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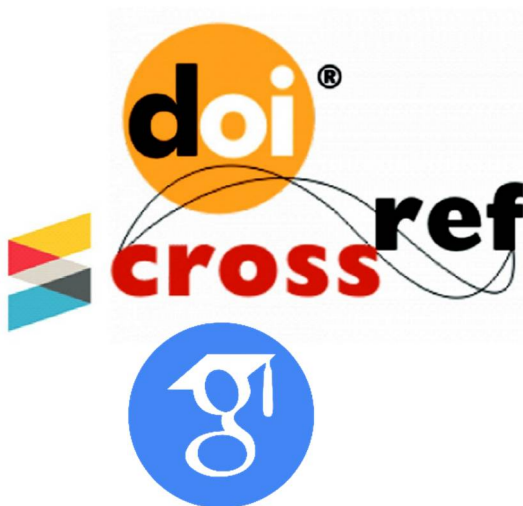
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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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ABSTRACT

Summary. The article discusses the possibilities of laparoscopy in the surgical treatment of acute destructive cholecystitis based on the analysis of clinical data obtained in the surgical department of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care for the period from 2018 to 2024. The study compares the treatment results of two groups of patients: the main group, in which laparoscopic methods were used, and the comparison group, in which open surgeries were used. The indicators of efficiency, safety and complications of various methods of surgical intervention were assessed. The data obtained showed the advantages of laparoscopic cholecystectomy in reducing postoperative complications and accelerating patient recovery.

Keywords: laparoscopy, acute destructive cholecystitis, cholecystectomy, surgical treatment.

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ОПТИМИЗАЦИЯ ХИРУРГИЧЕСКОЙ ТАКТИКИ ПРИ ОСТРОМ ДЕСТРУКТИВНОМ ХОЛЕЦИСТИТЕ: РОЛЬ ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕЦИСТЭКТОМИИ И АНАЛИЗА ФАКТОРОВ РИСКА

АННОТАЦИЯ

Резюме. В статье рассматриваются возможности лапароскопии в хирургическом лечении острого деструктивного холецистита на основе анализа клинических данных, полученных в хирургическом отделении Самаркандского филиала Республиканского научного центра экстренной медицинской помощи за период с 2018 по 2024 годы. Исследование сравнивает результаты лечения двух групп пациентов: основную, в которой применялись лапароскопические методы, и группу сравнения, в которой использовались открытые операции. Оценены показатели эффективности, безопасности и осложнений при различных методах хирургического вмешательства. Полученные данные показали преимущества лапароскопической холецистэктомии в снижении послеоперационных осложнений и ускорении восстановления пациентов.

Ключевые слова: лапароскопия, острый деструктивный холецистит, холецистэктомия, хирургическое лечение.

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О'ТКИР ДЕСТРУКТИВ ХОЛЕСИСТИТ ХИРУРГИК ТАКТИКАСИНИ ТАКОМИЛЛАСHTIRISH: LAPAROSKOPIK ХОЛЕСИСТЕКТОМИЯНИНГ О'РНИ ВА ХАВФ ОМИЛЛАРИНИ ТАХЛИЛИ

АННОТАСИЯ

Xulosa. Maqolada 2018 yildan 2024 yilgacha Respublika shoshilinch tibbiy yordam ilmiy markazi Samarqand filiali jarrohlik bo'limida olingan klinik ma'lumotlar tahlili asosida o'tkir destruktiv xolesistitni jarrohlik yo'li bilan davolashda laparoskopiyaning imkoniyatlari haqida so'z boradi. Tadqiqot ikki guruh bemorlarning davolash natijalarini taqqoslaydi: Laparoskopik usullar qo'llanilgan tadqiqot guruhi va ochiq jarrohlik qo'llanilgan taqqoslash guruhi. Jarrohlik aralashuvining turli usullarining samaradorligi, xavfsizligi va asoratlari ko'rsatkichlari baholandi. Olingan ma'lumotlar operatsiyadan keyingi asoratlarni kamaytirish va bemorlarning tiklanishini tezlashtirishda Laparoskopik xolesistektomiyaning afzalliklarini ko'rsatdi.

Kalit so'zlar: laparoskopiya, o'tkir destruktiv xolesistit, xolesistektomiya, jarrohlik davolash.

Introduction. Acute destructive cholecystitis represents one of the most frequent causes of surgical emergencies characterised by inflammation and destruction of the gallbladder wall, which can lead to severe complications such as perforation, peritonitis and sepsis. The effectiveness of surgical treatment for this disease directly depends on the choice of the method of intervention. To date, laparoscopic cholecystectomy (LCHE) is recognised as one of the safest and most effective methods of treatment of acute cholecystitis, which is confirmed by the results of numerous studies [3, 5]. The laparoscopic approach can significantly reduce the traumatic nature of the intervention, decrease postoperative pain and shorten the patient's recovery time [4].

However, laparoscopic intervention in acute destructive cholecystitis has its limitations due to anatomical features and severity of the inflammatory process. In some cases, in the presence of

adhesions, dense calculi, or severe complications, conversion to open intervention may be necessary, which requires additional time and skill on the part of the surgeon [1].

Comparative analyses of treatment outcomes from different clinics have shown that while laparoscopy is the preferred method for most patients, in severe cases conversion to open surgery may be a necessity to prevent serious complications such as peritonitis or severe bleeding [2]. This emphasises the need for a comprehensive assessment of the patient's condition and risk factors before choosing a surgical technique.

In view of the above, the aim of this study is to evaluate the possibilities of laparoscopic surgery in the treatment of acute destructive cholecystitis and to analyse the factors influencing the choice of the method of intervention. Our data, based on the follow-up of 156 patients, will enhance the understanding of the efficacy and limitations of the laparoscopic technique in the treatment of this pathology.

The aim of this research is to evaluate the efficacy of laparoscopic chole-cystectomy in the surgical treatment of acute destructive cholecystitis, as well as to analyse the factors influencing the choice of the method of intervention, taking into account possible complications and the need for conversion to open intervention.

Materials and methods of the research. The study included 156 patients with acute destructive cholecystitis who were on inpatient treatment in the surgical department of the Samarkand branch of the Republican Scientific Centre for Emergency Medical Care in the period from 2018 to 2024. Patients were conventionally divided into two groups: the main group and the comparison group.

1. The main group (82 patients) included patients who underwent laparoscopic cholecystectomy between 2021 and 2024 y. Minimally invasive laparoscopic surgical techniques were predominantly used in this group. In 17 of these patients, conversion was required, i.e., the operation was continued by open surgery because of complications such as significant tissue inflammation or anatomical disruption.

2. The comparison group (74 patients) consisted of patients who underwent open cholecystectomy between 2018 and 2020 y. All patients in this group underwent conventional surgical procedure with incision and access through the right subcostal region.

All patients were examined at the time of admission to the hospital, determination of basic clinical parameters such as body temperature, symptoms of peritonitis, presence of jaundice and others were performed.

Laboratory tests: Blood tests (general blood count, biochemistry, C-reactive protein, leukocyte count), inflammatory markers, liver and kidney function tests.

Instrumental researches: Ultrasound (ultrasound) of the abdominal cavity to assess the state of the gallbladder, detection of calculous processes, perforations and other complications. In some cases, computed tomography (CT) was used for more detailed imaging.

Surgical interventions: Assessment of surgical outcomes, operative time, complication rates such as haemorrhage, bile duct injuries, peritonitis, need for conversion.

The main criteria for analysis were: duration of hospitalisation, frequency and nature of postoperative complications, and surgical success. The indicators of cholecystitis recurrence, complications, and long-term outcomes were compared.

Statistical analysis: The statistical treatment of the results included the use of standard methods to assess differences between groups, such as Student's t-test to compare mean values and χ^2 test to assess the frequency of different outcomes. All statistical calculations were performed using the SPSS package (version 22.0), with a significance level of $p < 0.05$.

Results. The clinical outcomes of treatment of 156 patients with acute destructive cholecystitis who were on inpatient treatment in the surgical department of the Samarkand branch of the Republican Scientific Centre for external medical care from 2018 to 2024 were analysed during the research.

1. main group (82 patients who underwent laparoscopic cholecystectomy):
 - The mean age of the patients in the main group was 52.4 ± 7.8 years.

- In 17 cases (20.7%) of the main group, the operation was converted to open surgery.

The reasons for conversion were complex anatomical changes, severe tissue inflammation or technical difficulties due to impaired visualisation of the operative field.

- The average duration of surgery in the main group was 65 ± 12 minutes. In 7.3% of cases, correction during surgical intervention was required.

- The mean duration of hospitalisation after surgery was 4.2 ± 1.1 days, which was significantly lower compared to the comparison group.

- Postoperative complications were reported in 9 patients (11%). The most common complications were infected wounds (4 cases), mild bleeding (2 cases), biliary leaks (1 case), and mild peritonitis (2 cases). All complications were successfully resolved conservatively.

- Recurrence of cholecystitis after laparoscopic cholecystectomy was observed in 2 patients (2.4%) during the first year after surgery.

2. Comparison group (74 patients who underwent open cholecystectomy):

- The mean age of the patients in the comparison group was 55.3 ± 9.2 years.

- The surgery in the comparison group was performed using a standard open access. The mean duration of surgery was 95 ± 15 minutes.

- The mean duration of postoperative hospitalisation in the comparison group was significantly longer at 7.1 ± 2.4 days.

- The comparison group had a higher incidence of postoperative complications: wound infections were recorded in 21.6% of cases (16 patients), peritonitis in 4.1% of cases (3 patients), and biliary leaks in 2.7% of cases (2 patients). Pneumonia was reported in 1 case (1.4%).

- Recurrences of cholecystitis were recorded in 4 patients (5.4%) during the first year after surgery.

3. Comparative analysis:

- Duration of surgery: In the main group, laparoscopic cholecystectomy was performed significantly faster than in the comparison group, where the open method was used (65 minutes vs. 95 minutes).

- Duration of hospitalisation: Patients of the main group were discharged 2.9 days earlier, which confirms a faster recovery after laparoscopic surgery.

- Complication rate: Complications in the main group were 2.4 times less frequent than in the comparison group (11% vs. 21.6%). Moreover, there were no cases of severe postoperative complications such as pneumonia or severe peritonitis in the main group.

- Recurrences: The recurrence of cholecystitis in the main group was 2.4%, which is significantly lower than in the comparison group, where the rate was 5.4%.

Thus, laparoscopic cholecystectomy has shown good results in terms of shorter operation time, shorter hospitalisation and lower incidence of postoperative complications. Despite the need for conversion in some patients (20.7%), the main results of the operation confirm the efficacy and safety of laparoscopic surgery for acute destructive cholecystitis.

Laparoscopic cholecystectomy has several advantages over traditional open surgery, such as lower risk of postoperative infectious complications, reduced pain and quicker recovery after surgery. However, as the results of our study have shown, the laparoscopic technique cannot always be used due to anatomical and technical difficulties characteristic of acute destructive cholecystitis. Thus, in cases of severe inflammation and exacerbation of cholecystitis, where there are dense adhesions and difficulties in visualisation, conversion to open intervention may be necessary to achieve complete removal of the organ and prevent complications.

A number of domestic and foreign studies confirm the high efficiency of the laparoscopic approach in the treatment of acute destructive cholecystitis. For example, a study by Memon et al (2019) showed that laparoscopy has a lower pro-rate of complications and hospitalisation time compared to the open method in the treatment of acute cholecystitis [5]. In turn, the works of domestic authors, such as Ivanov et al. (2020), emphasise the importance of an individualised approach to the choice of treatment method depending on the severity of inflammation and comorbidities [2].

Conclusion. Laparoscopic cholecystectomy is an effective method of treatment of acute destructive cholecystitis providing minimal traumatization and fast recovery of patients. However, in some cases, conversion to open surgery is necessary when there are difficulties with anatomy or the patient's condition. To increase the success rate of laparoscopic intervention, it is important to consider the clinical presentation of the disease and the surgeon's experience.

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