IMPROVING THE METHODS OF TREATMENT OF FISTULAS OF THE RECTUM AND ANAL CANAL

Sherkulov K.U.[1], Usmonova N.U.[2] (Republic of Uzbekistan)

[1]Sherkulov Kodir Usmonkulovich – assistant,
DEPARTMENT OF GENERAL SURGERY, SAMARKAND STATE MEDICAL UNIVERSITY, SAMARKAND;
[2]Usmonova Niginabonu Usmonovna - student.
DEPARTMENT OF FACULTY AND HOSPITAL SURGERY, BUKHARA STATE MEDICAL INSTITUTE, BUKHARA;
REPUBLIC OF UZBEKISTAN

Abstract: *in recent years, there has been a tendency in industrialized countries to an increase in combined diseases of the anal canal and rectum, requiring surgical treatment. To date, indications and contraindications for performing one-stage operations for non-tumor pathology of the anal canal and rectum have not been sufficiently developed. There is no optimal treatment algorithm for combined proctologic pathology.*
Keywords: *combined non-tumor pathology, anal canal, rectum, rectal fistulas.*

СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ СВИЩЕЙ ПРЯМОЙ КИШКИ И АНАЛЬНОГО КАНАЛА

Шеркулов К.У.[1], Усмонова Н.У.[2] (Республика Узбекистан)

[1]Шеркулов Кодир Усмонкулович – ассистент,
кафедра общей хирургии,
Самаркандский государственный медицинский университет, г. Самарканд;
[2]Усмонова Нигинабону Усмоновна – студент,
кафедра факультетской и больничной хирургии, Бухарский государственный медицинский институт, г. Бухара;
Республика Узбекистан

Аннотация: *в последние годы в промышленно развитых странах отмечается тенденция к увеличению сочетанных заболеваний анального канала и прямой кишки, требующих хирургического лечения. На сегодняшний день недостаточно разработаны показания и противопоказания к выполнению одномоментных операций при неопухолевой патологии анального канала и прямой кишки. Оптимального алгоритма лечения сочетанной проктологической патологии не существует.*
Ключевые слова: *сочетанная неопухолевая патология, анальный канал, прямая кишка, ректальные свищи.*

To date, the problem of the occurrence of intestinal fistulas is extremely relevant, since it is one of the most severe complications that occur after surgical interventions on the organs of the abdominal cavity and retroperitoneal space, and is recorded in 0.5 - 1.8% of patients. Such an increase in the occurrence of this complication is associated with an increase in the number of patients among operated patients and an increase in the volume of surgical interventions. The problem of unformed fistulas of the small intestine has gone beyond the purely medical and has acquired a social character, since the negative effects of treatment are observed in 38-89% of patients. The maximum number of complications after restoration of intestinal continuity is observed in emergency surgery, which is due to the frequent use of resection methods of treatment. Thus, bowel resection is performed in 14%-33% of patients with strangulated hernia, 25%-49% of patients with acute intestinal obstruction, in 50%-85% of cases of ruptures and perforations of hollow organs. With repeated interventions for postoperative complications on the abdominal organs, resection of the small intestine is performed in 30%-60% of cases.

Some authors note the need for resection of sections of the small intestine due to multiple deserosis or wall damage during viscerolysis during interventions for peritoneal adhesive disease. Duodenal fistulas account for up to 33% of the total number of gastrointestinal fistulas. In modern practice, new approaches to solving this problem are needed, since it is necessary to take into account the unequal age and sex composition of patients, the difference in the causes leading to the formation of fistulas, the influence of concomitant diseases, and many other factors. Numerous methods of diagnostics, conservative and surgical treatment in patients with unformed duodenal fistulas have been proposed.

However, there is no single, clearly developed differentiated approach in choosing these methods and determining the timing of their implementation, depending on the nature of the fistula and the patient's condition. It should be assumed that the elucidation of pathomorphological changes that occur in the wall of the small intestine and surrounding tissues during the functioning of the fistula, and supporting its existence, will more accurately substantiate the principles of conservative treatment, indications, timing and methods of surgical interventions. All of the above requires further in-depth study of the characteristics of the course of small bowel fistulas in order to develop a clear surgical strategy based on the optimization of known and the introduction of new approaches to the choice of surgical tactics and treatment methods. A special place is given to the prevention and treatment of

duodenal and high enteric fistulas, which is due to early manifestations of dysfunctions of almost all organs and systems, and as a result, the development of multiple organ failure, which negatively affects the treatment process and often leads to unsatisfactory results and additional complications.

Thus, after the analysis of literature data on duodenal and high enteric fistulas, the following conclusions should be drawn regarding the insufficient coverage of such issues: - Possibilities of conservative treatment of duodenal and high enteric fistulas; - Clarification of indications for choosing a closed or open method of conservative treatment of fistulas of the pyloroduodenal zone and selection of obturators of optimal models; - Establishment of indications for urgent and delayed surgical interventions for fistulas of the duodenojejunal segment of the small intestine; - The choice of the method of surgical intervention, depending on the localization of the fistula and the period of its existence.

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