Method of Treatment of Acute Cholecystitis Complicated by Choledocholithiasis

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ABSTRACT

The treatment of 114 patients with acute calculous cholecystitis complicated by choledocholithiasis, who received inpatient treatment in the department of general surgery of the Central Hospital of the Ministry of Internal Affairs of the Republic of Uzbekistan were analyzed. I - the comparison group consisted of 62 patients with acute calculous cholecystitis complicated by choledocholithiasis, in whom the traditional surgical method of treatment was applied in 2018-2020. These patients underwent retrograde papillosphincterotomy (ERPST) according to indications. II - the main group consisted of 52 patients with acute calculous cholecystitis who received inpatient treatment for 2020-2021. The aim of the study was to improve the results of treatment of patients with acute calculous cholecystitis complicated by choledocholithiasis by using minimally invasive methods of treatment with nitroglycerin. All indices on the day of admission had a reliable deviation from the norm, and in the course of treatment gradually normalized by 8-9 days after the operation. The average duration of inpatient treatment averaged 10 ± 1.2 days.

KEYWORDS: endoscopic papillosphincterotomy, laparoscopic cholecystectomy, laparoscopic choledocholithotomy.

Relevance. At the present stage of development of surgery treatment of choledocholithiasis there are multivariant methods. Each method has both advantages and disadvantages, therefore new technical approaches and solutions for removal of concretions from biliary tract are required[5,4]. Biliary stone disease (BGD), or cholelithiasis, the formation of stones in the gallbladder or bile ducts, has been known since antiquity[3,6]. This pathology is one of the most common and takes the third place in the structure of morbidity after cardiovascular diseases and diabetes mellitus[1,2]. Thus, the problem of diagnostics and treatment of LCDD has not only medical, but also important socio-economic significance.

Purpose of the study: to improve the results of treatment of patients with acute calculous cholecystitis complicated by choledocholithiasis by using minimally invasive methods of treatment with nitroglycerin.

Material, methods of research. The scientific work is based on the analysis of the results of

surgical treatment of 114 patients with acute calculous cholecystitis complicated by choledocholithiasis, who received inpatient treatment in 2018-2023 in the department of general surgery of the Central Hospital of the Ministry of Internal Affairs of the Republic of Uzbekistan in Tashkent city.

All patients were divided into 2 groups depending on the method of treatment: I - the comparison group consisted of 62 patients with acute calculous cholecystitis complicated by choledocholithiasis, in whom the traditional surgical method of treatment was applied for 2018-2020. these patients underwent retrograde papillosphinctrotomy (ERCP) as indicated. II - the main group consisted of 52 patients with acute calculous cholecystitis, who received inpatient treatment in 2020-2021. Unlike the first control group, these patients were treated with nitroglycerin, which is a powerful relaxant of smooth muscles, leading to biliary dilatation.

Results and their discussion. In 6 (11.5%) patients of the second group due to dense occlusion and high location of the concrement on the background of strong spasm of the choledochal muscular structures, the first stage of the operation was unsuccessful by ERCP, as it was not possible to remove the concrements. In 3 (5.7%) cases at the first stage of surgery during manipulation due to technical difficulties there were intraoperative bleedings from choledochal vessels. 9 (17,3%) patients had to perform choledochal stone removal by antegrade way with drainage of the choledochal lumen, with one-stage cholecystectomy, against the background of acute cholecystitis with high intoxication of the organism. From 43 (82,6%) in 41 (78,8%) patients, who at the first stage with the help of ERPST were successfully removed the concrements, after general detoxication and anti-inflammatory conservative therapy by 7-8 days delayed operation was performed: cholecystectomy with laparoscopic method.

Thus, in the second group of patients, only 11 (21.1%) patients underwent open surgery with midline laparotomic access. Of them 2 patients underwent successful first stage of ERPST operation with removal of the nodule. Unlike 9 patients who underwent unsuccessful first stage of operation, the second stage of operation cholecystectomy was performed routinely by 7-8 days of treatment.

On the first day of treatment the body temperature varied in the range of 38,4(0,07). In the general blood count, the white blood cell count averaged 8.3(0.21×10⁹/L. The volume of middle molecules ranged between 0.181(0.009 units. An increase in COE and LII was also observed.

It should be noted that the comparative analysis of the results of the analyzed parameters between I - II groups of patients operated by the open method in one stage due to the impossibility of removal of the nodule during ERCP did not reveal significant differences. However, a sharp decrease in the number of this category of patients in group II (21.1%) compared to group I (70.9%) attracts attention. This, in our opinion, is connected with positive antispasmodic effect at ERCP that contributed to the increase of the number of successful stone removal from the common bile duct. All this, in its turn, created an opportunity to perform the second stage of the operation in the delayed order, after the acute inflammatory process of the operation area was eliminated by the minimally invasive method.

After surgery on the background of complex treatment by the third day the indices of total bilirubin significantly changed towards normalization. Total bilirubin decreased twofold from the initial 44.7(2.5 µmol/l. Accordingly, there was a decrease in the content of direct bilirubin to 27.3(1.8 µmol/l with a slight decrease in indirect bilirubin to 17.4(1.4 µmol/l. These indices by the fifth day, as well as further tended to normalization and by 8-9 days.

Conclusion.

1. when using nitroglycerin (0.5 mg under the tongue) during ERCP with EPST, the failure of removal of stones from the choledochus 48.5% decreased to 11.5% of cases;
2. up to 5.7% of patients at ERCP with EPST due to technical difficulty of removal of a concrement, can be complicated by bleeding from local vessels. In this case, hemostasis can

be obtained with the use of electrocoagulation.

3. The average duration of successful ERCP with EPST operation with removal of the concrement at the traditional method averages $80,0 \pm 2,8$ minutes, and at application of nitroglycerin it averages $32,8 \pm 2,4$ minutes. The duration of surgery at laparoscopic access of the first and second groups did not differ significantly and averaged 57.6 ± 3.4 and 54.1 ± 2.6 days, respectively.
4. All indices of general blood intoxication, as well as indices of total bilirubin (at the expense of direct bilirubin) in patients with calculous cholecystitis complicated by choledocholithiasis on the day of admission had a significant deviation from the norm, and in the course of treatment gradually normalized by 8-9 days after the operation. The average duration of hospital treatment in this case averaged 10 ± 1.2 days.

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