

РЕТРОСПЕКТИВНЫЙ АНАЛИЗ ЛЕТАЛЬНЫХ ИСХОДОВ БОЛЬНЫХ С ПАНКРЕОНЕКРОЗАМИ

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✓ Резюме,

Работа основана на ретроспективном анализе 60 историй болезней умерших больных с различными формами панкреонекроза за период 2009 по 2019 годы. Основными причинами панкреонекроза приведшие к летальному исходу явились нарушения здорового образа жизни с злоупотреблением алкоголем (38,3%) и патология билиарной системы (33,3%). С 2009 года по 2019 г. зарегистрировано 134 случая панкреонекроза из них 60 с летальным исходом (44,8%). Из 60 умерших больных к оперативному вмешательству подвергались 58 (96,7%). В первые сутки с момента госпитализации оперированы 32 (53,3%) больных, в течение 2-10 суток - 26 (43,3%). В первой (доинфекционной) фазе заболевания умерло 26 больных. Во второй (инфекционной) фазе умерло 34 больных, преобладающая часть летальных исходов наблюдалась в первой фазе заболевания на фоне гемодинамических нарушений и полиорганной недостаточности, в поздних стадиях панкреонекроза, вследствие нарастания эндотоксикоза и развития абдоминального сепсиса.

Ключевые слова: панкреонекроз, поджелудочная железа, летальность, ферментативно-токсический шок, полиорганная недостаточность.

PANKREONEKROZ OQIBATIDA O'LGAN BEMORLAR RETROSPEKTIV TAHLILI

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Ish 2009 yildan 2019 yilgacha bo'lgan davrda pankreatik nekrozning turli shakllari bo'lgan va shu sababli vafot etgan bemorlarning 60 ta kasallik tarixini retrospektiv tahlilga asoslangan. Pankreatik nekrozning o'limga olib keladigan asosiy sabablari spirtli ichimliklarni iste'mol qilish (38,3%) va o't yo'llari patologiyasi (33,3%) bilan sog'lom turmush tarzining buzishidir. 2009 yildan 2019 yilgacha 134 ta oshqozon osti bezi nekrozi qayd etildi, ulardan 60 tasi halokatli (44,8%). O'lgan 60 ta bemorning 58 tasi (96,7%) jarrohlik amaliyotidan o'tdi. Kasalxonaga yotqizilgandan keyingi birinchi kunida 32 (53,3%) bemorga operatsiya qilindi, 2-10 kun ichida - 26 (43,3%). Kasallikning birinchi (infektsiyadan oldingi) davrida 26 bemor vafot etdi. Ikkinchi (yuqumli) bosqichda 34 bemor vafot etdi, o'limning asosiy qismi kasallikning birinchi bosqichida gemodinamik buzilishlar va ko'p a'zolar yetishmovchiligi fonida, pankreatik nekrozning kech bosqichlarida, endotoksemining kuchayishi va qorin bo'shlig'i sepsisining rivojlanishi tufayli kuzatildi.

Kalit so'zlar: oshqozon osti bezi nekrozi, oshqozon osti bezi, o'lim, ferment toksik zarba, ko'p a'zolar etishmovchiligi.

FATAL CASES ANALYSIS OF PATIENTS WITH DESTRUCTIVE FORMS OF ACUTE PANCREATITIS

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The work is based on a retrospective analysis of 60 case histories of deceased patients with various forms of pancreatic necrosis for the period from 2009 to 2019. The main causes of pancreatic necrosis leading to death were violations of a healthy lifestyle and alcohol abuse (38.3%) and pathology of the biliary system (38.3%). From 2009 to 2019 years, 134 cases of pancreatic necrosis were recorded (60 - 44.8% died during this period). Of the 60 patients who died, 56 (93.3%) underwent surgical intervention. On the first day after hospitalization, 34 (56.7%) patients were operated on time, within 2-10 days - 26 (43.3%). In the first (pre-infectious) phase of the disease, 26 patients died. 34 patients died in the second (infectious) phase, the predominant part of fatal outcomes was observed in the first phase of the disease against the background of hemodynamic disturbances and multiple organ failure, in the late stages of pancreatic necrosis, due to increased endotoxemia and the development of abdominal sepsis.

Key words: pancreatic necrosis, pancreas, fatal case, enzymatic toxic shock, multiple organ insufficiency.

Introduction

Acute destructive pancreatitis is currently one of the most important problems of emergency surgery. Despite the successes achieved in the improvement of intensive antibacterial therapy and surgical treatment methods, the overall mortality rate in destructive pancreatitis remains at a high level of 3.9 to 21% and in case of infected pancreatic necrosis with enzymatic toxemia reaches 85%, with a "fulminant" course of the disease almost 100% [2,3,7]. Lethal outcome in these patients occurs either early, during the first days against

the background of progressive toxic shock and the development of multiple organ insufficiency, or rather late, against the background of purulent-septic complications [1,4,5,6,8,9].

The purpose of this study: to study the causes of deaths of patients with destructive forms of acute pancreatitis and determine possible ways to reduce them.

Material and methods

For the period from 2009 to 2019 years, 746 patients were admitted to the emergency surgical department for

acute pancreatitis. Of these, destructive forms of acute pancreatitis occurred in 134 (16.8%) patients.

In this paper, we analyzed 60 case histories of deceased patients with various forms of pancreatic necrosis. There were 42 men (63.3%), 18 women (36.6%). The age of deceased patients ranged from 25 to 77 years.

The diagnosis was established on the basis of an anamnesis, objective, clinical and laboratory studies, ultrasound research and computed tomography. The diagnosis of the disease and its complications was made on the basis of clinical, laboratory data, the results of a comprehensive instrumental study (ultrasound research, computed tomography), intraoperative data for laparoscopy, laparotomy and autopsy. Clinical types of pancreatic necrosis were classified in accordance with the

proposed classification of the International Symposium (Atlanta, 1992).

One of the main factors that directly affect the course of the disease, the frequency of complications and death is the length of the prehospital phase and the timeliness of intensive care. Of the 60 patients who died in the first 24 hours, 4 (12.2%) were admitted to the hospital, 32 (64.4%) and 24 hours later 14 (23.3%). The causes of pancreatic necrosis in these patients were disorders of a healthy lifestyle with alcohol abuse in 23 (38.3%), diseases of the gallbladder and bile ducts in 20 (33.3%), alimentary disorders in 14 (23.3%), pancreas injury - in 2 (3.3%). In one woman (1.7%), pancreatic necrosis developed against the background of diabetes mellitus and in the postpartum period (see table No. 1).

Table number 1.

Causes of destructive pancreatitis

Ethological factor	Number	%
Alcohol	23	38,3
Biliary	20	33,3
Alimentary disorders	14	23,3
Pancreatic injury glands	2	3,3
Diabetes	1	1,7
Total	60	100

The severity of acute pancreatitis was determined using point systems APACHE II. In all cases, the indicators of the severity of the condition of patients in the APACHE II system exceeded 8 points.

Results and discussion

Of the 60 patients who died, 58 (96.7%) underwent surgery. Two unoperated patients were admitted to the hospital in an extremely serious condition, with enzyme toxemia not amenable to correction, in which hemodynamics could not be stabilized, and death came from the progression of enzymatic toxic shock. And multiple organ failure on the first day after hospitalization was operated on 32 (53.3%) patients, due to the progression of pancreatogenic peritonitis and the lack of effect of the therapy.

The structure and nature of the revealed complications were combined with the evolutionary stages of pancreatic necrosis. In most cases, the same patient, depending on the severity and prevalence of pancreatic necrosis, had several complications (see table No. 2). So, in the first (pre-infectious) phase of the disease, the enzymatic toxic shock, enzymatic ascites-peritonitis, and parapancreatic infiltrate were more often detected. In this phase of the disease 32 patients died from the progression of enzymatic toxic shock and multiple organ insufficiency. In the second (infectious) phase of the disease, severe septic phlegmon of the retroperitoneal space and diffuse purulent peritonitis were observed. In this group, 26 patients died, the cause of death of which was severe combined purulent complications with the development of sepsis, multiple organ insufficiency, repeated erosive bleeding, the formation of high small intestinal fistulas.

Table number 2.

The nature of complications in patients with pancreatic necrosis

Complications of pancreatic necrosis	Number of patients (n-60)	
	Number	%
Enzymatic toxic shock	32	53,3
Enzymatic peritonitis	26	43,3
Parapancreatic infiltrate	12	20
Pancreatogenic abscess	11	18,3
Phlegmon retroperitoneal space	21	35
Purulent peritonitis	20	33,3
Erosive bleeding	4	6,7
High small bowel fistula	2	3,3

Mortality was noted in the late stages of pancreatic necrosis, due to an increase in endotoxemia and the development of abdominal sepsis.

The above indicates that in most cases, patients sought medical help late, after 24 hours from the onset of the

disease in 87.7%. This circumstance led to the untimely start of intensive care. The main causes of pancreatic necrosis leading to death were violations of a healthy lifestyle with alcohol abuse (38.3%) and pathology of the biliary system (33.3%).



Thus, the analysis of the causes of deaths of patients with destructive forms of acute pancreatitis allows us to draw the following conclusions:

1. The main cause of deaths of patients with destructive forms of pancreatitis is the progression of the pathological process in the pancreas, increased intoxication and the development of severe abdominal sepsis.

2. Late hospitalization contributed to the untimely start of the necessary intensive care, which indicates the lack of sanitary-educational work among the population.

3. A frequent cause of destructive pancreatitis was a disease of the biliary tract, which indicates the lack of dispensary registration of patients in clinics with pathologies of the biliary system.

4. One of the main causes of death in patients with destructive pancreatitis is that the problem of pathogenetic correction of enzymatic toxemia is not sufficiently developed.

Based on the above findings, we believe that to reduce mortality in destructive forms of acute pancreatitis, it is necessary:

- improvement of surgical interventions and complex intensive care for destructive forms of acute pancreatitis;
- improving the effectiveness of sanitary-educational work among the population about the need for timely hospitalization of patients with the development of the disease;
- conducting a strict clinical examination of patients with pathologies of the biliary tract in clinics and timely referral of patients to planned surgical interventions.
- develop antidotal therapy for enzymatic toxemia.

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