SURGICAL TACTICS FOR COMPLICATED FORMS OF CHRONIC PANCREATITIS

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Relevance. The choice of rational surgical tactics for various complications of chronic pancreatitis (CP).

Material and methods. Based on the collected data on the basis of the 1st clinic of SamMI, in the period from 2015 to 2020, 356 operations were performed for complicated forms of CP. Indications for surgical intervention were: severe abdominal pain syndrome, not amenable to conservative therapy, biliary hypertension, obstructive jaundice, hypertension of the main pancreatic duct (GLP), cystic fibrous transformation of the pancreas (PZ). The absence of pronounced fibroinflammatory changes in the pancreas head and other complications of CP, in the presence of a wide GLP, was an indication for the imposition of a longitudinal pancreatojejunostomy (PJA) - 29 operations. With pronounced local fibroinflammatory changes in the tail of the pancreas, distal resection of the pancreas was performed - 34 operations. If it is impossible to exclude malignant neoplasm of the pancreas body, in 29 patients werecoroporocaudal pancreatic resection was performed. Fibroinflammatory changes, enlargement of the pancreas head, wide GLP were indications for subtotal duodenal-preserving resection of the pancreas head with the imposition of PJA - 151 operations. Fibrous changes in the RV head without changes in the body and tail with a narrow GLP, in 8 cases were an indication only for local resection of the RV head. In this case, the cavity formed as a result of the head resection was drained into the Ru-isolated jejunum. In 43 patients, CP was complicated by biliary hypertension and obstructive jaundice. In 35 patients from this group, Frey's operation was supplemented with the imposition of hepaticojejunostomy, and 8 cases with superimposed internalbiliopancreatic anastomosis. In 9 patients with pronounced fibroinflammatory changes in the entire pancreas and narrow GPP produced longitudinal trough excision (operation Izbiki). In 9 cases CP was complicated by a false aneurysm (LA) arteries of the celiac trunk. The first stage superselective endovascular embolysis was performed tion of the vessel feeding the aneurysm. The second stage was performed by resection surgical interventions on the pancreas. The impossibility of excluding a malignant tumor of the pancreatic head was an indication for pancreatoduodenal resection - 19 operations. One patient underwent total pancreas resection due to fibrous transformation and severe abdominal pain syndrome.
Results: In 7 patients, after the application of PEA in the period from 9 to 14 months, pain syndrome appeared. He performed Frey's operation. Have 3 patients after the imposition of an internal biliopancreatic anastomosis was a recurrence of obstructive jaundice. He underwent Roux-en-Y hepaticojejunostomy. Good results were obtained after subtotal duodenal-preserving resection of the pancreas head in combination with PJA. There were no lethal outcomes.

Results. Pain syndrome appeared in 7 patients after PEA was applied in the period from 9 to 14 months. He performed Frey's operation. Relapse of obstructive jaundice was observed in 3 patients after the application of internal biliopan of the creative anastomosis. He underwent Roux-en-Y hepaticojejunostomy. Good results were obtained after subtotal duodenal-preserving resection of the pancreas head in combination with PJA. There were no lethal outcomes.

Findings. Surgical tactics in patients with CP should depend on the scale, localization of morphological changes in the pancreas, the diameter of the GLP, the presence of biliary hypertension, duodenostasis, PA of the celiac trunk arteries. Also, a lot of important aspect needs to be paid to postoperative rehabilitation and compliance with the doctor's recommendations.

List of references:


