

**IMPROVING THE RESULTS OF MINIMALLY INVASIVE METHODS OF
TREATMENT OF LIVER ABSCESSSES**

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Introduction. Recent advances in the diagnosis and treatment of liver abscess, the results of which are far from perfect, since the mortality rate is still high, according to various authors 10-22%.

It should be emphasized that recently in our country, as an antiseptic, a domestic development is becoming increasingly popular – the drug FarGALS, which has proven to be highly effective not only as an antibacterial agent, but also as a stimulator of repair of damaged tissues.

Negative results are due to the lack of effective criteria for early diagnosis of abscesses. The lack of clear criteria for predicting the development of abdominal abscesses leads to unsatisfactory results.

The purpose of the study is to improve the long-term results of minimally invasive methods of surgical treatment of liver abscess.

Material and methods. We studied 75 patients with liver abscess who received surgical treatment at the Khorezm Regional Multidisciplinary Center from 2015 to 2021.

The patients were divided into two groups. The first group (n=41) of patients used FarGALS antiseptic solution when washing the cavity, and the second group (n=44) where an aqueous solution of chlorhexidine was used.

Percutaneous drainage and sanitation of the abscess cavity was carried out using a set of additional tools: puncture and biopsy needles Chiba, with a Teflon catheter length from 15 to 30 cm, a catheter needle; a manual aspirator syringe, metal conductors.

After an ultrasound examination with an assessment of the possibility of puncture, if there was access, a puncture of the liver abscess was performed under ultrasound control.

Results and discussion. All patients in both groups were operated on within 24 hours after the diagnosis of liver abscess was verified. In the postoperative period, the cavity was washed through drainage with a solution of FarGALS in the main group, and with an aqueous solution of chlorhexidine in the comparison group.

Local treatment in the main group was carried out as follows: through a drainage tube, the drained cavity is treated with 0.9% sodium chloride solution in the amount necessary to wash off thick pus, detritus. FarGALS solution diluted with distilled water (ratio 1:3) was injected through a drainage tube into the infected liver cavity in a volume equal to 1/5 of the initial volume of the liver abscess according to ultrasound examination. After administration of the drug, the drainage tube was blocked for a period of 1 hour.

In terms of 6 to 12 months, out of 75 patients operated with minimally invasive access with liver abscess, 5 patients from the comparison group and 2 patients from the main group were re-operated for relapse of the disease.

Conclusion. In the long-term postoperative period, in terms from 6 months to 2 years, an examination and a comprehensive ultrasound examination of the abdominal organs were performed in 28 patients of the main and 14 patients of the comparison group. Ultrasound examination 6 months after the operation revealed a zone of increased echogenicity in the liver in 8.6% of patients of the main group and in 19.3% of people in the comparison group, corresponding to cicatricial changes in the area of the eliminated liver abscess.

References:

1. Акбаров М.М., Рузибаев Р.Ю., Сапаев Д.Ш., Рuzматов П.Ю., Якубов Ф.Р. Современные пути лечения и профилактики эхинококкоза печени. Проблемы биологии и медицины. –2020; 120(4):12-18. DOI: <http://doi.org/10.38096/2181-5674.2020.4.00181>
2. Сапаев, Д. Ш. Современная диагностика и хирургическое лечение нагноившегося эхинококкоза печени [Текст] / Д. Ш. Сапаев, Р. Ю. Рузибаев, Ф. Р. Якубов // Инфекции в хирургии. –2018. –Т. 16, No1-2. –С. 10-11.
3. Babadjanov, A.K., Yakubov, F.R., Ruzmatov, P.Y., Sapaev, D.S., 2021. Epidemiological aspects of echinococcosis of the liver and other organs in the Republic of Uzbekistan. Parasite Epidemiol. Control. <https://doi.org/10.1016/j.parepi.2021.e00230>.
4. Sapaev D.Sh., R.Yu.Ruzibaev, B.N.Kuryazov, F.R.Yakubov. Problems of diagnostics, treatment and prevention of multiple hydatid echinococcosis of the liver // Vestnik of Saint Petersburg university. Medicine. – Sankt - Peterburg, 2019. – No 1 (14). – pp. 42 – 48.
5. Sapaev DS, Yakubov FR, Yakhshiboev SS. Evaluation of the factors influencing the choice of laparoscopic echinococcectomy in liver echinococcosis (LE) and its impact on postoperative outcomes. Exp Parasitol. 2023 May;248:108495. doi: 10.1016/j.exppara.2023.108495. Epub 2023 Mar 5. PMID: 36871791
6. Sapaev D.S., Yakubov F.R., and Yakhshiboev S.S. 2023. Comparative results of surgical treatment of primary echinococcosis of the liver. European Journal of Medical Genetics and Clinical Biology 1 (2):36-45. <https://e-science.net/index.php/JMGCB/article/view/223>.
7. Yakubov F.R., Sapaev D.S., Matniyazov B.M., Matkurbonov N.O., and Yakubov R.F. 2023. Aspects of modern diagnosis and treatment of liver abscess. American Journal of Pediatric Medicine and Health Sciences (2993-2149) 1 (6):125-29. <http://grnjournal.us/index.php/AJPMHS/article/view/558>.
8. Yakubov FR, Sapaev DS. Surgical treatment of liver echinococcosis. J Med Life. 2022 Nov;15(11):1409-1414. doi:10.25122/jml-2022-0268. PMID: 36567844; PMCID: PMC9762364.