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SPECIFICATIONS OF CLINICAL MANIFESTATIONS OF INTRAABDOMINAL COMPLICATIONS AFTER OPERATIONS ON BILIAR DUCTS

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*Title of the article in the Uzbek language:***ЎТ ЙЎЛЛАРИДАГИ ОПЕРАЦИЯЛАРДАН
КЕЙИНГИ ҚОРИН БЎШЛИҒИ ИЧИ
АСОРАТЛАРИНИНГ КЛИНИК НАМОЁН
БЎЛИШИНИНГ ЎЗИГА ХОСЛИГИ***Title of the article in Russian language:***ОСОБЕННОСТИ КЛИНИЧЕСКИХ
ПРОЯВЛЕНИЙ ВНУТРИБРЮШНЫХ
ОСЛОЖНЕНИЙ ПОСЛЕ ОПЕРАЦИЙ НА
ЖЕЛЧНЫХ ПУТЯХ****SPECIFICATIONS OF CLINICAL MANIFESTATIONS OF INTRAABDOMINAL
COMPLICATIONS AFTER OPERATIONS ON BILIAR DUCTS****Rakhimov O.U., Kutlimuratov A.D., Sabirmatov A.A.***Tashkent Pediatric Medical Institute***Maqola to'g'risida ma'lumot****Qabul qilindi: 2018 y, sentyabr****Chop etildi: 2018 y, dekabr****Kalim sўzlar:** ўткир обтурацион калькулёз холецистит, холецистэктомия, қорин бўшлиғи ичи қон ке-тиши, клиник кўриниши, ташиxis, даволаш.**АННОТАЦИЯ**

Шошилинч билиар операциялардан кейинги қорин бўшлиғи ичи асоратлари клиник ташиxisи кўп ҳолат-ларда қийинчилик туғдиради. Бу шунинг билан боғлиқ-ки, операциядан кейинги даврда ўтказиладиган ин-тенсив терапия кўпинча ривожланаётган ёки ривожланган асоратнинг намоён бўлишини ўзгартиради, ўт-қир белгиларни кучсизлантиради, қорин бўшлиғидаги йирингли-септик асоратлар белгиларини беркитади. Айни пайтда шошилинч билиар хирургияда шошилинч амалиётлар сонини ошиши ҳамда оралигини кенгайти-ши операциядан кейинги қорин бўшлиғи ичи асоратлари сонини ошишига олиб келади.

Информация о статье**Принят: сентябрь 2018 г.****Опубликовано: декабрь 2018 г.****Ключевые слова:** острый обтурационный калькулезный холецистит, холецистэктомия, внутрибрюшные кровотечения, диагностика, лечение.**АННОТАЦИЯ**

Как показывает анализ литературы, расширение диапазона оперативных вмешательств в экстренной билиарной хирургии в последние десятилетия неизбежно привело к неуклонному росту частоты послеоперационных внутрибрюшных осложнений. Клиническая диагностика внутрибрюшных осложнений после экстренных билиарных операций нередко представляет достаточно сложную задачу. Это связано с тем, что проводимая в послеоперационном периоде интенсивная терапия часто значительно изменяет картину развивающегося или развившегося осложнения, затушевывает острые явления, стирает признаки гнойно-септического процесса в брюшной полости.

Article info**Adopted: September 2018****Published: December 2018****Key words:** acute obstructive calculous cholecystitis, cholecystectomy, intra-abdominal bleeding, clinical picture, diagnosis, treatment.**ABSTRACT**

Clinical diagnosis of intra-abdominal complications after emergency biliary operations is often difficult. This is because intensive therapy carried out in the postoperative period often significantly changes the picture of a developing or developed complication obscures acute phenomena, erases the signs of a septic process in the abdominal cavity. At the same time, an increase in the number and expansion of the range of surgical interventions in emergency biliary surgery leads to a steady increase in the frequency of postoperative intra-abdominal complications.

The increase in number and range of surgeries in emergency biliary surgery for the last decades leads to the steady growth of frequency of postoperative intraabdominal complications [1,3,15,16,24,30,34,44,45].

Leading positions among intraabdominal complications after traditional and low-invasive surgical interventions on biliar tract are occupied by postoperative peritonitis (0,3-1,5%), abscesses of abdominal cavity (to 0,8%), a bile leak (to 4,6%) and bleeding (to 4%) [1,5,18,28,45,48].

Timely diagnostics of intraabdominal complications after operations on biliar tract and definition of indications to carrying out repeated surgical intervention are one of the most complex and actual problems in modern urgent biliar surgery [5,12,13,29].

It should be noted that questions of their diagnostics were developed by many researchers during rather long time [7,8,12,15,16,24].

Nevertheless, the majority of authors meet in opinion that, exact, detailed diagnostics of intraabdominal complications after operations on biliar tract sometimes represents rather difficult task [1,6,17,20,28].

Diagnostics of intraabdominal complications after the operations on biliar tract is based on identification of clinical signs and symptoms, carrying out laboratory and tool methods of research [3,7,8,21,22,27,53].

In literature there is a reasonable opinion that accurate clinical criteria of the complicated flow of the postoperative period does not exist. Thus, some authors believe that each patient undergoes surgical intervention differently and its state in

the postoperative period depends on many factors: character of a disease, volume of operation, a type of the anesthesia, accompanying pathology [11,13,20,55].

In this regard the classical clinical pattern of intraabdominal complications after the operations on biliar tract initially is blurry, loses the clarity of manifestations. Secondly, the exact clinical manifestation of complication develops slowly, during certain time. The important role in it is played also by that circumstance that at these complications with biliar peritonitis which by definition of the majority of authors has slow and inert manifestation [25,33,35,47,57] develops more often.

The above-stated data proves the opinion of authors believing that purely clinical diagnostics of intraabdominal complications after operations on biliar tract quite often leads to their late identification and high rates of a lethality of relaparoty performed on these patients. Therefore authors fairly consider that, at the slightest suspicion on complication it is necessary to make a number of examinations which can be the beginning of active, purposeful dynamic supervision and timely identification of intraabdominal complications [8,11,21,31,32,38,58].

And still the majority of authors consider that in cases of patients with intra-abdominal complications after operations on biliar tract it is expedient to begin diagnostic process with detection of the main complaints of sick and objective symptoms of a disease and an assessment of their general state [5,26,28,39].

It should be noted that shown complaints of patients for ease their assessment are subdivided by authors into local, general and specific. Thus, if local complaints of patients are generally deal with existence of purulent-septic inflammation in an abdominal cavity, the generals are caused by intoxication of an organism due to this inflammatory process or blood loss. Appearance of specific complaints in this category of patients are connected with available corresponding defeats of structures of a hepatobiliar zone [23,26,30,32,41,52].

Local complaints are submitted by abdominal pains of various character and an arrangement, a dispepsiya being expressed depending on extent of development

of paresis of intestines in the form of nausea, vomiting or an abdominal distension, a bad release of gases and a stool. The general intoxication complaints are hyperthermia, weakness, adynamy, headaches, dizziness, etc. in various degree of expressiveness. In addition, pulse increase, thirst, decrease in indicators of the central haemodynamics, pallor of integuments covered sticky cold sweat are also observed. Jaundice of skin and mucous, the skin itch, fever and a fever, darkening of color of urine and an acholia of a stool are the complaints of specific character expressing defeat of structures of a pancreatobiliar zone [5,28,38,53].

Certainly, clarification of complaints of patients at receipt in clinic has important diagnostic value. At the same time, a number of authors note that they in the majority have subjective character because are registered according to patients, depend on a condition of the patient and characterologic features of each patient. Besides, intensive therapy carried out in the postoperative period, use of antibiotics and modern methods of anesthesia considerably change a picture of developing complication, shading the sharpness of manifestation, erasing accident signs in an abdominal cavity [9,19,25,36,39,41,51].

Therefore, according to a number of authors for good diagnostic practice identification at survey of available objective symptoms and signs at patients with intra abdominal complications after operations on biliar tract are more informative. Symptoms of peritonitis concern to the last, first of all: dryness of language, morbidity and tension of muscles of a stomach, Shchetkina-Blyumberg's symptom, peristalsis failure, existence of obtusions in sloping places of a abdomen [8,38,40,49].

Besides this, the detection of signs and symptoms characteristic for a certain pancreatohepatobiliar pathology as palpated gall bladder in the right hypochondrium, infiltrate in epigastral area, Ortner, Murphy, Myussi-Georgiyevsky's symptoms, Mayo-Robsona, jaundice of integuments and mucous, a hyperthermia, ascites existence, etc. is important [14,45,54].

For above reason, number of authors pay special attention to clinical specific signs of the most terrible and frequent intraabdominal complication of emergency

biliar surgery – iatrogenic damage of extra hepatic biliar ducts. Thus, authors note that the prevail of certain complication in the postoperative period varies depending on, whether the lumen of ducts is dissected as a result of medical manipulations or a iatrogenic trauma [2,3,10,31,42,43,44].

In cases of the kept integrity of ducts (ligation, clipping) the main symptoms are jaundice, pains in the right hypochondrium, fever, other signs cholangitis. In the presence of a bile leak as a result of an unnoticed trauma during operation of bilious ways the clinical picture is characterized by emergence of the diffuse pains in the right half of the abdomen, tending to spread, tension of a abdominal wall and other symptoms of irritation of a peritoneum [4,13,31,34,35,52].

When it comes back to pathophysiological bases of a clinical picture the intraabdominal complications of emergency biliar surgery, in process of increase and progressing of pathological process in an abdominal cavity patients have dehydration, endotoxiosis, when progressing signs of system inflammatory reaction. It is in most cases connected with formation of a classical clinical picture of widespread peritonitis with polyorganic failure (POF) [37,38,46,50,56].

Thus, summarizing the above data it is possible to note that intraabdominal complications after operations on biliar ducts are accompanied by various clinical symptomatology which depends on character of biliar pathology, volume and a type of the performed surgery, the applied type of anesthesia, and also presence of other accompanying pathology.

Clinical diagnostics of existence of intraabdominal complications after emergency the biliar surgery mostly often represents rather complex challenge. It is connected with that intensive therapy carried out in the postoperative period often considerably changes a pattern of the developing or developed complication, shades the sharpness of manifestation, erases signs is purulent-septic process in an abdominal cavity.

In this regard the majority of authors fairly believe that definition of the final exact diagnosis of intraabdominal complications after operations on biliar tract, and also a comprehensive assessment of a condition of patients requires carrying

out additional laboratory and tool researches with inclusion of modern endovisual methods of diagnostics.

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