

EVALUATION OF THE EFFECTIVENESS OF RADICAL TREATMENT OF MALIGNANT NEOPLASMS OF THE HEPATOPANCREATODUODENAL ZONE

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Abstract: evaluation of the effectiveness of radical treatment of malignant neoplasms of the hepatopancreatoduodenal zone. 2006 to 2020 at the Republican Specialized Scientific and Practical Medical Center of Surgery named after academician V. Vakhidov, 623 patients with diseases of the hepatopancreatoduodenal zone were treated. Of these, radical and conditionally radical operations were performed on 37 patients. In our cases, the average duration of surgery and blood loss were 310 minutes and 1800 ml, respectively. The hospital stay ranged from 2 to 3 weeks (average 18 days). In total, 5 patients (13.5%) died after radical operations. The obtained results of radical surgical interventions indicate sufficient justification for their application in the treatment of patients with cancers of the hepatopancreatoduodenal zone.

Keywords: pancreatoduodenectomy (PD), periampullary zone, pancreatic carcinoma, surgical treatment, arrhythmic bleeding.

ОЦЕНКА ЭФФЕКТИВНОСТИ РАДИКАЛЬНОГО ЛЕЧЕНИЯ ЗЛОКАЧЕСТВЕННЫХ НОВООБРАЗОВАНИЙ ГЕПАТОПАНКРЕАТОДУОДЕНАЛЬНОЙ ЗОНЫ

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Аннотация: оценка эффективности радикального лечения злокачественных новообразований гепатопанкреатодуоденальной зоны. С 2006 по 2020 гг. в ГУ Республиканском Специализированном Научно-Практическом Медицинском Центре Хирургии имени академика В. Вахидова находились на лечении 623 больных с заболеваниями билиопанкреатодуоденальной зоны. Из них радикальные и условно-радикальные операции выполнены 37 больным. В наших случаях средняя продолжительность оперативного вмешательства и кровопотеря составили 310 минут и 1800 мл соответственно. Пребывание в стационаре колебалось от 2-х до 3-х недель (в среднем 18 дней). Всего после радикальных операций умерли 5 больных (13,5%). Полученные результаты радикальных оперативных вмешательств указывают на достаточную обоснованность их применения в лечении больных с объемными образованиями гепатопанкреатодуоденальной зоны.

Ключевые слова: панкреатодуоденальная резекция (ПДР), периампулярная зона, карцинома поджелудочной железы, хирургическое лечение, аррозивное кровотечение.

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Relevance. Pancreatic cancer is an extremely serious and pessimistic disease in terms of prognosis. According to the International Agency for Research on Cancer (2017), pancreatic cancer ranked ninth and fourth places in morbidity and in mortality respectively [8]. Surgical procedure is the only treatment, while pancreatoduodenectomy (PD) is feasible only in 15% of patients with head tumors and in 10% of patients with tail and pancreatic body tumors [1]. However, the 5-year survival rate after surgical treatment is about 10%; with adjuvant chemotherapy, this indicator can be doubled [9, 10, 13]. The experience of leading surgical clinics shows that the percentage of radical operations for malignant neoplasms of the hepatopancreatoduodenal zone is low and reaches 5-23% of patients [3, 4]. Despite a significant decrease in the mortality rate after PD, from 17-42% to 6-12%, and the number of severe complications is still high [5, 6, 7].

The most common complications include the failure of pancreatojejunostomies and biliodigestive anastomoses, which in turn lead to postoperative pancreatitis, the formation of pancreatic fistulas, intra-abdominal or gastrointestinal bleeding, and the formation of intra-abdominal abscesses [11, 12].

In case of the lack of primary prevention of pancreatic cancer and organs of the periampullary zone, the practical complexity of early diagnosis of the disease at the present time, the only way to increase the life expectancy of patients may be associated with the improvement of existing procedures and the development of new combined methods of antitumor treatment [2].

Materials and methods. From 2006 to 2020, 623 patients with diseases of the biliopancreatoduodenal zone were treated at the Republican Specialized Scientific and Practical Medical Center of Surgery named after academician V. Vakhidov. Of these, radical and conditionally radical operations were performed in 37 patients, which constituted 5.9% of the total. 16 patients were operated on with pancreatic head cancer, 18 with tumors of the greater duodenal papilla, 2 patients with mass lesions of the terminal common bile duct and another with neoplasms of the stomach and duodenum with invading into the head of pancreas. Standard PD was performed on 9 patients with stage I pancreatic head cancer, 18 patients with stage I-II greater duodenal papilla tumors. Extended PD was performed on 3 patients with stage II-III pancreatic head cancer, 4 with stage III greater duodenal papilla tumors, 2 with stage I-II common bile duct tumors, and one patient with stage II duodenal tumor.

Results. In our cases, the average duration of surgery and blood loss was 310 minutes and 1800 ml, respectively. The hospital stay ranged from 2 to 3 weeks (average 18 days). We did not observe cases of intraoperative lethality in 37 radical operations performed. Gastrointestinal bleeding was noted on 3 (8.1%) patients in the early postoperative period. A severe complication of the immediate postoperative period was erosive intra-abdominal bleeding, which was observed on 4 patients (10.8%). The incidence of pancreatodigestive leakage anastomosis reaches 14-30%. In our patients, out of 25 pancreatic-digestive anastomoses, 5 cases were observed.

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