

IMPROVEMENT OF DIAGNOSTIC METHODS FOR DESTRUCTIVE FORMS OF ACUTE CALCULOUS CHOLECYSTITIS

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Abstract: recently, with the increase in life expectancy of the population, both in our Republic and abroad, the number of patients in need of inpatient treatment with a diagnosis of acute calculous cholecystitis, including elderly and senile patients, is increasing. Analysis of literary sources indicates that up to 27.0% of destructive processes in the gallbladder proceed latently and are diagnosed with already developed complications. The purpose of the study: optimization of methods for early diagnosis of the process of destruction in the tissues of the gallbladder in acute calculous cholecystitis. To conduct this study, 91 patients with acute calculous cholecystitis were examined after diagnosis, 57 of them were women, 34 were men. The patients were divided into 2 age groups; I-group (48) of patients under the age of 65, II-group (43) of patients over the age of 65. Our morphological studies revealed a different ratio of immunocompetent cells in the gallbladder tissue in catarrhal and destructive cholecystitis: phlegmonous and gangrenous. Thus, the obtained research results indicate that there is a clear dependence of the concentration of procalcitonin and lactoferrin in the blood on the degree of development of the destruction process in the tissues of the gallbladder, which is more pronounced in patients of group 2 relative to the indicators of lactoferrin in the blood.

Keywords: destructive cholecystitis, morphological studies, acute calculous cholecystitis.

СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ДИАГНОСТИКИ ДЕСТРУКТИВНЫХ ФОРМ ОСТРОГО КАЛЬКУЛЕЗНОГО ХОЛЕЦИСТИТА

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Аннотация: в последнее время с увеличением продолжительности жизни населения, как в нашей Республике, так и за рубежом увеличивается число больных, нуждающихся в стационарном лечении с диагнозом острый калькулезный холецистит, в том числе больных пожилого и старческого возраста. Анализ литературных источников свидетельствует о том, что до 27,0% деструктивных процессов в желчном пузыре протекают латентно и диагностируются с уже развившимися осложнениями. Цель исследования: оптимизация методов ранней диагностики процесса деструкции в тканях желчного пузыря при остром калькулезном холецистите. Для проведения исследования был обследован 91 больной острым калькулезным холециститом после установления диагноза, из них 57 женщин, 34 мужчины. Пациенты были разделены на 2 возрастные группы: I группа (48) больных в возрасте до 65 лет, II группа (43) больных старше 65 лет. Наши морфологические исследования выявили различное соотношение иммунокомпетентных клеток в ткани желчного пузыря при катаральном и деструктивном холецистите: флегмонозный и гангренозный. Таким образом, полученные результаты исследования свидетельствуют о наличии четкой зависимости концентрации прокальцитонина и лактоферрина в крови от степени развития процесса деструкции в тканях желчного пузыря, более выраженной у больных 2 группы. относительно показателей лактоферрина в крови.

Ключевые слова: деструктивный холецистит, морфологические исследования, острый калькулезный холецистит.

Relevance. Recently, with the increase in life expectancy of the population, both in our Republic and abroad, the number of patients in need of inpatient treatment with a diagnosis of acute calculous cholecystitis, including

elderly and senile patients, is increasing. Analysis of literary sources indicates that up to 27.0% of destructive processes in the gallbladder proceed latently and are diagnosed with already developed complications [4, 6, 8, 11]. Meanwhile, the success of conservative and surgical treatment of patients with destructive forms of cholecystitis depends on the accuracy of timely diagnosis of pathological changes in the gallbladder wall, which determine the tactics of treatment and the urgency of surgical intervention. As is known, for an objective assessment of pathological changes in the gallbladder wall with a high degree of information content, ultrasound and computed tomography are used [1, 2, 3, 5, 9, 10].

The purpose of the study: optimization of methods for early diagnosis of the process of destruction in the tissues of the gallbladder in acute calculous cholecystitis.

Material and methods of research: To conduct this study, 91 patients with acute calculous cholecystitis were examined after diagnosis, 57 of them were women, 34 were men. The patients were divided into 2 age groups; I-group (48) of patients under the age of 65, II-group (43) of patients over the age of 65. As a control, the serum of 15 volunteers aged 50 to 70 years, who did not suffer from cholelithiasis and did not have any clinical manifestations of inflammatory processes at the time of the study, was studied. Studies of procalcitonin and lactoferrin were conducted upon admission to the hospital, as well as on 1-3 days of the postoperative period. All patients, regardless of the severity of the condition, after a short preoperative preparation, surgical placement, cholecystectomy and drainage of the abdominal cavity were urgently performed.

Research results and their discussion: Our morphological studies revealed a different ratio of immunocompetent cells in the gallbladder tissue in catarrhal and destructive cholecystitis: phlegmonous and gangrenous. On the basis of morphological features, it became clear that it was difficult to diagnose and determine surgical tactics in a short period of time when managing this contingent of patients in a hospital, that is, determining the timing of indications for emergency surgery. In the diagnosis of many destructive conditions, procalcitonin and lactoferrin have proven themselves well, which, according to many researchers, indicate their high diagnostic significance. The dynamics of the content of procalcitonin and lactoferrin in the blood serum has a peculiar character of changes. At the same time, it should be noted that the content of procalcitonin in the blood serum of healthy people is less than 0.1 ng/ml. In group 1 patients with catarrhal cholecystitis, the level of procalcitonin was significantly increased several hundred times higher than the control values. Similar dynamics was noted in the indicators of procalcitonin in patients of group 2, but at the same time this indicator exceeded the baseline level by several thousand times. In the destructive form of cholecystitis, the studied indicator also had a dynamic increase in blood serum in groups 1 and 2 of the examined individuals, but the revealed digital indicators far exceeded the data of patients with catarrhal calculous cholecystitis. The revealed indicators of procalcitonin in two groups of patients with various forms of cholecystitis and age indicated the systemic nature of the manifestations of the inflammatory process, which could turn into a pronounced inflammatory and destructive process and end in various severe complications. As can be seen from the presented research results, this clinical condition was pronounced in patients of group 2 with destructive forms of cholecystitis.

Conclusion: Thus, the obtained research results indicate that there is a clear dependence of the concentration of procalcitonin and lactoferrin in the blood on the degree of development of the destruction process in the tissues of the gallbladder, which is more pronounced in patients of group 2 relative to the indicators of lactoferrin in the blood. The high informative value of studies of the content of procalcitonin and lactoferrin in the blood serum of patients for the diagnosis of destructive forms of acute calculous cholecystitis has been proved.

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