

**ULTRASOUND STUDY IN THE PREVENTION OF COMPLICATIONS OF
LAPAROSCOPIC CHOLECYSTECTOMY IN ACUTE CHOLECYSTITIS**

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✓ **Resume**

Giving a key place in the preoperative diagnosis to ultrasound examination, which gives not only the possibility of determining the main etiological factors of acute cholecystitis, but also the objectivity of the degree of severity of inflammatory changes in the gallbladder wall and paravesical space.

Keywords: ultrasound examination, gallbladder, acute cholecystitis, cholecystectomy.

**УЛЬТРАЗВУКОВОЕ ИССЛЕДОВАНИЕ В ПРОФИЛАКТИКЕ ОСЛОЖНЕНИЙ
ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕЦИСТЭКТОМИИ ПРИ ОСТРОМ ХОЛЕЦИСТИТЕ**

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✓ **Резюме**

Отдавая ключевое место в дооперационной диагностике ультразвуковому исследованию, которое дает не только возможность определения основных этиологических факторов острого холецистита, но и объективности степени выраженности воспалительных изменений стенки желчного пузыря и паравезикального пространства.

Ключевые слова: ультразвуковое исследование, желчный пузырь, острый холецистит, холецистэктомия.

**ЎТКИР ХОЛЕЦИСТИТДА ЛАПАРОСКОПИК ХОЛЕЦИСТЭКТОМИЯ
АСОРАТЛАРИНИНГ ОЛДИНИ ОЛИШДА УЛТРАТОВУШ ТЕКШИРУВИ**

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✓ **Резюме**

Ўткир холециститнинг асосий этиологик омилларини аниқлаш имкониятини эмас, балки ўт пуфаги девори ва паравезикалбушлиқдаги яллиғланиш ўзгаришининг оғирлик даражасини объектив аниқлаш имкониятини берувчи ултратовуш текширувига операциядан олдинги таъхисда асосий ўрин бериш муҳим аҳамиятга эга.

Калит сўзлар: ултратовуш текширув, ўт пуфаги, ўткир холецистит, холецистэктомия.

Relevance

The introduction of laparoscopic techniques into surgical practice very quickly led to the fact that laparoscopic cholecystectomy became a standard surgical intervention not only in the treatment of gallstone disease, but also acute cholecystitis. The widespread introduction of laparoscopic technologies into the surgical practice of acute cholecystitis has led to an increase in various complications. Literature data

and our observations indicate that errors made at the diagnostic stage create not only difficulties in choosing the method of cholecystectomy, but also lead to the occurrence and development of complications. Not recognizing such a danger at the diagnostic stage leads to an incorrect choice of the method of surgery, and performing laparoscopic cholecystectomy (LCE) "at any

cost" causes serious errors, followed by complications.

The aim of the study: to improve the results of mini-invasive surgical interventions in acute cholecystitis using sonographic studies.

Materials and methods. Giving a key place in preoperative diagnosis to ultrasound examination (ultrasound), which gives not only the possibility of determining the main etiological factors of acute cholecystitis, but also the objectivity of the degree of severity of inflammatory changes in the gallbladder wall and paravesical space. The results of 235 ultrasound examinations of patients with acute cholecystitis, the course of which was complicated by paravesical infiltration, were analyzed.

Results. The most characteristic ultrasound pattern for paravesical changes is the presence of a zone of increased echogenicity, doubling and indistinctness of contours, thickening of the gallbladder wall. In addition, poor visualization of the neck of the gallbladder, shortening of the visible part of the choledochus, "a symptom of a continuous acoustic shadow" also indicate pronounced changes in the paravesical space.

Depending on the density and prevalence of paravesical infiltrate, which creates the greatest danger of performing LHE, we have identified three types of paravesical infiltrate that affect the choice of the method of surgical aid. The first type is a loose infiltrate, the second type is a dense infiltrate, the third type is characterized by a more pronounced density with hyperechoic inclusions in the form of small bands of 0.5-1 cm in size, located in the projection of the gallbladder and liver gate.

The revealed ultrasound changes allowed us to optimize not only the diagnostic process in acute cholecystitis, but also to justify the choice of the method of surgical intervention. The analysis of the results of ultrasound examinations of patients with acute cholecystitis allowed us to conclude that this method is an important diagnostic measure, with the help of which it is possible not only to improve the diagnosis of cholecystitis, to determine the choice of the method of cholecystectomy, but also to provide for the development of complications during its implementation.

Conclusions

1. Paravesical infiltrate in acute cholecystitis not only creates difficulties in performing laparoscopic cholecystectomy, but also conceals the dangers of its implementation.

2. Ultrasound examination in complicated acute cholecystitis makes it possible to determine the choice of the method of cholecystectomy, thereby reducing the frequency of complications.

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