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ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ

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TOSHKENT TIBBIYOT AKADEMIYASI
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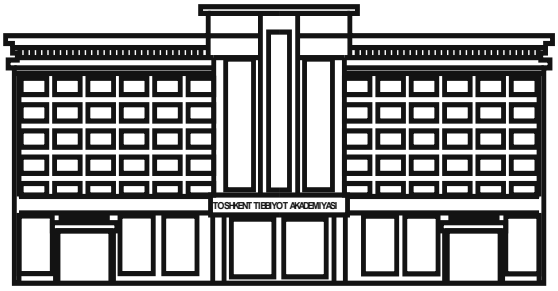

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concentration of uric acid [9]. It is assumed that aseptic microcrystalline inflammation in gout with the formation of sodium monourate crystals and their deposition in internal organs can lead to activation of vascular-platelet haemostasis [10,11].

Thus, a large-scale study (Papavasileiou et al., 2023) investigated the relationship of MC with: fibrinogen, international normalised ratio (INR), homocysteine, antithrombin III, D-dimer and plasminogen activator inhibitor-1 (PAI-1). According to the results of their study it was proved that, fibrinogen, INR, homocysteine, D-dimer and PAI-1 are positively correlated with uric acid levels in hypertensive patients, while Antithrombin III is negatively correlated with uric acid levels. Multivariate regression analysis showed that fibrinogen, homocysteine, D-dimer are independent predictors of uric acid [12].

Thus, according to a number of authors there is a relationship between gout and disorders in the haemostasis system.

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OPTIMIZATION OF DIAGNOSTIC AND TREATMENT TACTICS FOR BENIGN OBSTRUCTION OF THE EXTRAHEPATIC BILE DUCTS

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Key words: choledocholithiasis, “intermediate” condition, obstructive jaundice, postcholecystectomy syndrome, retrograde endobiliary interventions, cholangiopancreatography, papilla sphincterotomy.

Objective: To improve treatment outcomes for patients with suspected pathology of the extrahepatic bile ducts (“intermediate condition”) by optimizing diagnostic and tactical approaches to performing retrograde endobiliary interventions.

Materials and Methods: The study analyzed the examination and treatment results of 697 patients who underwent inpatient treatment in the thoracoabdominal and emergency surgery departments of the multidisciplinary clinic at Tashkent Medical Academy from 2011 to 2023, and who underwent retrograde endobiliary interventions (REI). The age range was 18 to 85 years, with a predominance of females (the male-to-female ratio was 1:1.5). All patients were divided into two clinical groups: control and main. The control group included 300 patients treated from 2011 to 2018, who underwent REI based on suspected extrahepatic bile duct pathology. The main group consisted of 397 patients admitted to the clinic since 2019, where a newly developed algorithm for managing patients with extrahepatic bile duct pathology was used.

Results: The treatment outcomes of 697 patients with signs of choledocholithiasis, complicated by benign obstructive jaundice or without signs of jaundice, were presented. The developed algorithm for managing patients with “intermediate” conditions allowed for the specification of indications for retrograde endoscopic interventions. A differentiated approach to performing REI, taking into account the risk of bleeding from the papillotomy area, acute pancreatitis, and the severity of the upcoming manipulation, reduced the incidence of post-procedural complications by 2.4 times and mortality by 4.5 times.

Conclusion: The specification of indications for retrograde interventions in “intermediate” conditions reduced the frequency of unnecessary endoscopic retrograde interventions by 17.4%, and the incidence of post-procedural complications and mortality by 2.4 and 4.5 times, respectively.

DEVELOPMENT AND OPTIMIZATION OF TREATMENT TACTICS FOR BLEEDING FROM THE PAPILLOTOMY ZONE DURING RETROGRADE INTERVENTIONS

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Key words: Bleeding from the EPST zone, hemostasis methods, endoscopic clipping.

Objective: To improve treatment outcomes for patients with bleeding from the EPST (endoscopic papillosphincterotomy) zone by optimizing treatment tactics.

Materials and Methods: The study involved 510 patients who were admitted to the emergency surgery department of the multidisciplinary clinic of Tashkent Medical Academy between 2015 and 2022 with mechanical jaundice caused by extrahepatic duct stones. The age of the patients ranged from 18 to 90 years, with a predominance of females (318 women, 62.4%) and males (192 men, 37.6%). A comparative analysis was conducted between the results of treatment in the control group (210 patients) and the main group (300 patients).

Results: In the control group, bleeding was observed in 25 (12.0%) out of 210 patients, with definitive hemostasis achieved in 20 (80%) cases. The remaining 5 (20%) patients required open surgical intervention after repeated attempts at endoscopic hemostasis, leading to delayed treatment and deterioration in the overall condition of these patients. Of these, 2 cases resulted in fatality due to hemorrhagic shock in the early postoperative period. The analysis of treatment outcomes in the control group revealed that the unsatisfactory results were due to a lack of clear tactics during bleeding, as well as the absence of a clear classification of bleeding intensity levels, which may have negatively affected the choice of endoscopic hemostasis method and surgical interventions. These results necessitated the development of a classification system for assessing bleeding intensity, influencing the selection of the hemostasis method for this EPST complication.

In the main group, 47 (15.7%) out of 300 patients experienced bleeding from the EPST zone. The analysis showed the following distribution of bleeding severity: 1st-degree bleeding in 8 (17.0%) cases, 2nd-degree bleeding in 14 (29.8%) cases, and 3rd-degree bleeding in 25 (53.2%) cases. All patients were treated according to the aforementioned algorithm, yielding the following results: in patients with 1st-degree bleeding, definitive endoscopic hemostasis was achieved in 6 (75%) cases; in 2 cases, duodenotomy with suturing of the bleeding EPST zone was performed, and 1 patient developed duodenal stump dehiscence, which healed with conservative measures. All patients with 2nd-degree bleeding were discharged 3-4 days after endoscopic hemostasis. In patients with 3rd-degree bleeding, definitive hemostasis was achieved in all cases without recurrence of bleeding. No deaths due to bleeding were observed in the main group.

Conclusion: The use of an optimal treatment algorithm for bleeding from the papillosphincterotomy zone increased the success rate of endoscopic hemostasis to 95.7%, reducing the number of open surgeries and lowering the mortality rate from 20% to 4.3% and from 1.0% to 0%, respectively.

THE INFLUENCE OF HYPERPARATHYROIDISM ON THE APPEARANCE OF PANCREATITIS

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Aim: Examine the effects of hyperparathyroidism on alterations in the gastrointestinal system.

Methods and materials: The study involved a retrospective review of medical records from 68 patients with hyperparathyroidism.The following symptoms are indicative of gastrointestinal disturbances that can be associated with hypercalcemia, a hallmark of hyperparathyroidism: 82% of patients experienced frequent heartburn; 75% reported constipation; 15% experienced nausea; and 60% experienced a loss of appetite. Notably, 65% of patients initially sought consultation from a gastroenterologist due to these gastrointestinal complaints, and were subsequently diagnosed with pancreatitis.

Results: The main way that hyperparathyroidism affects the gastrointestinal tract is by causing hypercalcemia, which can change how the pancreas and other GI organs function. The following are the hypothesized mechanisms by which hyperparathyroidism affects the course of pancreatitis:

1. Calcium-Induced Activation of Pancreatic Enzymes: High calcium concentrations have the potential to trigger the early activation of pancreatic enzymes, resulting in the autodigestion of pancreatic tissue and consequent pancreatitis.

2.Deposits and Ductal Obstruction: High blood calcium levels can cause calcium deposits to form in the pancreatic ducts, which impede the flow of pancreatic secretions and raise the risk of pancreatitis and inflammation.

3. Gastrointestinal Motility Disorders: Constipation, nausea, and changes in bowel habits are among the symptoms that can result from hypercalcemia's impact on smooth muscle function. These signs may conceal the underlying pancreatitis or cause a delay in its identification.

Conclusion. The gastrointestinal tract can be greatly impacted by hyperparathyroidism, which frequently manifests as symptoms that resemble those of primary gastrointestinal disorders. The significance of taking endocrine causes into account when evaluating gastrointestinal complaints is highlighted by the high incidence of pancreatitis among patients with hyperparathyroidism. Prompt identification and management of hyperparathyroidism can enhance patient outcomes by averting recurrent pancreatitis

Literature:

Содержание