

MINIMALLY INVASIVE TECHNOLOGIES IN TREATMENT OF BLEEDING FROM VARICOSE VEINS OF THE ESOPHAGUS ON PATIENTS WITH LIVER CIRRHOSIS.

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The resume. In article are examined questions of diagnostics and treatment of patients with varicose bleedings from expanded veins of esophagus. Studied efficiency of methods of a hemostasis with application non-invasive technologies. Work is lead on the basis of complex clinic-laboratory both tool inspection and treatment of 87 patients with a liver cirrhosis, complicated by esophagus bleeding. Developed the algorithm of diagnostic and medical actions at rendering the specialized surgical help for this category of patients.

Keywords: cirrhosis of a liver, bleeding from varicose veins of esophagus, minimally invasive technologies.

Varicose veins of the esophagus are detected in 50-70% of patients with cirrhosis of the liver, with portal hypertension this figure reaches 85-90%. During the first two years after the diagnosis of esophageal varices, bleeding develops in 50% of patients [1-3]. Mortality in β -esophageal bleeding still remains at the level of 22-84%, despite the large number of proposed methods of treatment [5-7].

Bleeding from varicose veins of the esophagus and stomach is a serious, often fatal, complication in patients with cirrhosis of the liver. Mortality in which is 50-70%. Another 30-50% of the remaining patients subsequently die from rebleeding, since within the first two years from the onset of a symptom of portal hypertension, bleeding recurs in 100% of patients with cirrhosis. Despite some progress in this area of surgery, there remains a high mortality rate, reaching 80% with profuse bleeding, indicating the existence of a number of disturbed problems in the choice of surgical tactics and treatment methods for cirrhosis [4,8].

In recent years, clinicians increasingly have to deal with severe hemorrhages, an atypical or complicated course of the underlying disease with incurable concomitant pathology, while this issue remains insufficiently covered in the literature, which determines the relevance of the problem under study, which is of great medical and social significance [4].

The purpose of the work : To study the effectiveness of hemostasis methods for bleeding from varicose veins of the esophagus by using minimally invasive technologies.

We have developed diagnostic and treatment algorithms in patients with liver cirrhosis complicated by portal hypertension, taking into account the predominant use of minimally invasive technologies and directions for improving treatment outcomes and reducing the incidence of complications.

Materials and research methods . We analyzed the results of treatment of 87 patients with bleeding of varicose veins of the esophagus with liver cirrhosis admitted to the emergency abdominal surgical department of the clinic of Tashkent Medical Academy of the Republic of Uzbekistan.

The comparison group consisted of 78 (male and female) patients who underwent traditional treatment, which included hemostatic and symptomatic therapy using the generally accepted active expectant tactics.

The main group included 87 patients who used an active individualized approach developed by us to the choice of therapeutic measures and surgical tactics using minimally invasive technologies.

Among the observed patients of the main group, the absolute majority were men - 45 (71.4%) patients. 90.4% of whom were of working age (between 20 and 50), while only 18 (28.6%) were women. It should also be noted that the number of patients with liver cirrhosis complicated by bleeding increases with age and reaches a maximum in the group of 41-50 years.



Pic. 1 Ligation of varicose veins of esophagus.

Patients were also distributed depending on the duration of hospitalization in the clinic from the moment of bleeding onset.

The data obtained indicate that both in the main 43 (68.3%) patients and in the comparison group 55 (70.5%) patients, the majority of patients - 98 (69.5%) were delivered to the emergency center during the period 24 hours after the first manifestation of bleeding.

In our opinion, this clearly indicates the existence of a number of disturbed problems of differential diagnosis and tactics of managing this category of patients at various hospital stages.

In all nosological forms, the source of bleeding was localized in the lower third of the esophagus in 80 (56.7%) cases, 34 (53.9%) patients of the main group and 46 (58.9%) patients of the comparison group; cardiac region of the stomach - 41 cases (20.0%), in 20 (31.7%) patients of the main group, and 21 (26.9%) of the comparison group.

The distribution of patients depending on the severity of bleeding was carried out as follows: bleeding of the I degree of severity - circulating blood of DCC up to 500 ml was observed in 87 (61.7%) patients, bleeding of the II degree of severity - from 500 to a liter in 33 (23.4%) patients, bleeding III severity (profuse bleeding) - DCC over one liter 21 (14.8%) patients, respectively.

Results of the study and their discussion : based on the analysis of the clinical material, fundamentally important aspects of the surgical doctrine were established in patients with bleeding from varicose veins of the esophagus and cardia of the stomach against the background of portal hypertension, which appeared in the developed algorithms of surgical tactics:

Upon admission, all 63 patients of the main group underwent fibroesophagogastroscope. Fibroesophageal examination was performed in 53 (84.1%) of them 26 (41.3%) at the height of bleeding (Pic. 1).

All patients (63) of the main group were prescribed hemostatic and symptomatic therapy. Conservative treatment was performed in 47 (74.6%) patients, surgical treatment - in 16 (25.4%). It should be noted that complex hemostatic therapy had a positive therapeutic effect.

Stop bleeding occurred in 47 (85.5%) patients out of 55. In 7 (12.7%) percent, a decrease in FGCC was noted and only 1% (1.8%) was ineffective, since the patient was in a state of severe alcohol delirium. In this regard, all patients underwent diagnostic endoscopy, the source of bleeding was identified, and sclerosis of the vessels from which blood flow was observed was performed (Pic. 2 a, b)



Pic. 2 a, b – Retrograde ligation of varicose veins of esophagus

The average duration of conservative therapy was 3-5 days. After achieving a stable hemostatic effect and conducting an additional examination, the patients were discharged for outpatient treatment at the place of residence with further dispensary observation by a local surgeon. Of the 47 patients in whom bleeding was stopped due to conservative treatment, we observed recurrence of gastrointestinal bleeding in 5 patients. Due to the ineffectiveness of conservative hemostasis, he underwent EL at the height of bleeding and subsequently delayed planned surgical interventions. In 5 more patients, due to the high risk of recurrent bleeding, EL was performed after conservative hemostasis.

A more complex group consisted of 8 (12.7%) patients who underwent 10 surgical interventions during the course of treatment. Among this group, 6 patients with FFA III severity and 2 patients with FFA IV severity should be distinguished. These patients were transferred to intensive care units, where they underwent intensive hemostatic and antibacterial therapy, which was supplemented with the introduction of blood substitutes (rheopolyglycin, fresh frozen plasma, 10% albumin solution, enfizol, aminasol) and transfusion of a single-group erythrocyte mass into the bleeding zone in order to eliminate hypoxemia. However, despite the conservative measures described above, the degree of GCC only decreased. After performing diagnostic EGD in 4 patients, the source of bleeding was identified and EL was performed, from which blood flow was observed.

In 2 more observations in patients operated on for profuse GI, in the postoperative period there was a recurrence of GI. For temporary hemostasis, these patients underwent EL at the height of bleeding, followed by surgical intervention. Later, one of them died in the postoperative period.

Thus, the data presented indicate that the developed diagnostic algorithm allows rationally directing the sequence of examination of patients with EVD complicated by gastrointestinal bleeding, optimizing the choice of terms and methods of treatment, and reducing a significant number of various complications.

The surgical tactics proposed by us for EVDV bleeding allowed us to significantly improve the results of treatment of patients in the main group. Postoperative mortality was 1.6% in the comparison group - 12.5%.

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