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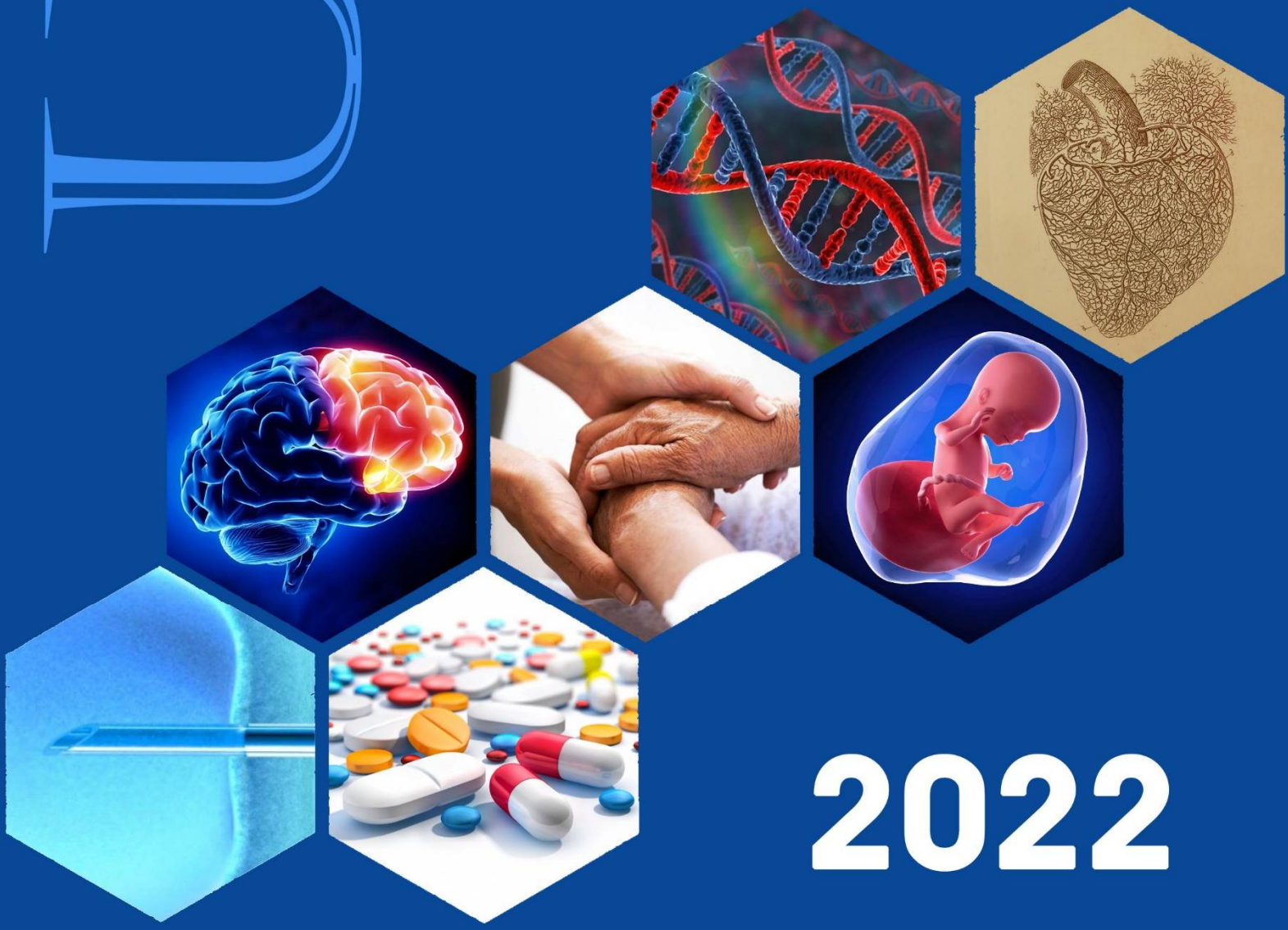

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SURGICAL TACTICS IN CASE OF ISOLATED INJURIES OF SMALL AND LARGE INTESTINE

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ABSTRACT

The article describes the experience of surgical treatment of fifty patients with isolated injuries of small and large intestine. The diagnostic algorithms were studied. The diagnostic program included a medical history, clinical and objective data, the results of ultrasonic, X-ray methods and video laparoscopy. Depending on the nature of the damage, the indications for surgical treatment of patients with this pathology are specified. The developed diagnostic program and selection of the optimal option of surgery allowed the reduction of the number of adverse outcomes among patients with injuries of the small and large intestine.

Keywords: injury, small intestine, large intestine, diagnostics, surgical treatment.

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ХИРУРГИЧЕСКАЯ ТАКТИКА ПРИ ИЗОЛИРОВАННЫХПОВРЕЖДЕНИЯХ ТОНКОЙ И ТОЛСТОЙ КИШКИ

АННОТАЦИЯ

В статье представлен опыт хирургического лечения 50 пострадавших с изолированными повреждениями тонкой и толстой кишки. Изучены диагностические алгоритмы, используемые в клинике у пострадавших с повреждениями тонкой и толстой кишки. Диагностическая программа включала сбор анамнеза, клинико-объективные данные, результаты ультразвуковых и рентгенологических методов исследования, видео лапароскопию. В зависимости от характера повреждения уточнены показания к хирургическому лечению пациентов с данной патологией. Разработанная диагностическая программа и выбор оптимального варианта оперативного вмешательства позволили сократить количество неблагоприятных исходов среди пострадавших с повреждениями тонкой и толстой кишки.

Ключевые слова: травма, тонкая кишка, толстая кишка, диагностика, хирургическое лечение.

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INGICHKA ICHAK VA YO’GON ICHAK JAROXATLARIDA JARROXLIK TAKTIKASI

ANNOTATSIYA

Maqolada ingichka va yo'g'on ichakning alohida shikastlanishi bo'lgan 50 nafar bemorni jarrohlik yo'li bilan davolash tajribasi keltirilgan. Ingichka va yo‘g‘on ichaklar shikastlangan bemorlarda klinikada qo‘llaniladigan diagnostika algoritmlari o‘rganildi. Diagnostika dasturiga anamnez, klinik va ob'ektiv ma'lumotlar, ultratovush va radiologik tadqiqot usullari natijalari, video laparoskopiya kiradi. Zararning xususiyatiga qarab, ushbu patologiya bilan og'rigan bemorlarni jarrohlik davolash uchun ko'rsatmalar aniqlandi. Ishlab chiqilgan diagnostika dasturi va jarrohlik aralashuvining maqbul variantini tanlash ingichka va yo'g'on ichakning shikastlanishi bilan jabrlanganlar orasida salbiy oqibatlar sonini kamaytirishga imkon berdi.

Kalit so'zlar: travma, ingichka ichak, yo'g'on ichak, tashxis, jarrohlik davolash.

Introduction. AT structure injuries peaceful time damage bodies abdominal cavities and retroperitoneal space meet in 2-4% observations, at this dominated closed abdominal injuries - 82.4% [1, 2]. In victims with injuries hollow bodies frequency damage thin guts is 30-38%,colon - 3-13%, stomach - 2-3%, duodenum - 1.2-10% [3-5]. So significant amount injuries thin gutsconditioned her anatomical features

– great length and weak security. Damage to the colon is observed 2.4 times less often due to more favorable anatomical location [6, 7].

At affected with closed damage hollow bodies distinguish:

– tear serous or mucous shells;
– gap body;
– separation body;
– crush organ.

Factors affecting damage to a hollow organ:

– force and direction strike (straight, oblique,tangent blows, crushing);
– commits gently body (physiological, pathological);
– fullness of the hollow organ at the time of receipt trauma;
– degree of relaxation of the anterior abdominal walls.

Damage thin and thick guts from impact stupid subject can flatten to threetypes: crushing, separation and bursting.

Crushing going on due to compression of the intestine between the traumatic instrument and the spine, ribs iliac bone in result perpendicular strike or compression of the anterior abdominal wall, resulting in instant break guts or development necrosis site body, exposed trauma.

popping body at affected in result injury arises in cases availability closeda loop filled with gas and intestinal contents, or in strength anatomical features or pathological changes.

The separation of the organ occurs with an oblique, or tangential hit, when loops guts cuddle upto a solid base, move horizontally or in the vertical direction, resulting in separation them mesentery and walls guts at places physiological or pathological fixation. In that case, the contents of a hollow organ do not have time to move in a closed space and break his from within, away from places applications strength.

Variability clinical paintings in various terms after an injury, various nature of damages , condition shock a often and acute blood loss makes diagnosis difficult. deceptive appearanceease of diagnosis of injuries of the small intestine sometimes leads to delayed surgery, diagnosticmistakes. By data row authors, in sixteen% observations indications for emergency surgeryat affected with closed injuries belly, are set late, and errors at the diagnostic stagereach 33% [8, 9].

Mortality at isolated injuries thin andin the colon varies from 5.1 to 20.4% [10]. InBased on the foregoing, the development of a diagnostic algorithm and the improvement of surgical surgical tactics in isolated injuries of the fineand colon is an urgent problem in emergency surgery.

Material and methods

For the period from 2011 to 2015. 36 patients were operated on in the Department of Abdominal Surgery of the RCEMMP victims with isolated injuries of the small intestine and 14 with injuries of the large intestine. Wherein injury ileum observedin 26 victims, in 10 the skinny intestine. Injuries thick guts distributed as follows: in 7 cases, damage to the transverse colon was detected, 4 - to the sigmoid colon, 2 - to the ascending colon, 1 - to the descending colon colon.

In the first 6 hours after injury were delivered 27 victims, from 6 before 12 hours — 17, later 12 hours — 6.

Everyone victims, delivered in clinic, conducted an examination according to our diagnostic algorithm.

Results and them discussion: The diagnostic program began with the study clinical-objective data. At this clinical picture in injured patients' small intestine is characterized by significant polymorphism. It depends on the nature, location and degree of damage to the intestine, combination with damage others bodies abdominal cavity, chestcells, musculoskeletal system, skull, and as well as the time elapsed since the injury. In the first hours after the rupture of the intestine symptoms of acute

abdomen, peritonitis,diffuse pains, restriction of mobility of the abdominal wall, tension of the abdominal muscles, disappearance of hepatic dullness, dullness of percussion sound in sloping areas of the abdomen. Yes, with the clinic. widespread peritonitis was delivered

24 victims, 7 of them have pain syndrome and other pathological symptoms determined only at the time of admission to the reception department but subsequently the pain subsided, it came like thiscalled a light gap lasting several hours. In the future, the pain again resumed, developed a clinic of common peritonitis. AT 5 cases light gap lasted 5-7 days with moment receiving injurywith the gradual development of the clinic of sluggish peritonitis, conditioned progressionnecrosis intestinal wall, in connections with by a margin gutfrom mesentery.

For the clinical picture of intra-abdominal injury thick guts characteristically rapid development severe widespread fecal peritonitis. At the same time, extraperitoneal ruptures of the colon are characterized by blurring of symptoms, especially in first clock after injury, a a detailed clinical picture appears on the 5-7th daydue to the development of retroperitoneal phlegmon. Intraperitoneal lesions of the colon revealed at ten victims, extraperitoneal — at 4.

All admitted patients underwent a survey radiography of the abdominal organs. Given study provides detectionthe presence of free gas and free liquid in abdominal cavity, indirect signs inflammation and damage. Informativeness of this method was 33%.

ultrasonic study (ultrasound) bodies abdominal cavities and retroperitoneal space allows discover Availability even a small amount of fluid in the abdominal cavity. At this puncture abdominal cavities under UZ controlfor the purpose of taking fluid for visual, biochemical and bacteriological examination has special diagnostic value. Holding Ultrasound also allows suspecting damage to theperitoneal part of the large intestine. This study was performed in all 50 (100%) victims. informative method amounted to 86%.

Computed tomography (CT) is the most sensitive method for detecting peritoneal lesions of the colon. CT scan of the abdominal organs was performed in 6 cases, with In this case, a rupture of the retroperitoneal colon was suspected in 3 victims. informative method amounted to 92%.

The most informative diagnostic method at isolated damage thin and thick bowel is video laparoscopy. Especially valuable the method at detachments guts from mesentery,hematomas walls or mesentery intestines, retroperitoneal hemorrhages. Holding dynamic video laparoscopy allows control development necrosis devascularized siteintestines. In some cases, the use of this method diagnostics is uninformative, in particular when damage to the retroperitoneal part of the colon the first hours after injury. Video laparoscopy was performed by us in 35 patients, diagnostic value method amounted to 96%.

The volume of surgical intervention for injuries small and large intestine depends on a number of factors:terms of admission of victims to the hospital with moment of injury, the presence of widespread peritonitis, sizes defect walls intestines, the level of injury, the presence of feces in the lumen damaged organ.

Figure 2.

eunostomy on Maidlu

We believe that with defects in the wall of the small intestine less 1/2 circles, necessary conduct suturing with a double-row suture with a mandatory naso intestinal intubation. For damage 2/3 and more than the circumference of the intestine, or when the intestine is detached from the mesentery more than 3 cm, resection of the small intestine should be performed with an anastomosis "side" to "side" and naso intestinal intubation. Resection of the damaged segment of the small intestine with the removal of an ileostomy was performed in patients with multipledefects in the intestinal wall at a short distance apart, in the presence of widespread peritonitis. At defects more 2/3 circles terminal ileum was performedresection thin guts with ileo transverse anastomosis. With multiple injuries of the proximal jejunum by the operation of choice believe resection damaged segment gutswith removal of jejunostomy according to Maidl (Fig. 2).

At danger development insolvency formed interintestinal anastomosis and widespread peritonitis, high resections skinny intestines, its " extraperitonization " is performed, withthe purpose of preventing intraperitoneal complications (patent No. 2445022, 2012, "Method of prevention - tics of insolvency of enteroenteroanasto sutures moza ") [11, 12].

When performing surgery on victims with injuries of the colon strictly We adhere to the algorithm developed by us. So, in 4 cases of closed injuries of the thick intestines, in the early stages of admission of victims to the hospital, with defects in the intestinal wall less 1/2 circles, produced his suturing 2ndin-line sutures with transanal intubation of the intestine. With multiple defects of the right flank thick guts on the short stretch, companion -existing peritonitis performed right-sided hemicolectomy with ileostomy removal. During the operation, 2 victims were diagnosed with separation of the mesentery from the wall of the descending department colon for more than 3 cm, whileperformed left sided hemicolectomy with transvers ostomy. In 1 case, multiple injuries denia of the transverse colon complicated widespread stool peritonitis, in connectionswith what resection of the transverse colon is performed intestines with removal of transvers ostomy, thoroughsanitation and drainage abdominal cavities. AT 3 cases of extensive damage to the sigmoid colon surgery completed niem operations Hartmann (tab. 2).

At closed injuries thin guts died3 affected. Mortality amounted to 8.3%. Causes lethal outcomes came widespread _ peritonitis with development syndrome multiple organinsufficiency, thromboembolism pulmonary arteries, extensive myocardial infarction.

At closed injuries thick guts died 2 affected. Mortality amounted to 14.3%. AT both cases cause lethal outcomes showed widespread fecal peritonitis with development syndrome Mon.

Table 2.

Species operational interventions completed at damage thick guts

Name operations	Indications to operations	Quantity affected
suturing defect thick guts	Defects less than 1/2 circleguts	4 (28.6%)
right hand hemicolectomy + ileostomy	Multiple defects onmouth-to-mouth, extensive defects + peritonitis	2 (14.3%)
left-sided hemicolectomy + transversostomy	Extensive bowel defects, avulsion guts from mesentery more 3 cm	2 (14.3%)
Resection of the transverse colon with anastomosis "side" to " side" + retrograde intubation thick guts	2/3 or more defect of the intestine, detachmentguts from mesentery more 3 cm	2 (14.3%)
Resection of the transverse colonwith breeding transvers ostomy	Multiple defects inmouth-to-mouth, extensive defects + peritonitis	1 (7.1%)
Operation Hartmann	Extensive sigmoid defectsguts	3 (21.4%)

Conclusion

Diagnostics closed damage thin and colon should be complex, including evaluation clinical-objective data,results of instrumental research methods. The most informative methods for diagnosing damage to the extraperitoneal part of the colon intestines are ultrasound and CT of the abdominal

cavity and retroperitoneal space with contrasting. The method of choice in the diagnosis of closed injuries of hollow abdominal organs is videolaparoscopy. Dynamic videolaparoscopy is a valuable diagnostic tool for estimates viability devascularized section of the intestine.

Choice optimal option surgical benefits for isolated closed injuries of the small and large intestine is determined by the severity of the injury, the volume of blood loss, localization damage, the date of admission from the moment of injury, the presence or absence of purulent septic complications.With defects less than 1/2 of the circumference of the small intestine, suturing is performed with 2-row sutures with mandatory nasointestinal intubation. Atinjuries of more than 1/2 of the circumference of the intestine, separation of the intestine from the mesentery of more than 3 cm, multiple injuries of the intestine, resection of the damaged leg segment. The operation of choice for multiple or extensive damage to the jejunum is the imposition of jejunostomy according to Meidl. At there is a danger of developing anastomoses insolvency, we perform them extraperitoneallyzation.

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3 ЖИЛД, 2 СОН

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