

THE SIGNIFICANCE OF RETROGRADE INTERVENTIONS IN THE TREATMENT OF CHOLEDOCHOLITHIASIS IN PATIENTS UNDERGOING BILROTH-II GASTRIC RESECTION

Дустмухаммедова Р.З.К., Кушиев Ж.Х.

*Ташкентская медицинская академия
Узбекистан, г. Ташкент*

Theme actuality. According to recent statistics, the incidence of choledocholithiasis ranges from 10-40% in patients with cholelithiasis, which can lead to serious complications such as mechanical jaundice, cholangitis, liver insufficiency, and liver abscess. Early decompression of the bile ducts plays an important role in the treatment of choledocholithiasis that is complicated by MJ. The most common modality in the treatment of MJ is ERCP with EPST, which can eliminate life-threatening complications with minimal surgical injury. Antegrade interventions (transcutaneous trans hepatic drainage of bile ducts) are used in case of endoscopic access limitations to the large duodenal papilla, or in the absence of necessary instruments and staffing of endoscopic service. It should be noted that the problem is more urgent in case of MJ with changed gastrointestinal tract anatomy (after reconstructive surgeries on GIT). Such cases among patients with choledocholithiasis occur in about 0,8%-2,7% of cases. Treatment of choledocholithiasis complicated by MJ in patients with altered anatomy of the gastrointestinal tract due to undergone surgeries presents a problem for endoscopic access to the LDP, as well as for cannulation of the common bile duct and performing various manipulations in it.

Aim of research. To improve the results of treatment of choledocholithiasis in patients undergoing Bilroth-II gastric resection by optimizing technical approaches in each stage of retrograde manipulations.

Material and methods. From 2018 to May 2023, 28 patients suffering from choledocholithiasis were on inpatient treatment in the emergency surgery department of the multidisciplinary clinic of the Tashkent Medical Academy with the clinic of MJ. The group included only patients who had undergone Bilroth-II gastric resection. At the diagnostic stage MRI-cholangiography, MSCT and endoscopic examination were used. The operative stage of all patients was started with endoscopic retrograde cholangiography. It should be noted that in 10 (35,7%) patients with a long bringing loop there appeared technical difficulties in locating this loop and the LDS, which was achieved in 8 patients with repeated change of the patient's position to «abdomen - left side». The further stage was cannulation of LDS that was successful in 22 (78,6%) cases with the help of the following techniques: cannulation on guide conductor-7 (25%), rotational papillosphincterotome-11 (39,3%) and the rest 4 (14,3%) after preliminary partial papillotomy with the help of needle papillotome.

Results. In 22 (78,6%) cases, we were able to cannulate the LDS in multiple techniques and methods followed by papillosphincterotomy. In 3 patients among those cannulated, the manipulation was completed without lithoextraction. The reasons were the incapability to insert the Dormia basket into the choledochus-1 case and mismatch of the size of the nodule with the EPST zone-2 observations. These 3 patients underwent percutaneous transhepatic cholangiostomy immediately on that day. Also the remaining 6 patients underwent antegrade interventions. In the postoperative period after retrograde interventions, complications were observed: acute postmanipulation pancreatitis in 2 (7,1%) cases and after antegrade manipulations - 1 (3,6%) case of hemobilia. All complicated patients recovered after appropriate conservative therapy. No lethal outcomes were observed.

Conclusion. Using modern instrumentation and sufficient experience of specialists, despite complex anatomical structures, retrograde endoscopic interventions are effective methods of decompression of the bile duct, which, according to our observations, provided resolution of MJ in 19 (67,9%) cases, while providing the number of successful cannulation of LDS and EPST in 22 (78,6%) patients. Differentiated approach in the choice of treatment method and timely rejection of endoscopic methods of treatment in favor of antegrade methods allowed to reduce the number of complications and postoperative mortality.