

ANALYSIS OF THE RESULTS OF AUGMENTATION OF CICATRICAL STRICTURES OF THE ESOPHAGUS**Nizamkhodjaev Zayniddin Makhamatovich,****Ligai Ruslan Efimovich,****Khadjibaev Jamshid Abduazimovich,****Abdullaev Davran Sabirovich**

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Relevance. Currently, the treatment of combined burns of the esophagus and stomach continues to be an urgent problem of thoracoabdominal surgery. This is due to the presence of not one, but two levels of obstruction of the digestive tract – esophagus and stomach, which leads to a sharp violation of the alimentary status of patients [1]. The frequency of combined burns of the esophagus and stomach according to various authors ranges from 15 to 53% [2].

Patients with chemical burns of the upper gastrointestinal tract account for up to 32% of patients in acute poisoning treatment units, and burns of the esophagus and stomach have a frequency of occurrence of 15-16 cases per 10,000 among adolescents and 7-8 among adults, the gender ratio of pathology is 1:2 with a predominance of men [3].

The main objectives of the treatment of this category of patients is to restore the patency of the esophagus and stomach. Augmentation remains the main method of treating esophageal strictures. However, it cannot be used for stomach constrictions. The appearance of modern hydroballon dilators opens up new possibilities in the treatment of patients with combined lesions [4, 5, 6, 7, 8]. However, their capabilities in ensuring the restoration of evacuation from the stomach at the stages of providing medical care to patients with combined burns still remain unexplored [9, 10].

The purpose of the study: To analyze the unsatisfactory results of string stretching in patients with post-burn cicatricial strictures of the esophagus.

Material and methods: In the Department of Surgery of the esophagus and stomach, the Re-publican Specialized Scientific and Practical Medical Center for Surgery Named after Academician V.Vakhidov, 487 patients with post-burn cicatricial strictures of the esophagus underwent various treatment options: esophageal string augmentation - 399(81.9%); endoscopic augmentation – 28(5.7%); endoscopic stenting – 25 (5.1%) and hydroballonation – 35 (7.2%) patients.

Results and discussion: Analysis of the results of esophageal augmentation showed that good results were obtained in 168 (42.1%) patients, satisfactory results in 43(10.8%) and unsatisfactory results in 188 (47.1%) patients. However, such absolute data cannot be considered without taking into account the extent of the stricture. The distribution of patients by stricture length was as follows: short (up to 3 cm) in 22 (5.5%), long (4-9cm) in 145 (36.3%), subtotal (10-15cm) in 131 (32.8%) and total (over 16cm) in 101 (25.3%) patients.

In patients with short strictures, the number of good results reached 86.4%, satisfactory results in 3 (13.6%), while in none of the cases there were unsatisfactory results. In patients with extended strictures, the number of good results decreased to 71.7% of patients, a satisfactory result was obtained in 14.5% and the number of unsatisfactory results increased to 13.8%. Of the 131 patients with subtotal strictures of the esophagus, there was a decrease in the number of good results to 27.5%, and the number of unsatisfactory results increased sharply to 63.4%. In patients with total strictures, a good result was obtained in only 8.9% of cases, and the number of unsatisfactory results reached 84.2%. Thus, there is a clear difference in the effectiveness of esophageal augmentation depending on the extent of the stricture ($\chi^2=158.5$, $df=6$, $p<0.05$).

In 20 (13.8%) patients with extended strictures ($n=145$), an unsatisfactory result was obtained in 20 cases: 3 patients had perforation after bougie, 1 had severe pain syndrome against the background of exacerbation of esophagitis, 4 patients failed to further bougie more than No. 24, 3 patients refused from further augmentation, and in 9 patients, even No. 14 could not be boosted at all.

In the group of patients with subtotal strictures ($n=131$), an unsatisfactory result was obtained in 83 (63.4%). Thus, in 1 case, after bougie of the esophagus, non-penetrating damage to the esophagus occurred, in connection with which conservative treatment was performed with the imposition of a gastrostomy, and in 2 patients with penetrating trauma, surgical treatment had to be resorted to after bougie. In 6 cases, adequate bougie could not be completed due to the tortuosity of the stricture (bougie was performed only up to No. 22-24), 1 patient had severe pain syndrome and 2 patients categorically refused to continue bougie sessions. In 60 cases, it was not possible to perform even one augmentation session, and in 11 patients, esophageal augmentation was considered impossible due to the high risk of perforation.

In patients with total strictures ($n=101$), the number of unsatisfactory results increased to 84.2%. At the same time, in 4 cases, it was not possible to complete the course of bougie, because bougie No. 28 did not pass further. In 39 cases, bougie attempts were unsuccessful, and in 42 patients, bougie was impossible, due to the high risk of esophageal perforation.

Conclusion: esophageal augmentation remains the most common method of instrumental treatment of patients with post-burn cicatricial strictures of the esophagus. The number of unsatisfactory results of esophageal augmentation directly depends on the extent of the cicatricial stricture.

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