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DIAGNOSIS AND TREATMENT OF EARLY ADHESIVE-PARETIC INTESTINAL OBSTRUCTION IN CHILDREN

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✓ ***Resume,***

The article discusses a wide range of causes, treatment and prevention of early intestinal obstruction in children. During treatment, it is important to carry out the surgical procedure quickly, efficiently and efficiently, relying on a modern device. In addition, the consequences of this disease and rehabilitation issues are highlighted.

Key words: intestinal obstruction, children's age, early adhesive - paretic obstruction.

ДИАГНОСТИКА И ЛЕЧЕНИЕ РАННЕЙ СПАЕЧНО-ПАРЕТИЧЕСКОЙ КИШЕЧНОЙ НЕПРОХОДИМОСТИ У ДЕТЕЙ

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✓ ***Резюме,***

В статье рассматривается широкий спектр причин, лечения и профилактики ранней кишечной непроходимости у детей. При лечении важно провести хирургическую процедуру быстро, качественно и эффективно, опираясь на современный аппарат. Кроме того, освещаются последствия этого заболевания, вопросы реабилитации.

Ключевые слова: кишечная непроходимость, детской возраст, ранная спаечная – паретическая непроходимость.

БОЛАЛАРДА ЭРТА БИТИШМАЛИ-ПАРЕТИК ИЧАК ТУТИЛИШИНИ ТАШХИСЛАШ ВА ДАВОЛАШ

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✓ ***Резюме,***

Мақолада болаларда эрта битишали- паретик ичак тутилиши сабаблари, даволаш ва олдини олиш масалалари кенг ёритиб берилган. Даволашда жарроҳлик усулини замонавий аппаратураларга таянган ҳолда тезкор, сифатли ва самарали олиб бориш ёритиб берилган. Бундан ташқари, ушбу касалликнинг оқибатлари, реабилитация масалалари ёритилган.

Калит сўзлар: ичак тутилиши, болалик ёши, эрта битишмали - паретик ичак тутилиши.

Relevance

Acute intestinal obstruction continues to be one of the most urgent and intractable problems of emergency surgery in childhood [3,6]. Currently, there are various classifications of adhesive intestinal obstruction in the literature [1,4].

The proposed classifications were developed taking into account the etiology, pathogenesis, and clinic of intestinal obstruction based on experimental data and own observations [7].

They consider both early and late intestinal obstruction [2,5]. As a basis for the study of early intestinal obstruction, we took the classification of adhesive intestinal obstruction, which is very common in pediatric surgery, proposed by Bairov G.A.

Among early adhesive obstruction in children, the author identifies early adhesive-paretic intestinal obstruction, which, in his opinion, is observed up to 6-8 days after surgery. It differs in its causes, has its own peculiarities of clinical manifestations and requires appropriate treatment tactics [1,6].

However, to date, the features of the clinical picture of early adhesive-paretic obstruction in children have not been sufficiently described, indications for modern research methods and their significance in the diagnosis of this pathology have not been determined [3].

Indications for conservative or surgical methods of treatment have not been determined, the role of modern sparing surgical technologies in the treatment of early adhesive-paretic obstruction in children has not been studied.

Thus, timely diagnosis and selection of rational therapeutic tactics for early adhesive-paretic intestinal obstruction in children still remains one of the most difficult tasks in pediatric abdominal surgery [5].

The above indicates the relevance and importance for science and practical healthcare of developing methods of early diagnosis, methods of effective treatment of early adhesive-paretic intestinal obstruction in children.

The purpose of the study. To improve the results of treatment of early adhesive-paretic intestinal obstruction in children by developing and implementing modern methods of early diagnosis and minimally invasive methods of treatment.

Materials and methods

To fulfill our task, we examined a total of 45 children who had early intestinal obstruction and who turned to the regional multidisciplinary children's hospital.

The results of the study. The developed complex of diagnostic measures has an informational value of 91%, which provided a statistically significant ($p<0.05$) increase in the number of children with RSPKN operated on in the first 4 days of the postoperative period (84.6 ± 1.1% - the main group, 78.1± 1.9% - the comparison group), and laparoscopic surgical intervention reduced the duration of the operation by 2 times and the number of postoperative complications by 2.5 times.

The complex application of clinical, radiological, echographic and endoscopic methods made it possible to carry out surgical treatment of early adhesive-paretic intestinal obstruction at an earlier time (79 ± 12 hours).

The developed method of early postoperative prolonged electrostimulation of the gastrointestinal tract with early adhesive-paretic obstruction in children using an external single-chamber pacemaker EX-511 is able to restore the motor-evacuation function of the gastrointestinal tract in the early postoperative period.

In a comparative analysis of the results of treatment of patients with early adhesive-paretic intestinal obstruction in children, it was reliably established that complex therapy with the use of an external pacemaker allows restoring the motor evacuation function of the gastrointestinal tract on the 1st day after surgery, and in HS 3 days later, the amplitude increased on average to 2.28±0.07 MB (more than 2 times) in OG ($p<0.01$), and in HS - to 1.42±0.05 ($p<0.01$), with normal in healthy patients 2.29 ± 0.09, which indicates the advantage of the developed method in comparison with drug stimulation of the intestine.

The developed technique of decompression enterostomy in RSPKN using Malekot drainage is less traumatic compared to suspended enterostomy. This is evidenced by a reduction in the duration of the operation by 3 times, the restoration of intestinal motility is accelerated by 2 times.

The developed device and methodology of the automated electronic system for diagnosing intestinal intussusception in children based on the volume-manometric sample of AESDI OMP-01 are a low-traumatic method that allows reducing the duration of the procedure for the diagnosis and conservative treatment of intestinal intussusception from 65 ± 4.1 minutes to 4.1± 1.2 minutes ($p<0.001$).

The introduction into the clinic of a technique for determining the viability of the intestine using diadynamic current (DDT) makes it possible to assess the degree of circulatory disorders in the intestinal wall and mesentery of the intestine and determine the viability or necrosis.

The conducted study allows us to conclude that the optimization of anesthetic support for laparoscopic operations with early adhesive-paretic obstruction (propofol anesthesia in combination with micro-scale administration of fentanyl and muscle relaxant atrakiurium besilate) contributes to a more adequate state of hemodynamics (cardiac index ranging from 4.0± 0.5 l/min * m2 to 4.25± 0.15 l/ min * m2 ($p<0.05$)

The algorithm developed and implemented in clinical practice in case of suspicion of the presence of early adhesive-paretic intestinal obstruction allows pediatric surgeons to make

tactical decisions in this category of patients, determine indications for the treatment method, choose the timing, scope and methods of surgical interventions.

Conclusion

The causes of the occurrence are determined and the clinical signs of early adhesive-paretic intestinal obstruction in children are described in detail.

The significance of the X-ray examination of the abdominal cavity was evaluated and the high efficiency of abdominal sonography for the timely diagnosis of early adhesive-paretic intestinal obstruction was confirmed.

Indications have been developed for early diagnostic laparoscopy, which allows timely, before the development of pronounced clinical manifestations and the addition of complications, to detect the presence of early adhesive-paretic intestinal obstruction and to carry out minimally invasive laparoscopic treatment.

A method of early prolonged autonomous electrical stimulation of the gastrointestinal tract using a pacemaker has been developed and implemented, which allows effective stimulation of the motor evacuation function of the gastrointestinal tract in the postoperative period at any time necessary for this.

LIST OF REFERENCES:

1. Amirbekova R. Endovideosurgery in emergency abdominal surgery of children / R. Amirbekova, R. Bogdanov // Endoscopic surgery in children: thesis of the symposium on endosurgical surgery in children. - Ufa, 2002.-pp. 13-14.
2. Dunyushkin S.E. Endosurgical methods of treatment and prevention of adhesive peritoneal disease: (experimental clinical study): autoref. dis. . Candidate of Medical Sciences: 14.00.27 / Bashkir State med. un-T. Ufa, 2007.-30 p.
3. Minaev S.V. Poly-enzyme therapy in the prevention of adhesions in the abdominal cavity in children / S.V. Minaev, T.K. Nemilova, G.Yu. Knorring // Vestn. Surgery named after I.I. Grekov. 2006. - No. 1. - pp. 49-54.
4. Sataev V.U. Laparoscopic surgery of ongoing postoperative peritonitis / V.U. Sataev, I.A. Mamleev // Endoscopic surgery in children: the thesis of the scientific works of the symposium on endosurgical surgery in children. Ufa, 2002. - pp. 129-130.
5. Havaleev P.P. Complex method of diagnosis, treatment and prevention of postoperative ventral hernias combined with adhesive peritoneal disease: abstract. dis. . Doctor of Medical Sciences. Ufa, 2005— - 35 p.
6. Audebert A.J. Role of microlaparoscopy in the diagnosis of peritoneal and visceral adhesions and in the prevention of bowel injury associated with blind trocar insertion / A.J. Audebert, V. Gomel // Fertil. Steril. 2000. - Vol. 73, N 3. - P. 631-5.
7. Suzuki K. Elective laparoscopy for small bowel obstruction / K. Suzuki, Y. Umehara, T. Kimura // Surg. Laparosc. Endosc. Percutan Tech. — 2003. -Vol. 13, N4.-P. 254-6.

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