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OPTIMIZING PERIOPERATIVE MANAGEMENT OF ACUTE INTESTINAL OBSTRUCTION IN PATIENTS WITH DIFFUSE LIVER DISEASES THROUGH HEPATOPROTECTIVE THERAPY

Makhmanazarov Orifjon Mirzonazar ogli

Bukhara State Medical Institute named after Abu Ali ibn Sina

Relevance:

Acute intestinal obstruction (AIO) remains one of the leading emergencies in abdominal surgery, associated with significant morbidity and mortality. In patients with concomitant diffuse liver diseases (DLD), including chronic hepatitis and cirrhosis, the prognosis worsens due to impaired detoxification, protein-synthesizing and coagulation functions of the liver. These patients are at increased risk of severe infectious and thromboembolic complications. Therefore, the implementation of hepatoprotective therapy during the perioperative period is of particular importance, as it may improve postoperative recovery, reduce adverse outcomes, and enhance overall survival.

Aim:

To determine the clinical effectiveness of perioperative hepatoprotective therapy with “*Riverton*” and “*Glutathione*” in patients with acute intestinal obstruction combined with diffuse liver diseases, with the purpose of improving surgical outcomes, reducing complications, and lowering postoperative mortality.

Materials and Methods:

The prospective study was conducted from 2022 to 2024 at the Department of Surgical Diseases, Bukhara State Medical Institute, and the Surgical Department of the Bukhara branch of the Republican Scientific Center for Emergency Medical Care. A total of 106 patients with AIO and DLD were included (51 men and 55 women). Age distribution was as follows:

- 42 patients (39.6%) were under 60 years,
- 61 patients (57.5%) were aged 61–75 years,
- 3 patients (2.8%) were over 75 years.



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Two groups were compared: Main group (n=51): standard perioperative treatment + hepatoprotectors (“*Riverton*” infusion solution, Dream Pharma LLC, Uzbekistan; “*Glutathione*” 600 mg/4 ml, Lab. Farmaceutico C.T. S.r.L., Italy). This group included 30 women (58.8%) and 21 men (41.2%).

Comparison group (n=55): standard perioperative treatment without hepatoprotectors. This group consisted of 30 men (54.5%) and 25 women (45.5%).

Results and Discussion

Overall complications: 4 cases (7.84%) in the main group vs 28 cases (50.9%) in the comparison group. Wound infections: 1 case (1.81%) in the main group vs 29.09% in the comparison group.

Pneumonia: 2 cases (3.63%) in the main group vs 4 cases (7.27%) in the comparison group.

Mortality: 2 cases (3.9%) in the main group vs 7 cases (13%) in the comparison group, mostly within the first 7 postoperative days. The leading causes of death were multiple organ failure and pulmonary thromboembolism. These findings confirm that the addition of hepatoprotective therapy significantly improves the perioperative course by reducing complications and mortality. The balanced infusion solution “*Riverton*” and the antioxidant “*Glutathione*” provided metabolic support, enhanced liver recovery, and contributed to a more favorable prognosis.

Conclusions

1. Hepatoprotective therapy with “*Riverton*” and “*Glutathione*” in patients with AIO and DLD reliably reduces the frequency of postoperative complications, infectious outcomes, and mortality.
2. This perioperative strategy should be recommended for integration into modern clinical protocols and treatment standards for patients with acute intestinal obstruction complicated by diffuse liver diseases.



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