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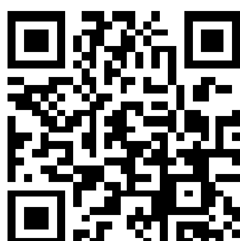

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STRANGULATION OF THE SIGMOVID COLON WAS THE CAUSE OF ACUTE INTESTINAL OBSTRUCTION. CLINICAL CASE

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ANNOTATION

This article discusses the main points of acute intestinal obstruction, a number of aspects of the mechanisms of development of intestinal obstruction. The issues of modern diagnosis of acute intestinal obstruction, including those with a blurred picture of the disease, are considered.

Keywords: acute intestinal obstruction, diagnosis, treatment tactics.

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УЩЕМЛЕНИЕ СИГМОВИДНОЙ КИШКИ ЯВИЛОСЬ ПРИЧИНОЙ ОСТРОЙ КИШЕЧНОЙ НЕПРОХОДИМОСТИ. КЛИНИЧЕСКИЙ СЛУЧАЙ

АННОТАЦИЯ

В данной статье рассматриваются основные моменты острой кишечной непроходимости, ряд аспектов механизмов развития кишечной непроходимости. Рассмотрены вопросы современной диагностики острой кишечной непроходимости, в том числе при нечеткой картине заболевания.

Ключевые слова: острая кишечная непроходимость, диагностика, тактика лечения.

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SIGMASIMON ICHAKNING STRANGULYATSIYASI — O'TKIR ICHAK TUTILISHINING SABABI. KLINIK HOLAT

ANNOTATSIYA

Ushbu maqolada o'tkir ichak tutilishining asosiy nuqtalari, ichak tutilishining rivojlanish mexanizmlarining bir qator jihatlari muhokama qilinadi. O'tkir ichak tutilishining zamonaviy diagnostikasi, shu jumladan kasallikning noaniq tasviri bo'lgan masalalar ko'rib chiqiladi.

Kalit so'zlar: o'tkir ichak tutilishi, diagnostika, davolash taktikasi.

Introduction. Despite certain advances in modern medicine in the field of surgery, acute intestinal obstruction (AIO) is one of the complex pathologies encountered in abdominal surgery [1,7,11,20].

According to the literature, in the world, according to statistics, intestinal obstruction occurs in approximately 5 cases per 100 thousand population. The proportion of diagnostic errors at the prehospital stage is up to 51%, and about 19% in the hospital. The standardized mortality rate for this pathology is about 9-13%, and in severe forms it can reach 50-70%, but currently there is a clear trend towards a decrease in these values, but despite this, this pathology in terms of the number of deaths in absolute numbers ranks 1-2 among all acute emergency conditions in abdominal surgery [2,4,8].

AIO accounts for over 2% of all surgical diseases [3,5,9,12,16]. Acquired intestinal obstruction is mechanical in 89% of cases and dynamic in 11% of cases. Among the various types of mechanical intestinal obstruction, intussusception makes up 65-77%, about 20% is adhesive obstruction, 5-6% is obstructive and 4-5% is volvulus [6,10,14,15]. The causes of obstructive intestinal obstruction are coprostasis, ascariasis, tumors, foreign bodies, bezoars, etc. [3-5]. Predisposing factors for intestinal obstruction can be various anomalies in the development of the gastrointestinal tract [2, 6, 7].

With strangulation obstruction, the blood circulation of the section of the intestinal tube involved in the pathological process is primarily affected. This is due to compression of the mesenteric vessels due to strangulation, volvulus or nodulation, which causes a fairly rapid (within several hours) development of necrobiotic processes in the intestinal area. With ACI, there is a disruption in the passage of contents through the digestive tract in the direction from the stomach to the anus, due to a cascade of causes, which are based on disturbances of a dynamic nature [2].

The pathogenetic features of AIO are characterized by pronounced disorders that determine the severity of this pathological process, and among them the key mechanisms of pathogenesis can be identified: humoral disorders, impaired motor and secretory function of the intestine, and the phenomenon of endotoxicosis [27, p. eleven].

Intestinal necrosis is a serious complication of strangulated intestinal obstruction and significantly complicates the condition of patients, worsening treatment results. This complication, according to the literature, occurs in 3–45% of patients [2, 3, 4]. Despite the achievements of surgery in recent years, mortality in this disease does not tend to decrease and reaches 50–75%, the number of purulent-septic complications is up to 80% [2, 4, 5, 7].

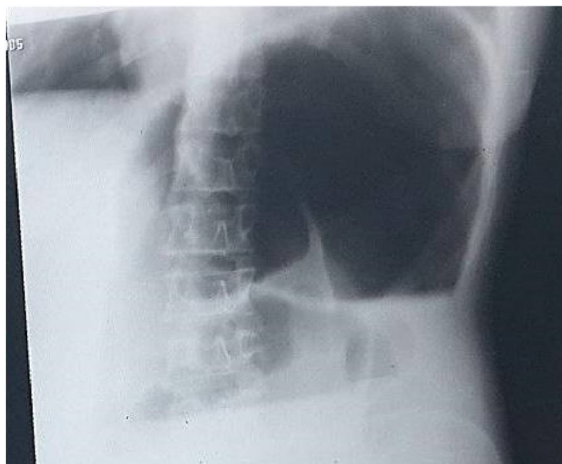
Laboratory studies carried out in acute intestinal tract are of decisive importance for assessing disturbances of homeostasis. We carried out general blood and urine tests, determining the number of molecules of average masses and the leukocyte index of intoxication. X-ray examination methods are of decisive importance in the diagnosis of AIO. After admission to the hospital with suspected acute intestine, a patient underwent a survey radiography of the abdominal organs, paying attention to the presence of distended loops of the small and large intestines containing gas and liquid and looking like overturned cups (Kloiber cups).

The purpose of the study: description of surgical treatment of strangulated intestinal obstruction due to sigmoid volvulus.

Results and discussion: under our supervision was patient S.D., born in 1985, (medical history No. 7647-266-621), admitted to the clinic on June 23, 2023 with complaints of abdominal pain, repeated vomiting, bloating, lack of stool, anxiety and weakness. From the anamnesis: she had been ill for 3 days, was treated at home, repeatedly took medications (nosh-pa, quipine), against the background of which the intensity of painful sensations slightly decreased. But he did not feel a complete improvement in my well-being; on the third day from the onset of the disease, the abdominal pain intensified, vomiting became more frequent, and his health sharply worsened. The patient sought medical help at the emergency department of the Central District Hospital of the Karakul district.

Upon admission, the general condition of the patient is serious, conscious, the skin is pale, dry, the tongue is covered with fibrin coating. No pathology was detected from the respiratory system. Cor: muffled tones, no noise, rapid pulse, 112 per minute, weak filling and tension. Blood pressure 140/100 mm Hg. Art. The abdomen is round in shape, sharply swollen, and does not participate in the act of breathing. Palpation: the abdomen is soft, muscle tension in the anterior

abdominal wall and symptoms of peritoneal irritation are not determined; upon pressure, pain in the hypogastric region is determined. Percussion: a tympanic sound is detected in all parts of the abdomen. Auscultation: bowel peristaltic sounds are not heard. X-rays reveal a high diaphragm and multiple Kloiber cups (pic 1). Laboratory parameters: Hb 87 g/l, erythrocytes - 3.2 1012/l; color index - 0.9; leukocytes -7.4·109/l, s/y - 4%, s/y - 56%; eosis - 1%; mon - 2%; ESR - 15 mm/h, total protein - 54.9 g/l.



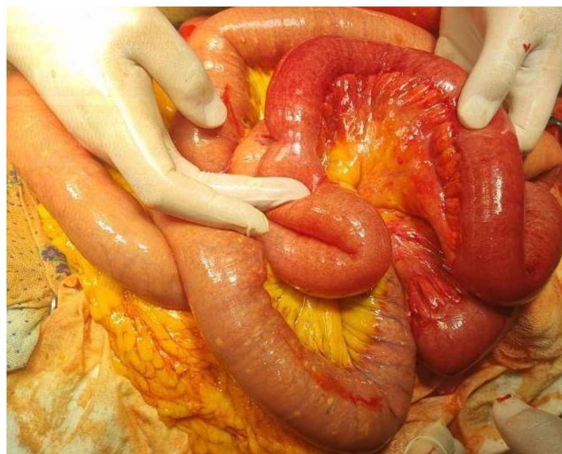


Fig.1. plain radiography – Pic. 2. necrotic changes in the presence of Kloiber's cups in intestinal loops

Taking into account the above, a diagnosis was made: acute intestinal obstruction; after fusion and preoperative preparation, the patient was sent for surgery. A midline laparotomy was performed under intubation anesthesia; about 50 ml of serous fluid was released from the abdominal cavity. During the inspection, the intestinal loops were sharply swollen, a conglomerate was found in the area of the sigmoid colon - a sharply expanded section of the intestine with a diameter of up to 25 cm, a purplish-bluish color. During an inspection of the abdominal cavity, in the projection of the sigmoid colon, a torsion of the intestinal tube at an angle of more than 1800 degrees was detected, the resulting bend was a knee, which caused stasis of the contents of the gastrointestinal tract. When straightening the sigmoid colon volvulus, a huge amount of fetid, liquid intestinal contents and gases were released from the gas outlet tube inserted into the colon through the anus. A necrotic section of the intestine of about 20 cm had to be resected, and an end-to-end anastomosis was performed. The abdominal cavity is drained and closed in layers. In the postoperative period, the patient received antibacterial, infusion-transfusion, restorative treatment and vitamin therapy. The postoperative period went relatively smoothly and, after stabilization of the general condition, he was discharged from the hospital under the supervision of a doctor at his place of residence.

Conclusion. This case from practice indicates that patients who consult doctors about abdominal pain may have the phenomenon of AIO; if it is suspected, comprehensive examinations and appropriate treatment are necessary.

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1 ЖИЛД, 2 СОН

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН

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