

PATHOPHYSIOLOGICAL VIEW OF PERITONITIS PREVENTION IMPROVING **Kadirov Sh.N. (Republic of Uzbekistan) Email: Kadirov352@scientifictext.ru**

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Abstract: *Acute adhesive intestinal obstruction complicated with peritonitis in the elderly, requiring urgent surgical intervention, remains one of the urgent problems of emergency surgery. According to various data among all types of obstruction complicated by peritonitis occurs in 25-75% of cases. The causes of adhesions are the invasiveness of the traditional open laparotomic access, the presence of infection in the abdominal cavity and long-term intestinal paresis during surgery. Mortality in this pathology ranges from 12 to 85%.*

Keywords: *intestinal obstruction, peritonitis, adhesions.*

ПАТОФИЗИОЛОГИЧЕСКИЙ ВЗГЛЯД НА УЛУЧШЕНИЕ ПРОФИЛАКТИКИ ПЕРИТОНИТА **Кадиров Ш.Н. (Республика Узбекистан)**

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Аннотация: *острая спаечная кишечная непроходимость, осложненная перитонитом у лиц пожилого возраста, требующая срочного хирургического вмешательства, остается одной из актуальных проблем неотложной хирургии. По различным данным, среди всех видов непроходимости осложненный перитонит встречается в 25-75% случаев. Причинами спаек являются инвазивность традиционного открытого лапаротомного доступа, наличие инфекции в брюшной полости и длительный парез кишечника во время операции. Смертность при этой патологии колеблется от 12 до 85%.*

Ключевые слова: *кишечная непроходимость, перитонит, спайки.*

The work is based on the study of treatment results of 120 patients (74 men, 54 women) operated for acute disseminated peritonitis observed from 2010 to 2019 in the surgical department of the ASMI clinic and CRH of Andijan district of the branch of the department of emergency surgery of the Republican Scientific Center for Emergency Medical Aid. The age of patients ranged from 16 to 70 years [2, p. 71-75].

All patients were divided into 2 groups. The first (control) group included 46 patients who received conventional therapy in the postoperative period.

The second group (the main group) consisted of 82 patients who included in the intensive care complex: nasogastric sounding, intestinal intubation through the anus, gastrointestinal lavage and gastroenteroscopy with activated carbon, the use of antihypoxants (actovegin). Also, the patients of the main group left the laparoports for the rehabilitation of the abdominal cavity using a laparoscope for 2, 4, 6 days and the measurement of intra-abdominal pressure was performed [3, p. 28-31].

Intra-abdominal pressure was measured by method for assessing the pressure in the bladder through Foley catheter connected to a hydromanometer of the Waldman apparatus [1, p. 56 - 59].

The results and discussion. The general condition of patients at admission was assessed as moderate and severe.

On the first day after surgery in patients of all groups, intra-abdominal pressure was 16.3 0.8 mm of water. (15.9 0.84 in the main group and 14.8 0.79 in the control), which corresponded to degree 1 of intra-abdominal hypertension. On the 4th day, the patients of the main group had a reliable ($\sigma = 2.59$, $p < 0.05$) in comparison with the first day, the improvement of intra-abdominal pressure indicators to: 12.4 0.3 mm water column. In 17 patients of this group, it was possible to prevent the beginning paresis of the gastrointestinal tract and resolve it within 20 hours. And in patients of the control group, paresis was eliminated no less than 48 hours later. In addition, the abdominal cavity was sanitized with a reopolyglucin solution through a laparoscope with a laparoscope, followed by administration of a solution of dioxidine 0.5% - 50 ml.

Accordingly, in the main group, the number of respiratory complications decreased: pneumonia developed in 2 patients, and in the control group, complications occurred in 7 patients.

In the studied group, there were practically no specific complications. In the control group, a complication was observed in 10 patients. Suppuration of the postoperative wound in 6 patients, abscess of the abdominal cavity in the patient, continuing peritonitis in 2 and 1 patient diagnosed with an inadequate inter-intestinal anastomosis.

Multiple impairment (hepatonephropathy, encephalopathy, intoxication syndrome) developed in 4 patients of the main group, after surgery for intestinal obstruction. Patients in the control group developed multiple organ dysfunction in 9 cases. Lethal outcomes in the main group were observed in 1 patient, while in the control group, 3 patients had such an outcome. At the same time, the stay of patients in the hospital amounted to 11.3 0.42 days in the main group, 14.6 0.46 days in the control group.

Thus, the use of laparoscopic sanitization of the abdominal cavity in the postoperative period in patients with acute disseminated peritonitis of various etiologies has prevented the development of organ disorders, reduced the development of septic complications and postoperative deaths.

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