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THE PROBLEM OF CHOLECYSTECTOMY AND INDICATIONS FOR SURGERY

Nasimov Abdujalil Maxmayunus ugli

Karabaeva Gulchekhra Khudoyberdiyevna

Samarkand state medical university Samarkand, Uzbekistan

Abstract: The study highlights the need for comprehensive preventive measures to improve surgical outcomes for acute cholecystitis. The lack of such measures is linked to postcholecystectomy syndrome (PCES), which affects 14.6% of patients. Main causes include choledocholithiasis (54%), spinal cord stenosis (43%), and intraoperative injuries (27%). A developed questionnaire method showed high effectiveness in identifying true PCES, with sensitivity at 96% and specificity at 91%. Implementing a comprehensive prevention strategy, including integrated clinical and laboratory assessments and CDS data, can reduce the incidence of true PCES by 2.4 times and decrease the likelihood of unsatisfactory long-term results by 45.1%.

Keywords. Postcholecystectomy syndrome, choledocholithiasis, intraoperative injuries.

Relevance

In Uzbekistan, the incidence of cholelithiasis (GSD) varies from 5 to 20% depending on the region. Cholecystectomies rank second among all surgical procedures after appendectomies. However, surgery does not always lead to a complete recovery. In 15-40% of patients, clinical symptoms remain, combined under the term “postcholecystectomy syndrome” (PCES).

PHES is divided into true, which occurs due to diagnostic, tactical and technical errors during surgery, and false, associated with pathologies not related to the biliary tract.

Unsatisfactory results of cholecystectomy are associated with insufficient information about the patency of the ductal system before surgery. 20-50% of patients with calculous cholecystitis may develop residual choledocholithiasis, papillostenosis or their combination, and in 20% this pathology is asymptomatic. These complications occur twice as often in elderly patients compared to young ones. Laparoscopic cholecystectomy (LCC) has become an integral part of gallbladder surgery, and the number of such operations is steadily increasing. However, the increase in the number of operations has led to an

increase in the number of complications associated with LCE. The introduction of LCE into clinical practice opened a “new era” of PCES, and the rate of complications in endoscopic centers is

4-5% or more.

In recent years, increased attention has been paid to forecasting issues. Most authors study prognostic factors for disease outcomes, but few studies are devoted to predicting complications, including in the long term. The issues of prognosis and prevention of PCES associated with undetected pathology of the extrahepatic bile ducts and BDK, tactical and technical errors, are insufficiently covered and contradictory. The incidence of PCES continues to grow, and its main sources are patients with acute cholecystitis, operated on for urgent and emergency indications using video laparoscopic technologies. These circumstances determine the relevance of the research topic.

Purpose of the study. To show the significance of the problem of cholecystectomy, the reasons for its development, classification, endoscopic methods in diagnostics, indications for surgery, and the choice of surgical treatment method.

Materials and methods

The work was based on the results of surgical treatment of 423 patients with acute cholecystitis in the surgical department of the Samara State Medical University clinic from 2018 to 2023. The study included men and women who underwent surgery for acute cholecystitis. Patients who underwent cholecystostomy were excluded. The age of the patients ranged from 60 to 82 years. There were 75 men (17.7%), women – 348 (82.3%). The patients were divided into two groups: the main group (206 patients) and the control group (217 patients). In the main group, 106 patients underwent LCE, 100 underwent OCE, of which 28 underwent abdominal interventions on the bile ducts and BDK. In the control group, 98 patients underwent LCE, 119 underwent OCE, 34 of them with interventions on the extrahepatic bile ducts (tabl 1).

For the diagnosis of choledocholithiasis and stenosis of the spinal cord in the main group, CDS was used. Prediction of complications was carried out using a clinical and laboratory scale for assessing the condition of patients. The selection of patients for LCE was carried out according to an algorithm for predicting the degree of technical difficulties of endovideosurgical intervention according to ultrasound criteria.

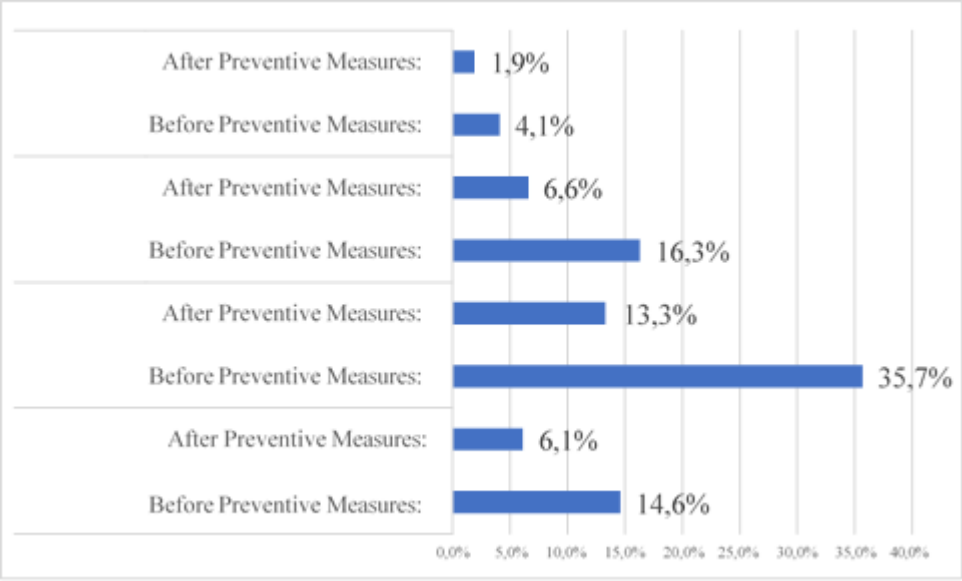
Table 1

Patient Demgraphics and Distribution

Parameter	Main Group (n=206)	Control Group (n=217)
Total Patients		
Age Range	60-82 years	60-82 years
Men	75 (17.7%)	75 (17.7%)
Women	131 (82.3%)	142 (82.3%)

Research results and discussion

Analysis of long-term results showed that the use of preventive measures in the main group reduced the incidence of PCES from 14.6% to 6.1%. The use of an integrated clinical and laboratory scale for assessing the condition of patients reduced the number of postoperative complications by more than half, from 35.7% to 13.2%. The number of intraoperative complications also decreased from 16.3% to 6.6% and systemic complications from 4.1% to 1.9% (pic 1).



Pic. 1. Analysis of long-term results

Conclusions

1. Unsatisfactory results of surgical treatment of acute cholecystitis are associated with the lack of comprehensive prevention of PCES, developed on the basis of studying the frequency, causes and risk factors. The incidence of true PCES is 14.6%, and the main causes are choledocholithiasis (54%), stenosis of the spinal cord (43%), and intraoperative injuries (27%). The developed questionnaire method showed high informativeness in identifying patients with true PCES: sensitivity was 96±36%, specificity – 91±53%.

2. To reduce unsatisfactory results, it is necessary to apply a set of preventive measures, including a differentiated choice of surgical treatment method based on an integrated clinical and laboratory assessment of the patients' condition and CDS data. Comprehensive prevention makes it possible to reduce the incidence of true PCES by

2.4 times (from 14.6% to 6.1%), and the probability of unsatisfactory long-term results by 45.1%.

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