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RESULTS OF TREATMENT OF PATIENTS WITH LIVER CAVITIES

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Resume

The aim of the study was to study the results of surgical treatment of patients with cavity formations of the liver with complex intrahepatic locations with small sizes.

According to a number of modern authors, such diseases as parasitic and non-parasitic cysts, residual liver cavities after surgery and liver abscess can be included in the category of cavitary liver formations. With complex intrahepatic locations of cavitary formations of the liver, especially its small size, surgical treatment has a number of technical difficulties.

Key words: cavitary formations of the liver, liver cysts, liver abscess.

Relevance.

Despite the development of new methods of surgical treatment of patients with cavity formations of the liver, the actual problem of hepatic surgery remains. According to a number of modern authors, such diseases as parasitic and non-parasitic cysts, residual liver cavities after surgery and liver abscess can be included in the category of cavitary liver formations [2].

The aim of our study was to study the results of surgical treatment of patients with liver cavity formations with complex intrahepatic locations with small sizes.

Material and methods

The results of surgical treatment were analyzed in 17 patients with cavity formations, complex intrahepatic locations with small sizes up to 5 cm.

The complex method of treatment of the examined patients included general strengthening symptomatic treatment before the operation period. Surgical treatment for all patients was performed by mid-median laparotomy access.

The majority of patients (72.7%) were in the most able-bodied age (from 20 to 50 years).

Of the examined patients, 13 (76.4%), 3 (17.6%) patients were admitted with suppuration of the residual cavity after hepatic echinococcectomy, and 1 (5.8%) patients were admitted with an acute liver abscess of various etiology. (Table 1).

Table 1.

Distribution of patients with cavity formations of the liver according to the etiological factor.

Nº	Types of diseases	Number of patients	In percentages
1.	liver cyst	11	76,4 %
2.	Residual liver cavity	3	17,5 %
3.	liver abscess	1	5,8 %
	Total	17	100 %

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All patients on the day of admission were urgently measured body temperature, respiratory rate, an objective study of the liver (palpation, percussion), ultrasound examination and, if necessary, MSCT or CT scan of the liver and abdominal cavities, conservative general strengthening and symptomatic therapy was started. In patients with residual cavities and liver abscess, empiric antibiotic therapy was carried out, followed in the postoperative period, taking into account the sensitivity of the microflora. After an appropriate examination and preoperative preparation, traditional surgical interventions were performed in elective or urgent delayed orders.

Diagnosis of the disease began with the collection of patient complaints, their severity, anamnesis of the duration of the disease, analysis of the results of clinical and objective examination of the patient. During the collection of anamnesis, attention was paid to determining the etiological factors in the development of the disease, the nature and duration of complaints, concomitant and background pathology. General clinical and physical examination methods were aimed at identifying the exact diagnosis of the cavity of the liver formation, size, nature and its anatomical location. All patients underwent a detailed complete blood count, biochemical blood parameters were determined, a general urinalysis was performed, blood was taken for ELISA or EMF for syphilis, markers of viral hepatitis B and C, antibodies to HIV were determined, an ECG was performed. To establish the diagnosis of echinococcal liver brush, a serological test was performed, the reaction of precipitation and a blood test for eosinophils. When concomitant pathology was detected, the patients were consulted by the relevant specialists, profile examinations were performed.

Microbiological analysis was carried out by sampling secretions from the contents of the liver cavities during the operation and in the postoperative period from the drainage tube with a qualitative and quantitative assessment of the isolated infection, as well as its susceptibility to various antibiotics.

Results and discussions

During the operation, when detecting and getting into the cavity of the echinococcal brush in 17 patients with intrahepatic locations with cavity formations of the liver with small sizes, there was a technical difficulty due to the deep-intrahepatic located liver cyst with small sizes (up to 5 cm).

Of the 17 patients of group II with small cavity formations with complex intrahepatic locations, 13 patients had echinococcal brushes up to 5 cm in size in the hydatotic stage. In 4 patients, a purulent focus of the liver was noted in the form of postoperative suppuration of the cavity in 3 patients, a liver abscess in 1 patient. During the operation in all these patients, both visual and palpatory revision of the liver could not determine the lesion due to its deep intrahepatic location in small sizes. For that, a control revision puncture of the liver with a syringe with thin needles was repeatedly carried out to clarify the projection of access to the liver cavity. In 2 cases, after the control puncture and pumping out up to 2-3 ml of echinococcal fluid, there was a drop in the lumen of the hand and a decrease in the size of the hand, which made it even more difficult to detect an intrahepatic located hand. The operation required great technical difficulty and traumatization of the liver parenchyma.

All 17 patients with liver echinococcosis had hydatid liver echinococcosis with small intrahepatic locations. The main stages of surgical intervention in these patients included themselves: after removal of the chitinous membrane and treatment of the residual cavities



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with anthelmintic drugs, the operation was completed by leaving the drainage tube in the cavity (semi-closed method).

Clinical example

As was noted above, out of 17 patients with cavity formations of the liver, small intrahepatic locations, 4 patients had purulent foci of the liver. Of these, 3 patients were with suppuration of the residual cavities after undergoing liver echinococcectomy over the past three years. In 2 patients, the purulent focus was localized in the VI segment of the liver; in 1 patient, the purulent focus was localized to the IV and V segments of the liver. According to the protocol of the transferred operation, the localization of the purulent focus corresponded to the projection of the transferred echinococcectomy. Ultrasound and MSCT of the liver revealed an intrahepatic location of a cavity formation up to 5 cm in size. One patient had an acute abscess in the VI segment of the liver, which, during ultrasound and MSCT, revealed a cavity formation in the region of the VI segment of the liver. The cavitary formation contained a cloudy, thick liquid, the walls of the cavity here, as in the analogous patients of the previous group, had a thin pyogenic capsule. Around the lesion of liver tissues, there was a dense infiltrative area from 3 to 5 cm, the intensity of which gradually decreased from the purulent focus to the periphery (Fig. No. _). (ultrasound and MSCT abscess + residual cavity)

On the day of admission, a clinical and laboratory study of the blood of patients with purulent foci of the liver showed a higher level of intoxication than in patients with liver echinococcosis.

It should be noted that all these patients also underwent an operation on a wide upper median approach from the xiphoid process of the sternum to the umbilicus.

Almost all 4 patients with purulent cavitary lesions of group II also had technical difficulties in performing the operation, similarly to patients with liver echinococcosis of this group. The technique of surgical operation, as in the previous group of patients, was drainage, emptying the cavity from purulent contents and sanitation of the liver cavity. After drainage of the purulent focus with silicone drainage, the drainage was fixed with catgut sutures on the liver capsule and fixed to the skin with silk sutures through the contouroperture.

Of the four patients with purulent foci of the liver, two patients had St. Aureus. one was found to have Proteus. All of them were sensitive to cefaperazone. In all patients with purulent cavitary foci of the liver, drainage, emptying and sanitation of the purulent focus with antiseptic solutions were carried out, and a drainage tube was left in the cavity. In the postoperative period, the liver cavity was sanitized daily through the drainage tube, followed by administration of antibiotics, taking into account the sensitivity of the microflora.

In the postoperative period, all indicators of intoxication, except for blood ESR, returned to normal by the 8-9th day. By 11-12 days of treatment, all these patients were discharged to outpatient observation with drainage tubes in the residual cavities. By 13-15 days, all drainages after the control. Ultrasound studies of the residual cavity are removed on an outpatient basis. At the same time, the size and content of the liver cavity were taken into account.

Conclusions:

1. Performing a surgical operation by the traditional method, patients with abdominal cavity formations of the liver with complex anatomical, intrahepatic locations, has its own technical difficulties, which in turn affects the duration of the operation and contributes to the development of postoperative complications.



2. Surgical treatment of complex anatomical, intrahepatic locations of cavitary formations of the liver requires the search for new more effective low-traumatic surgical methods of treatment.

References:

1. Ш.М.Хамроев, Х.К. Турдиев, Б.Б. Сафоев, Ш.Ш. Ярикулов. (2022). Рентгенологические Особенности Больных С Тяжелым Составом COVID - 19 В ПРОЦЕССЕ КОМПЛЕКСНОГО ЛЕЧЕНИЯ. Всемирный бюллетень общественного 101-104. здравоохранения, 17. Получено С https://scholarexpress.net/index.php/wbph/article/view/1835.

2. P.P.Арашов, & Ш.Ш.Ярикулов. (2023). усовершенствованный хирургического лечения больных с полостных образований печены. Ustozlar Uchun, 19 (1), 257–263. Retrieved from http://www.pedagoglar.uz/index.php/01/article/view/5314

3. Kh. K. Turdiev,Sh.M. Khamroev,Sh.Sh. Yarikulov. (2022). FEATURES OF X-RAY DIAGNOSTICS OF PATIENTS WITH MODERATE COVID-19. Open Access Repository, 8(12), 441–446. https://doi.org/10.17605/0SF.IO/4M8J3

4. Kh.K. Turdiev, Sh.Sh. Yarikulov, F.T.Norov, & B.B. Ubaydullaev. (2022). FEATURES OF THE COURSE OF CLINICAL AND LABORATORY INDICATORS IN PATIENTS WITH AN INTERMEDIATE DEGREE OF COVID-19. European Scholar Journal, 3(12), 64-67. Retrieved from https://www.scholarzest.com/index.php/esj/article/view/3058

5. R.R.Arashov, B.B.Safoev, Sh.Sh.Yarikulov, ANALYSIS OF THE RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH LIVER CAVITIES WITH SIMPLE AND COMPLEX INTRAHEPATIC ARRANGEMENTS IN A COMPARATIVE ASPECT //New Day in Medicine 12(50)2022 25-33 https://clck.ru/3354PU

6. Sh.Sh. Yarikulov, A.I. Radjabov – MODERN VIEW ON THE DIAGNOSIS AND TREATMENT OF ACUTE CHOLECYSTITIS IN PERSONS OVER 60 YEARS OF AGE //New Day in Medicine 2023 6(56): 64-72 https://newdaymedicine.com/index.php/2023/06/09/l-95/

7. B.B. Safoev, H.K. Turdiev, B.B. Ubaidulloev, Sh.Sh. Yarikulov. (2022). FEATURES OF CLINICAL AND LABORATORY INDICATORS OF PATIENTS WITH PLEURAL EMPYEMA AGAINST THE BACKGROUND OF COMPLEX TREATMENT. Open Access Repository, 8(11), 173–178. https://doi.org/10.17605/OSF.IO/HRF7A

8. Safoev B.B, Turdiev H.K, Yarikulov Sh.Sh, & Ubaidullaev B.B. (2022). RESEARCH METHODS FOR DIAGNOSING IKE COVID - 19 ON THE BACKGROUND OF PNEUMONIAAND. World Bulletin of Public Health, 16, 81-86. Retrieved from https://scholarexpress.net/index.php/wbph/article/view/1663

9. B.B. Safoev, & H.K. Turdiev. (2022). CLINICAL AND LABORATORY RESULTS OF PATIENTS WITH LUNG ABSCESS ON THE BACKGROUND OF CONSERVATIVE TREATMENT. European Scholar Journal, 3(11), 30-34. Retrieved from https://www.scholarzest.com/index.php/esj/article/view/2920

10. R.R.Arashov, & Sh.Sh.Yarikulov. (2022). COMPARATIVE EVALUATION OF THE OUTCOME OF TREATMENT OF PATIENTS WITH CAVITY LIVER FORMATION WITH A SIMPLE AND COMPLEX SUBDIAGPHRAGMAL POSITION. World Bulletin of Public Health, 13, 55-62. Retrieved from https://scholarexpress.net/index.php/wbph/article/view/1240



Radjabov Vohit Bafovevich, & Yarikulov Shukhrat Shokirovich. (2022). MODERN 11. APPROACHES TO ABDOMINAL DRAINAGE IN DIFFUSE PERITONITIS. World Bulletin of Public 13. 50-54. Retrieved Health. from https://scholarexpress.net/index.php/wbph/article/view/1239

12. Radjabov Vohit Bafoyevich, & Yarikulov Shukhrat Shokirovich. (2022). MODERN APPROACHES TO ABDOMINAL DRAINAGE IN DIFFUSE PERITONITIS. World Bulletin of Public Health. 50-54. Retrieved 13, from https://scholarexpress.net/index.php/wbph/article/view/1239

Р. Р.Арашов, & Ш. Ш. Ярикулов. (2022). ОСОБЕННОСТИ ХИРУРГИЧЕСКОГО 13. ЛЕЧЕНИЯ БОЛЬНЫХ ПОЛОСТНЫМИ ОБРАЗОВАНИЯМИ ПЕЧЕНЫ ПРИ СЛОЖНЫХ ВНУТРИПЕЧЕНОЧНЫХ РАСПОЛОЖЕНИЯХ. European Journal of Interdisciplinary Research 30-38. Retrieved and Development, from 6. http://www.ejird.journalspark.org/index.php/ejird/article/view/108

14. Шаропова М. С., Сафоев Б. Б., & Ярикулов Ш. Ш. (2022). ОСОБЕННОСТИ КЛИНИКО-ЛАБОРАТОРНОГО ТЕЧЕНИЯ ГНОЙНЫХ РАН В СОЧЕТАННОМ ΦΟΗΕ САХАРНОГО ДИАБЕТА И ДИФФУЗНОГО ТОКСИЧЕСКОГО ЗОБА. Европейский журнал междисциплинарных исследований и разработок, 6, 17-29. Получено с http://ejird.journalspark.org/index.php/ejird/article/view/107.

15. R. R. Arashov, Sh. Sh. Yarikulov, & B. B. Safoev. (2022). TREATMENT OF PATIENTS WITH CAVITY LIVER FORMATION WITH A SIMPLE AND COMPLEX SUBDIAGPHRAGMAL POSITION. Galaxy International Interdisciplinary Research Journal, 10(8), 65–74. Retrieved from https://www.giirj.com/index.php/giirj/article/view/2616

16. Сафоев Бакодир Барноевич, Ярикулов Шухрат Шокирович. Подавление резистентности микрофлоры под воздействием раствора диметилсульфоксида при лечении гнойно-хирургических заболеваний мягких тканей. Биология ва тиббиёт муаммолари 2021, №2 (127) 125

ББ Сафоев, ШШ Ярикулов, РР Арашев. Методы улучшения местного лечения 17. гнойных ран с применением ультрафиолетового облучения в комбинации с многокомпонентными мазями на водорастворимой основе. Innovation in the modern education system: a collection scientific works of the International scientific conference//25th April 2021. P. 558-565

Барноевич, Сафоев Б. и Ярикулов Шухрат Шокирович. «Влияние различных 18. доз ультрафиолетовых лучей на устойчивость патогенных микроорганизмов в эксперименте (in vitro)». Журнал NX, том. 7, нет. 06, 2021, стр. 285-290, doi: 10.17605/OSF.IO/JVGPX.

ББ Сафоев, ШШ Ярикулов, НР Каршиев. Application of physical and chemical 19. methods in treatment of purulent diseases of soft tissue Proceedings of Ingenious Global Thoughts An International Multidisciplinary Scientific Conference Hosted from San Jose California November 29th, 2020.

Б.Б. Сафоев, Ш.Ш. Ярикулов, Н.Р. Каршиев. (2020). ПРИМЕНЕНИЕ ФИЗИКО-20. ХИМИЧЕСКИХ МЕТОДОВ В ЛЕЧЕНИИ ГНОЙНЫХ ЗАБОЛЕВАНИЙ МЯГКИХ ТКАНЕЙ. Архив конференций 9 (1), 55-56. Получено С https://www.conferencepublication.com/index.php/aoc/article/view/316.

21. Ш.Ш Ярикулов. различных концентраций Влияние раствора диметилсульфоксида чувствительности антибиотикам на к патогенных

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микроорганизмов в эксперименте. Тиббиётда янги кун. № 4–33-2020.–С. 153–155. Бухоро-2020

22. ББ Сафоев, ШШ Ярикулов, ТЭ Икромов. Влияние различных доз ультрафиолетовый лучей на резистентности патогенные микроорганизмы в эксперименте (in vitro) - Тиббиётда янги кун-Бухоро, 2020 №. 4 С. 33.

23. ШШ Ярикулов, АК Хасанов, ИШ Мухаммадиев. Пути снижения резистентности микрофлоры к антибиотикам при лечения гнойных ран - Тиббиётда янги кун-Бухоро, 2020. (3) №. 31 с. 156-160.

24. АК Хасанов, ШШ Ярикулов, ШГ Мирсолиев. Современное состояние проблемы этиопатогенеза и лечения больных гнойными заболеваниями легкого - Новый день в медицине, 2020 (3) №. 31 с. 149.

25. SB Barnoyevich, YS Shokirovich, BT Shavkatovich. Influence Of Different Concentrations Of Dimethylsulfoxide Solution On Antibiotic Sensitivity Of Pathogenic Microorganisms In Experiment (In Vitro) - European Journal of Molecular & Clinical Medicine, 2020. (7) №. 03 c. 5194-5198.

26. SH., Safoev BB, Borisov IB, Yarikulov Sh. Sh., Khasanov AA, Rahmatov Sh. Sh., Rajabov VB Effectiveness of the application of the phys-ical method on a wound by plasma flow of argon in the complex treatment of patients with purious diseases of soft tissues. Asian Journal of Multidimensional Research, 2019.

27. Сафоев Б.Б., Курбонов О.М., Хасанов А.К., Ярикулов Ш.Ш. Роль бронхоскопии в лечении осложненных эндобронхиальных лигатурных свищей после эхинококкэктомии легкого. новый день в медицине. № 3 (27) 2019 С. 239-241.

28. АК Хасанов, ШШ Ярикулов, ИШ Мухамадиев. Проблема острого абсцесса легкого: этиопатогенез, диагностика и лечение на современном этапе. Новый день в медицине, 2019. № 4 С. 341-347.

29. Boltaev T. Sh., Safoev B.B., Borisov I.B., Yarikulov Sh. Sh., Khasanov A.A, Rahmatov Sh. Sh., Rajabov V.B Effectiveness of the application of the physical method on a wound by plasma flow of argon in the complex treatment of patients with purious diseases of soft tissues. Asian Journal of Multidimensional Research (AJMR) Year : 2019, Volume : 8, Issue : 12 First page : (161) Last page : (167) Online ISSN : 2278-4853. Article DOI : 10.5958/2278-4853.2019.00339.2

30. Закиров Т., Шаропова, М., & Ярикулов, Ш. (2018). Сбалансированная регионарная анестезия на основе продленной проводниковой блокады плечевого сплетения у детей. Журнал проблемы биологии и медицины, (3 (102), 18–22. извлечено от https://inlibrary.uz/index.php/problems_biology/article/view/2552

31. НУ Нарзуллаев, ШШ Ярикулов, МС Шаропова. Эффективность препарата ФарГАЛС в комплексном лечении ВИЧ-инфицированных детей с острыми гнойными синуситами Вестник Совета молодых учёных и специалистов, 2017 1 (16) с. 15-17.

32. АА Асроров, ШШ Ярикулов, МР Турдиев. Особенности встречаемости и повышение эффективности лечения семейного хронического тонзиллита у детей - Вестник Совета молодых учёных и специалистов ..., 2017

