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WAYS TO IMPROVE THE RESULTS OF SURGICAL TREATMENT OF LIVER ECHINOCOCCOSIS

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✓ ***Resume***

Liver echinococcosis is the most common among lesions of various organs and tissues, from 45.2 to 85.2%. We analyzed the results of surgical treatment of 48 patients with complicated and uncomplicated liver echinococcosis among patients aged from 62 to 76 years. Of these, there were 22 (44.6%) men and 26 (55.3%) women. The proportion of this category of patients among other age groups of patients was 11.5%. For liver echinococcosis, the most specific, informative diagnostic test is the ASL reaction. In patients with liver echinococcosis, the T cell component of immunity is suppressed. The introduction of T-activin against the background of complex traditional treatment contributes to a sharp increase in the activity of the T-cell component of immunity (1.5-2 times), especially in the complicated form of liver echinococcosis in geriatric patients.

Key words: complicated and uncomplicated echinococcosis, elderly and senile age, cellular immunity.

ПУТИ УЛУЧШЕНИЯ РЕЗУЛЬТАТОВ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ЭХИНОКОККОЗА ПЕЧЕНИ

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✓ ***Резюме***

Эхинококкоз печени среди поражений различных органов и тканей встречается наиболее часто, от 45,2 до 85,2%. Нами проанализированы результаты хирургического лечения 48 больных с осложненным и не осложненным эхинококкозом печени среди больных в возрасте от 62 года до 76 лет. Из них мужчин было 22 (44,6%), женщин - 26 (55,3%). Удельный вес данной категории больных среди других возрастных групп больных составил 11,5%. При эхинококкозе печени наиболее специфичным, информативным диагностическим тестом является реакция АСЛ. У больных с эхинококкозом печени подавляется Т клеточное звено иммунитета. Введение Т - активина на фоне комплексного традиционного лечения способствует резкому повышению активности Т клеточного звене иммунитета (в 1,5-2 раза), особенно при осложненной форме эхинококкоза печени у гериатрической группы больных.

Ключевые слова: осложненный и не осложненный эхинококкоз, пожилой и старческий возраст, клеточный иммунитет.

JIGAR EXINOKOKKOZINI XIRURGIK YO'L BILAN DAVOLASH NATIJALARINI YAXSHILASH USULLARI

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✓ ***Rezyume***

Jigar exinokokkozi turli organlar va to'qimalarning shikastlanishi orasida eng ko'p uchraydi, 45,2 dan 85,2% gacha. Biz 62 yoshdan 76 yoshgacha bo‘lgan bemorlar orasida asoratlangan va asoratlanmagan jigar exinokokkoziga chalingan 48 nafar bemorni jarrohlik yo‘li bilan davolash natijalarini tahlil qildik. Ulardan 22 (44,6%) erkaklar va 26 (55,3%) ayollar. Bemorlarning boshqa yosh guruhlari orasida ushbu toifadagi bemorlarning ulushi 11,5% ni tashkil etdi. Jigar exinokokkozi uchun eng aniq, diagnostika testi ASL reaktsiyasidir. Jigar echinokokkozi bilan kasallangan bemorlarda immunitetning T-hujayra komponenti pasayadi.

T-aktivinni kompleks an'anaviy davolash fonida joriy etish immunitetning T-hujayra komponenti faolligini (1,5-2 baravar), ayniqsa keksa yoshdagi bemorlarda jigar echinokokkozining murakkab shaklida keskin oshishiga yordam beradi.

Kalit so'zlar: asoratlangan va asoratlanmagan echinokokkoz, keksa va qarilik, hujayra immuniteti.

Introduction

In recent years, in the Republic of Uzbekistan there has been a tendency towards an increase in the most severe and dangerous human helminthiasis - echinococcosis, which represents an important medical and economic problem of the country [3, 8, 16, 24, 27]. Liver echinococcosis is the most common among lesions of various organs and tissues, from 44.2 to 84.2% [2, 6, 10, 17, 21]. This pathology among elderly and senile people is observed in 4.5 to 9.8% of cases [1, 4, 7, 15, 20, 26]. This pathology among elderly and senile people is observed in 4.5 to 9.8% of cases [1, 4, 7, 15, 20, 26]. Timely diagnosis and treatment of liver echinococcosis remains a complex and far from completely resolved problem, in particular, unsatisfactory outcomes of surgical treatment do not tend to decrease [3, 5, 9, 11, 13, 23]. Postoperative complications in the group of elderly and senile people range from 28-30%, and overall mortality after surgery ranges from 2.6 to 8%, while in the geriatric group this figure reaches 21-26% [12, 14, 18, 25]. Material and methods. We analyzed the results of surgical treatment of 48 patients with complicated and uncomplicated liver echinococcosis among patients aged from 62 to 76 years. Of these, there were 22 (45.8%) men and 26 (55.3%) women. The proportion of this category of patients among other age groups of patients was 10.5%. Verification of the diagnosis was carried out on the basis of anamnesis (epidemiological), clinical and laboratory, in particular immunoserological reactions (RNGA, RLA, ELISA, scolex precipitation), as well as X-ray and ultrasound examinations. Indicators of cellular immunity (T-, B-lymphocytes) were studied using the rosette reaction modified by R.V. Petrova (1989). The studies were carried out before echinococcectomy and on the 10-12th day after it against the background of traditional treatment with an uncomplicated form of liver echinococcosis (group 1) and with a complicated form of the disease (group 2), as well as changes in immune status indicators under the influence of immunocorrective therapy. For this purpose, the immunomodulator Taktivin was used (1 ml of 0.01% solution intramuscularly for 7-9 days). We have used a method of immunodiagnosis of liver echinococcosis in elderly and senile people, by identifying antigen-binding lymphocytes (ABL) in the blood of patients that react with antigen from echinococcal fluid. In order to identify the asymptomatic stage of the disease, in addition to ultrasound and computed tomography, immunoserological reactions, indirect hemagglutination reaction, (RNHA) latex agglutination reaction, (RLA) scolex precipitation reaction are harmless simple for patients. (RSP) enzyme immunoassay, (ELISA). However, analysis of the results of these studies according to the literature allows us to express an opinion about a low positive result (RNGA, RLA, RSP) in the complicated form of liver echinococcosis. Clinical practice needs to create new highly sensitive specific methods for diagnosing echinococcosis in general, and in particular in the geriatric group of patients. However, analysis of the results of these studies according to the literature allows us to express an opinion about a low positive result (RNGA, RLA, RSP) in the complicated form of liver echinococcosis. Clinical practice needs to create new highly sensitive specific methods for diagnosing echinococcosis in general, and in particular in the geriatric group of patients. For this purpose, work has been carried out at the Faculty and Hospital Surgery Clinic of BukhGMI to develop an alternative method for detecting sensitization of the patient’s body to the echinococcal antigen. It has been studied that in various diseases, cellular immune reactions in the form of antigen-binding lymphocytes (ABL) are formed much earlier than the intensive synthesis of antibodies detected in RNGA, RLA, RSP. The specificity of this reaction is also due to the fact that in elderly and senile people complications of echinococcosis (suppuration of cysts) most often occur, in which RNGA, RLA, RSP become false positive from 14% to 28.9% of cases (Suleymanov A.S. 1969), while the ASL reaction remains invariably specific, since ASL is an early form of the immune response that accumulates in the bloodstream and does not undergo subsequent stages of differentiation in plasma cells.

Echinococcus of the liver in elderly and senile people in 82% of cases is complicated and the above diagnostic methods are not very acceptable, RNGA and RLA in the diagnosis of echinococcosis are little used in many clinics and hospitals, due to the high cost of diagnostic tools. Taking into account the above, we for the first time proposed and applied a new immunodiagnostic test based on the determination in the blood of patients with echinococcus of antigen-binding lymphocytes that react with antigen from echinococcal fluid, the specificity and value of which has been proven by the works of I.A. Mirkhuzhaeva 1995; Mellieva M.S. 1997. The calculation of the relative indicator of ASL in rosette formation reactions in the main and control groups was carried out according to the method we proposed (patent No. 1193 of 1996). The results were expressed as the difference between the mean values (%) of the experimental and control groups. The immunological diagnosis of echinococcosis was considered positive if the quantitative indicators of ASL in the blood of patients were 18-20 (min) or more percent. Quantitative indicators of ASL were directly dependent on the duration of the disease, the severity and chronicity of the process, and the stage of development of the parasite. The method we propose has clinical value in terms of determining the radicality of surgical intervention to remove echinococcosis. With radical removal of echinococcal liver cysts, ASL indicators decreased by 2.5 - 5 times, i.e. by the end of the 2nd week after surgery, the ASL content approaches normal values. Parasitic liver diseases are characterized not only by damage to the liver tissue, but also by noticeable changes in the immune status. In connection with the above, it is of great importance to study the state of these systems both before echinococcectomy and in the postoperative period in geriatric patients. Results and discussion. All patients are divided into 2 groups. The first included 23 patients with an uncomplicated form of echinococcosis, the second included 24 patients with complicated forms of echinococcosis (cyst suppuration). In patients of the first group, the relative number of T-lymphocytes is 0.5 times lower than in the control group, the content of B-lymphocytes is slightly increased. In the second group, a pronounced inhibition of the body's T-cell response was detected. The number of T-lymphocytes is 0.7 times lower than in the control group, which is directly dependent on the severity of the disease. The number of B-lymphocytes was slightly reduced (Table 1).

When analyzing the indicators of cellular immunity, there was no relationship between the size and number of cysts, the type of surgical intervention and the degree of impairment of the body's defense factors. However, there is a relationship between the degree of the immune system and the functional state of the liver, the nature of complications of the underlying disease. It should be noted that with combined damage to several organs, as well as concomitant diseases, the main indicators of immunity are reduced by 2-3 times. On days 10-12 after echinococcectomy, in patients of the first group, the number of T-lymphocytes was increased by 1.4 times, and B-lymphocytes by 1.1 times. Significant changes in cellular immunity were observed in patients with suppuration of echinococcal liver cysts, so on days 10-12 after surgery, the content of T cells increased, but not to the normal level. The number of V lymphocytes increased 1.1 times with the same indicator before treatment. Thus, with liver echinococcosis, there is a pronounced decrease in the functional activity of cellular immunity, in particular the T-link.

Unlike the uncomplicated form, complicated liver echinococcosis is characterized by more profound changes in the immune system. This confirms the results of studies by X. I. Iskhakov (1987), E. S. Leiner (1987). After surgical treatment of liver echinococcosis in geriatric patients, the indicators of cellular and humoral immunity improve slightly. In this regard, it is advisable to include drugs that stimulate the immune system in the complex treatment of patients with liver echinococcosis. Considering the fact that immunocorrection in most cases does not replace, but rather complements, the usual treatment method for each pathology, we prescribed the immunomodulator T-activin 1.0 ml intramuscularly once a day (for 6-8 days). In the geriatric group of patients, in group I there was a positive clinical result, an increase in the number of T cells by 1.6 times, and B lymphocytes by 1.2 times compared to those before treatment, in the second group by 1.5 times and 1, respectively ,1 time. After the inclusion of an immunostimulant in the treatment complex, the general condition of the patients improved, the healing time of the wound and the residual echinococcal cavity of the liver was reduced. Changes in cellular immunity in geriatric patients with liver echinococcus under the influence of surgical intervention and the traditional method of treatment (numerator) when combined with the administration of T-activin (denominator). Thus, the immunodiagnostic test for determining ASL in the blood of patients with echinococcus is a highly informative diagnostic method (up to 93%) that specifically reacts with echinococcal antigen. The advantage of the method is its high sensitivity in the complicated form of the disease, which is 2 times higher than RNGA. Liver echinococcosis in elderly and senile people is characterized by more profound changes in the immune system. In this regard, it is advisable to include drugs that stimulate the immune system in the complex treatment of patients with liver echinococcosis. According to our data, T-activin is an effective remedy in this regard, which significantly improves the effect of surgical treatment of liver echinococcus in geriatric patients.

Conclusions

For liver echinococcosis, the most specific, informative diagnostic test is the ASL reaction. In patients with liver echinococcosis, the T-cell component of immunity is suppressed. The introduction of T-activin against the

background of complex traditional treatment contributes to a sharp increase in the activity of the T-cell component of immunity (1.5-2 times), especially in the complicated form of liver echinococcosis in geriatric patients. The complex treatment of liver echinococcosis should include immunomodulators, which provide a pronounced immunocorrective effect.

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