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Original article

Optimization of Surgical Tactics In Patients with Cholelithiasis, Complicated by Acute Purulent Cholangitis.

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ABSTRACT

Purulent cholangitis, as a dangerous complication of cholelithiasis, is a complex of organic and functional, general and local pathological changes in the body that arise as a result of the development of an infectious process in the bile ducts, against the background of obstructive cholestasis. The complication is observed in 17-83% of patients with choledocholithiasis (V.K. Gostishchev, 2005). Purulent cholangitis, previously considered as a companion to obstructive jaundice, today acquires the status of an independent problem. This is due to its key role in the development of cholangiogenic sepsis (A.B. Stolin, E.V. Nishnevich, M.I. Prudkov, 2009), and, as a consequence, with high mortality (15-60%). To date, there is no uniform protocol for the diagnosis and treatment of acute purulent cholangitis. We conduct this study to improve the results of treatment of patients with cholelithiasis, choledocholithiasis, complicated by acute purulent cholangitis.

For the first time, the results of treatment of patients with acute purulent cholangitis in surgical departments of the III and IV levels were analyzed from the standpoint of their compliance with the standards of the Ural Federal District. A technique has been developed for determining the parameters of intraoperative cholegraphy by invasively measuring intraductal pressure, which allows for safe and informative research in conditions of acute purulent cholangitis. A tool has been created for installing a T-shaped drainage into the common bile duct during operations from a mini-access, allowing to reduce the time of surgical intervention and avoid the development of undesirable complications, such as "spreading", rupture of the walls of the common bile duct at the time of installation of the T-shaped drainage. The features of therapeutic and diagnostic intraoperative measures are substantiated to ensure complete sanitation of the hepaticocholedochus in acute purulent cholangitis in a general surgical hospital. A comprehensive assessment of patients with cholelithiasis complicated by choledocholithiasis and acute purulent cholangitis made it possible to reduce the time of preoperative observation, reduce the number of complications and mortality from 10.2% to 6.2%, and reduce the length of stay of patients in the hospital by 6 bed days.

Keywords: Cholelithiasis, Complications, Purulent Cholangitis, Treatment, Surgical Tactics.

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