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### HEPATOPROTECTIVE THERAPY IN THE COMPLEX TREATMENT OF ACUTE INTESTINAL OBSTRUCTION IN PATIENTS WITH DIFFUSE LIVER DISEASES

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#### Relevance

Acute intestinal obstruction (AIO) remains one of the most urgent and life-threatening conditions in abdominal surgery. The coexistence of diffuse liver diseases (DLD), such as chronic hepatitis and liver cirrhosis, significantly worsens the clinical course and surgical outcomes. Impaired detoxification, protein-synthesizing and coagulation functions of the liver increase the risk of postoperative complications, infectious processes, and mortality. In this regard, maintaining adequate liver function and providing targeted hepatoprotective therapy during the perioperative period becomes a critical factor in improving treatment results and prognosis in patients with AIO combined with DLD.

#### Aim:

To evaluate the effectiveness of hepatoprotective therapy in the perioperative management of patients with acute intestinal obstruction combined with diffuse liver diseases in order to improve surgical outcomes and reduce postoperative complications and mortality.

#### Materials and Methods:

This clinical study was conducted from 2022 to 2024 at the Department of Surgical Diseases of the Bukhara State Medical Institute and the Surgical Department of the Bukhara branch of the Republican Scientific Center for Emergency Medical Care. The aim of the study was to analyze the clinical data of 106 patients with acute intestinal obstruction (AIO) combined with diffuse liver diseases (DLD). The study included **51 men and 55 women**, with the following age distribution: 42 patients (39.6%) were younger than 60 years, 61 patients (57.5%) were between 61 and 75



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years, 3 patients (2.8%) were older than 75 years. The study was carried out on two groups of patients:

**Main group (n=51):** patients with AIO and DLD who, in addition to standard perioperative treatment, received hepatoprotective therapy. Therapy included the infusion solution “Riverton” (produced by *Dream Pharma LLC, Uzbekistan*) and “Glutathione” 600 mg, 4 ml, 10 ampoules (produced by *Lab. Farmaceutico C.T. S.r.L., Italy*). This group consisted of 30 women (58.8%) and 21 men (41.2%).

**Comparison group (n=55):** patients with AIO and DLD who did not receive hepatoprotectors during perioperative pharmacotherapy. This group included 30 men (54.5%) and 25 women (45.5%). The distribution of patients by sex in both groups is presented in.

### Results and Discussion Overall complication rate.

Among 51 patients of the main group, postoperative complications were observed in 4 cases (7.84%), whereas in the comparison group (55 patients) complications developed in 28 cases (50.9%). Infectious complications. Wound infection occurred in 1 patient (1.81%) in the main group versus 29.09% in the comparison group. Pneumonia was diagnosed in 2 patients (3.63%) in the main group and in 4 patients (7.27%) in the comparison group.

Mortality. In the main group, 2 patients (3.9%) died, while in the comparison group mortality was significantly higher — 7 cases (13%), with deaths occurring predominantly within the first 1–7 postoperative days. The leading causes of mortality in both groups were multiple organ failure and pulmonary thromboembolism. Summary. Thus, the patients of the main group demonstrated a significantly lower rate of postoperative complications and mortality, indicating the positive impact of hepatoprotective therapy (“*Riverton*” and “*Glutathione*”) as part of comprehensive treatment. This therapeutic approach contributed to a more favorable postoperative course and accelerated recovery of liver function.



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### Conclusions

1. Hepatoprotective therapy in patients with acute intestinal obstruction combined with diffuse liver diseases significantly reduces the incidence of postoperative complications, infections, and mortality.
2. The inclusion of the balanced infusion solution “*Riverton*” and the antioxidant “*Glutathione*” in perioperative treatment is justified and should be recommended for incorporation into clinical protocols.

### References

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