

IMPROVING DIAGNOSTIC AND SURGICAL TACTICS IN PATIENTS WITH MECHANICAL JAUNDICE

<https://doi.org/10.5281/zenodo.15762307>

Teshaev O.R., Ismailov M.U.

Tashkent Medical Academy, Tashkent, Uzbekistan

Relevance

The problem of diagnostics and treatment of mechanical jaundice, which unites a large group of diseases, has currently acquired particular relevance and is one of the difficult tasks of surgery. The reasons for this are the steady increase in patients with this pathology, the increase in the number of elderly and senile people among them. Diagnostic errors, which occur in 12-38% of cases, lead to liver failure and other severe complications (gastrointestinal bleeding, purulent cholangitis, liver abscesses, sepsis), which in 14-27% of cases lead to death.

Materials and methods

An analysis of the medical records of 109 patients with mechanical jaundice who were treated in the abdominal and endoscopic surgery departments of the Republican Clinical Hospital from 2016 to 2023 was conducted. There were 75 men (68.8%) and 34 women (31.2%). The age of patients varied from 17 to 89 years, and more than 60% were elderly and senile patients, burdened with concomitant pathology and a high degree of surgical risk. The causes of mechanical jaundice in 84.4% (n=92) of patients were benign diseases, in 15.6% (n=17) - malignant. Regardless of the etiology of mechanical jaundice, the main pathophysiological links of the syndrome are similar, which allows for guidance in a unified treatment and diagnostic tactic.

Results: The absolute indication for emergency open surgery was mechanical jaundice accompanied by peritonitis in destructive cholecystitis combined with choledocholithiasis. In this case, laparotomy, cholecystectomy, choledocholithotomy and external drainage of the common bile duct were performed (preference was given to drainage according to Vishnevsky). The same operation was performed when endoscopic lithoextraction was impossible due to large dense stones, Mirizzi syndrome, fistulas, paraphaterial diverticula, and conditions after gastric resection using the Bilioth-II method after preliminary decompression.

Conclusion

ERCP and EPST, when performed with high technique in the conditions of well-equipped specialized endosurgical departments, allows to increase the diagnostic value to 98%, reduce complications, and choose rational surgical treatment in patients with mechanical jaundice. The proposed algorithm for diagnosis and treatment tactics for mechanical jaundice allows improving the treatment results of patients and reducing postoperative mortality to 5.18%.