



METHODS OF TREATMENT OF RESIDUAL CAVITY AFTER ECHINOCOCECTOMY OF THE LIVER

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Introduction

Despite significant advances in liver surgery, the introduction of new technical means in performing operations, in the immediate postoperative period in liver echinococcosis (LE) typical complications often occur (10-24% of cases) in the form of suppuration of the residual cavity (RC), the formation of external purulent and biliary fistulas. In this regard, improving the methods of diagnosing LE and its complications, as well as technical methods that can reduce the frequency of specific complications after echinococcectomy, is of great importance in the treatment of patients with this pathology. A large number of relapses of the disease and dissatisfaction (high toxicity, insufficient germicidal activity) with the results of intraoperative use of germicidal drugs, the duration of their exposure during surgery, sometimes with repetition of manipulation (multiple) forced us to look for new methods of cyst treatment.

Objective of the study: Improving the results of surgical treatment by using laser photodynamic therapy as a method for treating residual cavities after liver echinococcectomy.

Material and methods. The results of surgical treatment of 124 patients with various forms of liver echinococcosis treated in the Bukhara Regional Multidisciplinary Medical Center were analyzed. All the patients studied were divided into 2 groups depending on the intraoperative treatment of residual cavities after liver echinococcectomy: control and main groups.



The control group included 61 (49.19%) patients who, after echinococcectomy, used the traditional method of treating residual cavities with 80-100% glycerol. The main group consisted of 63 (50.81%) patients whose residual cavities were treated using laser photodynamic therapy with a photosensitizer of 0.05% methylene blue solution.

The main requirement for the applied method of residual cavity treatment was to create the necessary photochemical reaction affecting the parasitic process with minimal damaging effect on the cell membranes of the tissue structures of the body, in particular the liver.

Results. In patients of the control group, out of the total number of postoperative complications, specific ones were observed in 15 (24.59%) patients. As for the OP, one of the severe ones are biliary complications, which affect the timing of the presence of the OP and the duration of drainage. After radical surgical interventions, these complications were noted in 4 (6.55%) patients in the form of biliary fistulas in the OP with bile leakage, which in all observations were eliminated independently without additional therapeutic measures, within 32.5 ± 5.5 days. Suppuration of the OP was noted in 11 (18.03%) patients, while the terms of complete elimination of the OP corresponded to approximately 42.5 ± 15.5 days. Relapse of the disease was observed in 7 (11.47%) patients.

In the early postoperative period, complications were observed in 6 (9.52%) patients in the main group, with suppuration occurring in only 2 (3.17%) cases. Bile stasis in the OP was noted in 4 (6.34%) cases, which resolved spontaneously within 11.5 ± 3.5 days. Complete regeneration of residual cavities was observed in 49 (77.78%) cases, regardless of the method of echinococcectomy. The average hospital stay was 15.5 ± 3.5 days.

Studies have shown that the use of laser photodynamic therapy for the method of treating residual cavities made it possible to reduce the number of specific complications, which significantly affects the outcome of surgical treatment. At the same time, relapse of the disease was observed in 1 (2.32%) patient.

Conclusion. Thus, the obtained research data allowed us to conclude that the use of the laser photodynamic therapy method in the treatment of residual cavities after



echinococcectomy from the liver reveals its pronounced destructive effect on all types of embryonic elements of echinococcus and its relatively harmless effect on the macroorganism during intraoperative use provides the possibility of widespread use of this method in the practice of surgery for echinococcosis of various localizations, with the aim of preventing postoperative complications and relapses of the disease.

References:

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