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ESTIMATION OF THE EFFECTIVENESS OF LAPAROSCOPIC CHOLETISTEKTOMIA IN THE TREATMENT OF ACUTE CALCULAR CHOLECYSTITIS WITH LIVER CYRROSIS

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✓ ***Resume***

Analysis of unsatisfactory results of laparoscopic cholecystectomy in patients with cirrhosis of the liver. In the work the analysis of the results of the treatment of 168 patients with complicated cholelithiasis, depending on presence or absence of cirrhosis of the liver has been carried out. In 76 (45.23%) patients, cholelithiasis and concomitant cirrhosis of the liver were complicated, in 92 (54.77%) - complicated cholelithiasis without cirrhosis of the liver. The stage of liver cirrhosis was assessed by the Child-Pugh system. In Group A, it was found that laparoscopic or conventional open cholecystectomy at the stage of cirrhosis is very safe and the risk of complications can be compared with the risk in patients without cirrhosis of the liver. Emergency surgical interventions in patients with cirrhosis of the liver in Groups B and C are associated with an increased risk of complications and death after surgery.

Key words: Minimally invasive methods of surgery, evaluation of the effectiveness of laparoscopic cholecystectomy, treatment of acute calculous cholecystitis with cirrhosis of the liver.

JIGAR SIRROZI BILAN BIRGALIKDA KEChUVChI O'TKIR TOShLI XOLETsISTITNI DAVOLAShDA LAPAROSKOPIK XOLESISTEKTOMIYa USULI SAMARADORLIGINI BAHOLASh

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✓ ***Rezume***

Jigar sirrozi bilan og'rigan bemorlarda laparoskopik xoletsistektomiyaning qoniqarsiz natijalarini tahlil qilish. Maqolada asoratlangan o't tosh kasalligi bilan og'rigan 168 nafar bemorning jigar sirrozi mavjudligi yoki yo'qligiga qarab davolash natijalari tahlil qilingan. 76 (45,23%) bemorlarda o't tosh kasalligi va birga yuruvchi jigar sirrozi asoratlangan, 92 (54,77%) bemorda jigar sirrozisiz asoratlangan o't tosh kasalligi. Jigar sirozining bosqichi Child-Pugh tizimi yordamida baholandi. A guruhda sirrozi bosqichida laparoskopik yoki an'anaviy ochiq xoletsistektomiya juda xavfsiz ekanligi va asoratlar xavfini jigar sirrozi bo'lmagan bemorlardagi xavf bilan solishtirish mumkinligi aniqlandi. B va C guruhlarda jigar sirrozi bilan og'rigan bemorlarda shoshilinch jarrohlik aralashuvlar operatsiyadan keyingi va operatsiyadan keyingi asoratlar va o'lim xavfining oshishi bilan bog'liq.

Kalit so'zlar: jarrohlikning minimal invaziv usullari, laparoskopik xoletsistektomiya samaradorligini baholash, o'tkir toshlarni davolash, jigar sirrozi bilan xoletsistit.

ОЦЕНКА ЭФФЕКТИВНОСТИ ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕТИСТЭКТОМИИ В ЛЕЧЕНИИ ОСТРОГО КАЛЬКУЛЕЗНОГО ХОЛЕЦИСТИТА С ЦИРРОЗОМ ПЕЧЕНИ

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✓ ***Резюме***

Анализ неудовлетворительных результатов лапароскопической холецистэктомии у пациентов с циррозом печени. В работе проведен анализ результатов лечения 168 больных осложненным желчекаменным заболеванием в зависимости от наличия или отсутствия цирроза печени. У 76 (45,23%) больных желчекаменная болезнь и сопутствующий цирроз печени были осложненными, у 92 (54,77%) - осложненным желчнокаменным заболеванием без цирроза печени. Стадия цирроза печени оценивалась по системе Чайлд-Пью. В группе А было установлено, что лапароскопическая или обычная открытая холецистэктомия на стадии цирроза печени очень безопасна, и риск осложнений можно сравнить с риском у пациентов без цирроза печени. Экстренные хирургические вмешательства у пациентов с циррозом печени в группах В и С связаны с повышенным риском осложнений и смерти после операции.

Ключевые слова: Малоинвазивные методы операции, оценка эффективности лапароскопической холетистэктомии, лечении острого калькулезного холецистита с циррозом печени.

Relevance

Despite considerable experience in performing laparoscopic cholecystectomy (LCE) in patients with complicated cholelithiasis, liver cirrhosis remains one of the main factors that have a negative impact on the intra- and postoperative period [1,2,3,4]. The frequency of detection of cholelithiasis in patients with cirrhosis of the liver exceeds that in the general population by more than two times, and is 9.5-13.7% [5,6,7]. According to several studies, mortality during urgent operations on abdominal organs in patients with cirrhosis of the liver can reach 45% [8,9,10]. The lack of clear recommendations on the management of such patients and the few attempts to predict risks and analyze the causes of unsatisfactory results give a wide discussion to this problem and determine the relevance of the study.

The purpose of this study was a comparative evaluation of the results of laparoscopic cholecystectomy in patients with complicated gallstone disease in the presence and absence of cirrhotic liver transformation.

Materials and methods

The results of complex surgical treatment of 168 patients who were in the center of minimally invasive surgery were analyzed, comparable in gender, age, main and for the period from 2019 to 2021. The criteria for selecting patients were: complicated gallstone disease, the presence of cirrhosis of the liver (established both before admission to the hospital and during the therapeutic and diagnostic process), the absence of an oncological history and open surgical interventions on abdominal organs. All patients at the diagnostic stage underwent standard laboratory tests (with an emphasis on indicators of mesenchymal cell cytolysis), ultrasound, elastography, esophagogastroduodenoscopy.Cholangiography conducted according to indications. All patients were divided into two groups, comparable in gender, age, major and concomitant pathologies. The main comparison group (76 (45.23%) patients) included patients with complicated cholelithiasis and concomitant cirrhosis of the liver, the control group (92 (54.77%) patients) included patients with complicated cholelithiasis without cirrhosis of the liver. The stage of liver cirrhosis in all patients was assessed using the Child-Turcotte-Pugh system (Table 1).

Table 1

Stages of liver cirrhosis by Child-Turcotte-Pugh	
Stages of cirrhosis	Number of patients, n (%)
Child A	39(51,32%)
Child B	35(46,05%)
Child C	2(2,63%)

The main clinical manifestations in the observed patients were pain syndrome (159 patients), ascites (29 patients), syndromes expressed mesenchymal cell cytolysis (increased bilirubin (98), Alt, AST (98) –in 98 patients) and catabolism (increased levels of creatinine and urea (18 patients)

phenomena liver failure (toxie-cal encephalopathy (4 patients), hypoproteinemia (48), holemic coagulopathy (42), the phenomenon of portal hypertension (42 patients) (table. 2).

Table 2

The main clinical manifestations in the observed patients				
List of clinical manifestations	Main group (n=)			Control group (n=)
	Child A	Child B	Child C	
Pain Cider	39(100%)	33(94,3%)	2(100%)	85(92,3%)
Mesenchymal cell cytolysis syndrome	35(89,7%)	35(100%)	2(100%)	26(28,3%)
Catabolism	3(7,7%)	9(25,7%)	2(100%)	3(3,2%)
Hypoproteinemia	5(12,8%)	35(100%)	2(100%)	6(14,3%)
Coagulopathy	6(15,3%)	32(91,4%)	2(100%)	2(2,2%)
Portal hypertension	7(17,9%)	33(94,3%)	2(100%)	-

Treatment was started with conservative symptomatic pathogenetically based therapy with mandatory antibacterial, anti-inflammatory, detoxification, substitution and hepatoprotective components. Abortive course and regression of the disease were achieved in 3 patients (Child B - 2, Child C-1). The rest of the patients underwent various surgical interventions due to the progression of the inflammatory process and the increase in endogenous intoxication, the spectrum of which is presented in Table 3.

Table 3

Type of surgical intervention in patients of both groups		
List of surgical interventions	Control Group n	Main group n
Laparoscopic cholecystectomy (LCE)	88	64
Conversion cholecystectomy		2
LHE+choledocholithotomy	3	
Endoscopic papillotomy with lithoextraction + LHE		6
Conversion cholecystectomy with suturing of the cholecystocholedocheal fistula	1	

As can be seen from Table 3, the results of treatment of patients in the main group were as follows: 88 patients underwent laparoscopic cholecystectomy (LCE), 3 patients underwent LCE with choledocholithotomy, 1 patient completed cholecystectomy after conversion with suturing of the cholecystocholedocheal fistula (Mirizzi syndrome type 2 according to Csendes). In the control group, 64 patients underwent LCE (Child A - 39, Child B - 25), and 2 patients underwent cholecystectomy after conversion due to severe varicose hepatoduodenal ligament and intraoperative bleeding (Child B). Another 6 patients with diagnosed choledocholithiasis underwent endoscopic papillotomy with lithoextraction and subsequent laparoscopic cholecystectomy (Child B - 6). Four patients of the same group, with the clinic of acute calculous cholecystitis, it was decided to apply a conservative type of treatment, against which 1 patient had a fatal outcome as a result of multiple organ failure (Child C), and 3 other patients regressed and the patients were discharged from the hospital (Child C- 1, Child B -2). During the treatment, some complications were observed, which are presented in Table 4.

Table 4

List of complications during treatment (%)		
Perioperative complications	Main group n	Control Group n
1.Intra-, postoperative bleeding (from LV, ports)	0(0)	6 (7,8)
2.Development CPON	0	
3.Purulent-septic complications:		1 (1,3)
- Subhepatic abscess	-	1(1,3)
- Liver abscess	-	1(1,3)
- Suppuration of the wound	-	10(11,3)
4. Refractory ascites	1 (1,08)	9 (11,8)
5. Postoperative cholera	2 (2,17)	6
6. Postoperative pneumonia		

Thus, having analyzed the causes of complications and adverse outcomes in patients with cirrhosis of the liver, we have formed the main prognostic predictors of complications: 1. Stage of cirrhosis of Child B and Child C; 2. Ascites; 3. Bleeding from varicose veins (esophagus); 4. Toxic encephalopathy; 5. Elevated creatinine levels.

Conclusions

1. Urgent surgical interventionation and determination of all risks of carrying out operations for complicated cholelithiasis. patients with cirrhosis of the liver are associated with an increased risk of intra and postoperative complications and mortality.
2. Cholecystectomy by laparoscopic or traditional open method at the stage of cirrhosis of Child A is quite safe, and the risk of complications is comparable to the risks in patients without cirrhosis of the liver.
3. Patients with cirrhosis of the liver in the stages of Child B and Child C should receive treatment in conditions of increased creatinine levels. specialized medical institutions.

LIST OF REFERENCES:

1. Bloch R.S. Cholecystectomy in patients with cirrhosis. A surgical challenge / R.S. Bloch, R.D. Allaben, A.J. Walt // Arch Surg. – 2012. – Vol. 120. – P. 669-672.
2. Genzini T. Cholelithiasis in cirrhotic patients. (Analysis of cholelithiasis among patients with liver cirrhosis in São Paulo, Brazil) / T. Genzini, M.P. de Mi-randa // Arq Gastroenter. – 2016. – Vol. 33. –P. 52-59.
3. Laparoscopic cholecystectomy and cirrhosis: pa-tient selection and technical concideration / Rafael S. Pin-heiro, Daniel R. Waisberg, Quirino Lai [et al.] // Ann. Laparosc. Endosc. Surgery. – 2017. – Vol. 2. – P. 35.

a. Laparoscopic cholecystectomy and liver cirrhosis J.B. Lledó, J.C. Ibañez, L.G. Mayor [et al.] // Surg. La-parosc. Endosc. Percutan Tech. – 2013. – Vol. 21. – P. 391-395.

4. Laparoscopic cholecystectomy in cirrhotic patients / L.A. D'Albuquerque, M.P. de Miranda, T. Genzini [et al.] // Surg. Laparosc Endosc. – 2015. – Vol. 5. –P. 272-276.
5. Laparoscopic or open cholecystectomy in cir-rhosis: a systematic review of outcomes and meta-ana-lysis of randomized trials / J.M. Laurence, P.D. Tran, A.J. Richardson [et al.] // HPB (Oxford). – 2012. – Vol. 14. – P. 153-161.
6. Laparoscopic versus open cholecystectomy in cirrhotic patients: a prospective randomized study / S. El-Awadi, A. El-Nakeeb, T. Youssef [et al.] / Int J. Surg. – 2014. – Vol. 7. – P. 66-69.
7. Laparoscopic versus open cholecystectomy in patients with liver cirrhosis: a prospective, randomized study / M.A.,Hamad M. Thabet, A. Badawy [et al.] // J. Laparoendosc Adv. Surg. Tech. A. – 2012. – Vol. 20. –405-409.
8. Liver cirrhosis in patients undergoing laparotomy
9. for trauma: effect on outcomes / D. Demetriades, C. Constantinou, A. Salim [et al.] // J. Am. Coll. Surg. – 2014. – Vol. 199. – P. 538-542.
10. Machado N.O. Laparoscopic Cholecystectomy in Cirrhotics / N.O. Machado // JSLS. – 2012. – Vol. 16. – P. 392-400.

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