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CHOICE OF THE METHOD OF TREATMENT AND LIQUIDATION OF THE RESIDUAL CAVITY IN LIVER ECHINOCOCCOSIS

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Abstract: For older people, the problem of stroke is especially relevant. The risk of developing acute cerebrovascular accident in men and women over 55 doubles every 10 years. At the same time, 75-89% of strokes develop after 65 years of age, 50% of them after 70 years of age and 25% in patients over 85 years of age (Bejot W., 2010). The urgency and social significance of the problem of stroke in elderly patients is aggravated by the demographic trend of population aging in developed countries, increasing life expectancy.
Key words: cerebral stroke, cerebrovascular disease, cerebral circulation, main arteries of the brain.

INTRODUCTION

Relevance. Human echinococcosis continues to be a severe parasitic disease. According to a number of other sources, its widespread distribution and a significant increase in morbidity among the population are noted (Sh.I. Karimov, 1994; O.K. Kulakeev, 2001; G.H. Musaev, 2000; A.T. Pulatov, 1988; Ph. Craig et al., 2002).

Along with the increase in the number of new cases of the disease, there is a large percentage of echinococcosis relapses, the frequency of which, according to different authors, varies widely (3.3 54%), due to the existing terminological confusion (A.Z. Vafin, 1993; M.Y. Gilevich, 1987, 1990; F.G. Nazirov et al., 2005; F.A.Ilkhamov, 2005). Postoperative complications in echinococcosis surgery reaching up to 57% (suppuration, bleeding, formation of external biliary and purulent fistulas, purulent ligature fistulas) associated with the presence of a residual cavity (OP) after removal of a parasitic cyst significantly increase the duration of treatment and cause disability of patients (H.T.Nishanov, A.R.Yariev, Sh.U.Kunishev , 2008; K.M.Madartov , A. Dusbaev, et al. Yu.L.Shevchenko et al., 2004; F.G. Nazirov et al., 2005; A.Thompson, 2001).

Currently, the surgical method of treating complicated echinococcosis of the liver, in the vast majority of cases, has no alternative. However, the operation is a risk factor, which is determined by a number of reasons: the patient's condition, the localization of parasitic foci, the number of previous operations. In many cases, the results of the operation are affected by serious complications associated with the presence of a residual cavity after removal of a parasitic cyst (suppuration, bleeding, formation of external bile and purulent fistulas). To eliminate the residual cavity, many scientists have developed various methods from marsunization to the use of a method of suturing and excision of the edges of cavities - ideal echinococcectomy (A.T. Pulatov, 2006; V.P.Bykov et al., 2006; Sh.I. Karimov, 2008; T.A. Abdufatoev et al., 2011; G. Mavridis et al., 2007; R. Moro et al., 2009; D.Tappe D, et al., 2010,GG Himsworth et al., 2010).

The purpose of the study. Improving the immediate results of surgical treatment of liver echinococcosis by improving and developing a method for treating and eliminating the residual cavity with

cyanacrylate glue Cyacrin AP-1 during liver echinococcectomy.
Materials and methods of research. The present study is based on the analysis of clinical observations of 50 patients who were treated for liver echinococcosis at the Department of General Surgery of ASMI on the basis of the 2nd surgical department of the ASMI Clinic for the period 2015-2018 and 2018-2021.
For an objective assessment of the results of surgical treatment of liver echinococcosis, patients were conditionally divided into two groups. In the surgical treatment of liver echinococcosis, we followed the classification of F.G. Nazirov (2005).
Результаты и обсуждение. The first control group included 28 (56%) patients who were treated in the period from 2015 to 2018 before the introduction of the combined method of elimination of OP (residual cavity) and who were used traditional methods of surgical interventions.
The second main group included 22 (44%) patients who were under observation in the period 2018-2021, who used optimized diagnostic methods, surgical interventions and a combined method of eliminating the residual cavity during echinococcectomy, with the use of cyanoacrylate glue, in whom, during preoperative preparation, we apply a set of measures that were purely individual.
The program of comprehensive preoperative preparation as a whole had the goal: drug treatment of diagnosed concomitant therapeutic diseases, preventive chemotherapy, vitamin therapy, correction of disorders of cardiopulmonary activity, reduction of the patient's weight (up to 10-15 kg), as well as prevention of thromboembolic and purulent-septic complications from the surgical wound.
Preoperative preparation of patients of the main group was carried out by optimizing methods of antibiotic prophylaxis in combination with other medications and instrumental interventions. A broad-spectrum antibiotic, claforan, was used for antibiotic prophylaxis. The choice of claforan was due to the high sensitivity of the liver microflora to antibiotics of the cephalosporin group, positively acting on gram-negative and gram-positive strains.
For pathogenetically justified preoperative preparation and postoperative therapy, in patients with latent hepatic insufficiency, the drug Hepa Merc was used as a detoxification, antioxidant and hepatoprotective agent in combination with other drugs. In the preoperative preparation of patients with echinococcosis of the liver, detoxification, antioxidant, hepatoprotective agents in combination with other drugs are the leading links in the complex treatment of these patients. At the same time, their high efficiency in reducing intoxication and relieving latent liver failure is obvious.
Among the studied patients there were cases when the period of preoperative preparation took 1-2 days. These were mainly patients of mature age, as well as senile age, whose functional indicators had deviations from the norm. This contingent of patients was subject to surgical treatment only after correction of concomitant diseases.
When establishing this diagnosis, surgical care should be prescribed without delay, taking into account the possibility of developing life-threatening complications at any time: cyst suppuration, its breakthrough into neighboring organs, capsule rupture and massive invasion of echinococcus into the abdominal cavity. In such cases, urgent surgical intervention may be necessary due to a severe suppurative process, the development of obstructive jaundice, purulent cholangitis, peritonitis, intestinal obstruction, etc.
The need for surgical treatment of liver echinococcosis is primarily due to the lack of effective conservative methods of combating the invaded parasite. In addition, the death of the latter is not a cure at all, since there is more often a danger of suppuration, breakthrough or perforation of a parasitic cyst, which complicates the intervention, reduces its effectiveness and can often threaten the patient's life. It should also be borne in mind that self-healing, mainly when the cyst breaks out, into the bronchus or intestine rarely occurs. However, the presence of echinococcosis negatively affects the body as a whole. Significant delay in the operation is extremely dangerous due to the possibility of

severe complications, which increases the risk of surgery and worsens its results.

Conclusions:

1. The improved method of eliminating the cavity of the fibrous capsule using the glue "Cyacrin AP-1" is highly effective and prevents the appearance of a residual cavity and its suppuration.
2. When using the Cyacrin AP-1 adhesive composition, the acceleration of reparative processes and a reduction in the healing time of the residual cavity is ensured, as well as the risk of adhesions and adhesions in the abdominal cavity in the postoperative period is reduced.
3. A comparative analysis of the results of traditional methods of treating hydatidous echinococcosis of the liver and our improved method of surgery showed the advantages of the latter: complications were reduced from 25% to 13.6% and hospital stays were reduced from 14.8± 1.4 to 10.9±1.3 bed days.

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