

Advantage of Choledochoscopy in Cholelithiasis and Its Choledocholithiasis, Choledox Terminal Part, Vater Sucker Conduction Disorders

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Abstract The article presents the results of the examination treatment of 124 patients with gallbladder disease and its choledocholithiasis complication, choledox terminal portion, and Vater sucker conduction disorders. The age of patients ranged from 19 to 74 years. Of the patients, 76 (63%) were female and 48 (37%) were male. Additional diagnostic, treatment and control choledoxoscopy during the intraoperative period for these patients results in the identification of the causes and disease levels of xtq and FS conduction disorders. This has been noted as an improvement in the surgical treatment outcomes of these patients.

Keywords Cholelithiasis, Cholangitis, Choledocholithiasis, Vater's sucker stenosis

1. Introduction

Cholelithiasis - herbivory disease (oat) is currently one of the most common diseases in the world. According to the all-jaxon Health Organization (BJSST), 10-15% of the world's population experiences OCD [1,2,3,4,7]. Among the population over 60 years of age, the number of this disease in the next 10 years is almost. It has been found to increase by 2 times. Complications such as oat and its disruption of choledocholithiasis, choledox terminal part (XTQ) and Vater sucker (FS) conduction due to stone or stenosis - torotions are reported in sources from 5-10% to 57.8% and even more [1,11,12,13,14,15,16,17,18,19,20].

It is possible to cite different reasons for such information-facts, which are sharply different from each other. Patients come to graze and delay the disease, hospitals are provided with the necessary diagnosis and surgical equipment, the qualifications of Surgeons, category-levels, etc. depends on many factors such as Iari. Among these, diagnosis and treatment of choledoxoscopy are the main ones. Ming afssuski this objective method of diagnosis and treatment has for some reason been widely used. It is this method that is considered the most common complications of OCD choledocholithiasis, the most reliable of all methods used in the diagnosis and treatment of a violation of the permeability of the choledox terminal part (XTQ) and the Vater sucker (FS) due to stones or stenosis - torotions up to and during surgery [5,6,8,9,10].

The purpose of the study is to diagnose patients with gallbladder disease and its choledocholithiasis complication, choledox terminal part and Vater sucker conduction disorders, as a result of the use of choledochoscopy methods and improve the results of surgical treatment.

2. Material and Methods

We provide the results of choledochoscopy used in patients (124 individuals) who have been examined and operated on complex due to the conduction disorders of the OECD and its choledocholithiasis, ctq and Vater sucker. The age of patients ranged from 19 to 74 years of age, with 76 (63%) of them being women, 48 (37%) were male. Among these patients, side therapeutic diseases such as hypertension, diabetes mellitus, chronic pancreatitis, chronic anemia, ischemic heart disease were observed in 44 (35.5%) patients. In the pre-operative period 47 patients (in patients observed over the next 4 years) underwent UTT, RPXG, MRI cholangiography, with Standard General clinical-laboratory tests performed on all other patients. All, 124 patients underwent diagnostic, therapeutic and controlled choledoxoscopy after the stage of cholecystectomy during the intraoperative period. The results of the study were studied analytically (statistical processing). The reliability level was reduced to less than 0.05.

3. Results and Discussion

Whereas patients who had previously been diagnosed with gallbladder disease and its choledocholithiasis complication, choledox terminal moiety, and Vater sucker conduction

disorders were 5-10%, patients were diagnosed after additional choledochoscopic examinations (except and in addition to all preoperative and postoperative period examinations) in these patients with choledocholithiasis and Faterov sucker stenosis at 50-60% and even higher.

124 patients who were present in our observations and whose choledocholithiasis complication, choledox terminal part and Fater sucker conduction disorders were observed In 7 (5.65%) individuals, the stage of cholecystectomy is laparoscopic, 117 (94.5%) were open-ended.

In these patients, an intraoperative choledoxoscopy found that the I-level of the rash and toroyance of XTQ and FS conduction disorder was found in 58 (47%) haolates, II-Level, 41 (33%) cases, and III-level, 25 (20%) cases. During choledochoscopy, 29 (23%) patients were diagnosed with catarrhal, 47 (38%) patients with catarrhal wounds, and the remaining 25 (20%) patients with acute necrotic cholangitis, as well as choledocholithiasis in 16 (13%) patients, and resedual choledocholithiasis in 7 (6%) controlled choledochoscopy. In cases where I levels of xtq and Fs conductance disorders were observed from these patients, bujection and balloon dilation of FS and the sphincter mechanism were performed. Of the 66 patients who were diagnosed with Level II and III htq and Fs conduction disorders, 34 (51.5%) had supraduodenal choledoxoduodenoanastomosis, 22 (33.3%) had endoscopic papillosphincterotomy following HEC practice, and 10 (15.2%) had cysticoxoledoxoenteroanastomosis.

In the postoperative period, 12 (9.6%) patients experienced herbaceous separation from short-term drainage tubes, and this condition spontaneously stopped at intervals of 7-14 days. In 4 (3%) patients, however, the herbaceous detachment lasted up to 24 days and subsequently stopped. Bilirubin fractions in the blood from biochemical analysis were at higher than normal rates in 8 (6.5%) patients in the postoperative period, and returned to normal in the range from 7 to 15 days. The purulent condition of the operative wound was observed in 5 (4%) cases, with seroma separation in 7 (5.6%) cases. Place number of days average It took 11.24 ± 1.17 days.

4. Conclusions

As a result of the use of intraoperative choledochoscopy in the surgical treatment of patients with gallbladder disease and its choledocholithiasis complication, choledox terminal part and Fater sucker conduction disorders, specific levels of choledox terminal part and Fater sucker conduction disorders are determined, and this allows the correct choice of an adequate surgical method, therefore, an improvement in the results of surgical treatment is achieved.

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