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Minimally Invasive Methods of Drainage in Mechanical Jaundice of Oncological Genesis

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Relevance. Mechanical jaundice caused by tumor processes in the bile ducts is one of the most severe and prevalent conditions encountered in patients with malignant tumors of the abdominal organs. The problem of bile duct drainage in such diseases remains highly relevant, as traditional methods do not always ensure reliable restoration of bile flow and prevention of recurrence. Minimally invasive drainage techniques offer less traumatic interventions and have the potential to improve treatment efficacy. Developing a differentiated approach to the application of these technologies will contribute to better treatment outcomes and enhance patients' quality of life.

Objective. The objective of this study is to evaluate the effectiveness of differentiated minimally invasive technologies for bile duct drainage in the treatment of mechanical jaundice of oncological genesis, to identify factors influencing the choice of drainage method, and to analyze the impact of these methods on short- and long-term treatment outcomes.

Materials and Method. The study included 92 patients diagnosed with mechanical jaundice of oncological origin who underwent various minimally invasive interventions for bile duct drainage. The patients were divided into groups based on the drainage method used: percutaneous transhepatic drainage, endoscopic drainage with stent placement, and combined methods. The effectiveness of the treatment was assessed at 1, 3, and 6 months post-intervention using clinical data, laboratory tests, and imaging techniques.

Results and Discussion. The results of the study indicated that endoscopic drainage with stent placement was the most effective method for tumors localized in the proximal bile ducts, while percutaneous transhepatic drainage was more successful for obstructions in the distal ducts. Combined methods demonstrated high effectiveness in treating patients with recurrent tumor processes. Furthermore, minimally invasive techniques led to a reduction in hospital stay and a faster recovery time for patients. It was observed that patients treated with these techniques experienced fewer complications and a significant improvement in their quality of life.

The study also highlighted the importance of tailoring the drainage method to the tumor's location and the patient's overall condition. While both methods were found to be effective, endoscopic stenting proved particularly beneficial in patients with tumors that were difficult to access or

located in difficult-to-reach areas of the bile ducts.

Conclusions:

1. A differentiated approach to selecting bile duct drainage methods improves the effectiveness of treatment for mechanical jaundice of oncological origin.
2. Endoscopic drainage with stent placement is the most effective method for tumors located in the proximal bile ducts.
3. Percutaneous transhepatic drainage and combined methods are more suitable for tumors in the distal bile ducts or when endoscopic intervention is not feasible.
4. Minimally invasive drainage techniques contribute to shorter hospital stays, faster recovery times, and an overall improvement in patients' quality of life.
5. Personalized treatment plans, based on tumor location and patient condition, are essential for optimizing outcomes in patients with mechanical jaundice of oncological genesis.