

Modern Approach to Outpatient Surgical Treatment of Transient Paraproctitis

Yakubov D.R., Mukhammadjonova O.R.

Tashkent State Medical University

Abstract: As a result of the study, it was found that the ischiorectal type of acute paraproctitis is 8-10 times more common than other subcutaneous, subcutaneous and pelviorectal types. Relapse in patients with acute paraproctitis was detected in 16.7%. If we take into account the complication of the disease with pararectal fistula, the relapse rate in acute paraproctitis is very high. Therefore, in the ischiorectal, subcutaneous and subcutaneous types of paraproctitis, it is advisable to use the radical method of the operation "opening the purulent cavity, liquidation of the internal opening".

Keywords: Acute paraproctitis, proctology, internal perforation liquidation.

Relevance of the problem: Acute paraproctitis is one of the most common purulent surgical diseases, accounting for 0.5-4% of all surgical diseases and 24-50% of urgent proctological diseases. In the ischiorectal and pelviorectal types with a high degree of damage, postoperative wound healing occurs in a long time (up to 1-3 months), 8-12% relapse, and 7-8% anal sphincter insufficiency.

Material and method. A retrospective analysis of the medical history of 36 patients with acute paraproctitis was conducted in the Yakkasaroy District Medical Association of Tashkent city over a period of 2024 years.

Results. The analysis shows that 31 patients with acute paraproctitis had ischiorectal, 4 had pelviorectal, and 1 had subcutaneous forms. 6 patients (16.7%) were hospitalized with recurrent paraproctitis. 29 patients underwent "opening of the purulent cavity" under local anesthesia and 7 underwent "opening of the purulent cavity, liquidation of the internal opening" under spinal anesthesia. In the postoperative period, inpatient treatment lasted from 1 to 16 days, with an average of 3-4 days. It was determined that patients with prolonged hospitalization had mainly acute pelviorectal paraproctitis and partially acute ischiorectal paraproctitis.

Conclusion. 1. It was found that the ischiorectal type of acute paraproctitis is 8-10 times more common than other subcutaneous, submucosal, and pelviorectal types.

2. Relapse was detected in 16.7% of patients with acute paraproctitis. If we take into account the complication of the disease with pararectal fistula, relapse in acute paraproctitis is very high. Therefore, in ischiorectal, subcutaneous and subcutaneous types of paraproctitis, it is advisable to use the operation "opening the purulent cavity, liquidation of the internal opening", which is considered a radical method.

3. Given the severe course of the pelviorectal type of acute paraproctitis and the long-term healing of the postoperative wound, performing an operation to "open the purulent cavity" and,

in addition to antibacterial therapy, performing detoxification and wound healing treatments in the postoperative period gives good results.

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