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# Features Clinical Course of Meigs Synrome and Treatment in Surgery

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**Abstract:** Study of the features of the clinical course and treatment of Meigs syndrome in surgery

**Key words:** Meigs, pathophysiological

Meigs is a complex pathophysiological disease characterized by chiliperithoneum and chiliothorax with non-malignantvolumetric formation of the uterus and appendages. [1,2]. Meigs syndrome is characterized by ascitic hydrothorax and general weakness of the body as a result of benign tumors of the uterus and ovaries. This syndrome is also observed in malignant tumors, but in the absence of metastases. RU. Light expanded his understanding of the syndrome to the possibility of displacing ascites into the abdomen and fluid in the pleura if the product was removed from the pelvic cavity [4]. Meigs syndrome is the most common cause of fibroids, accounting for 4% of all cases. In second place are ovarian cysts. In third place is uterine leiomyoma. In the presence of pleural accumulation of fluid in 70% of cases, the process is localized on the right, in 10% - on the left, in 20% - is bilateral. The disorder is more likely to occur in women after the age of 45. But the age of the patients in our observation was 21-50 years.

A variant of the syndrome was also described in cases where the clinic was similar to Meigs-Salmon syndrome, but the ovaries underwent degenerative changes without a tumor. Most often, Meigs syndrome occurs in patients with ovarian fibroids, which make up about 4% of all ovarian tumors, in 2nd place - an ovarian cyst and in 3 - uterine leiomyoma [5,6].

**The purpose of the study.** Study of the features of the clinical course and treatment of Meigs syndrome in surgery

**Material and methods of research.**
The Department of Hospital Faculty Surgery of the Andijan Medical Institute, based in the clinic of the Andijan Medical Institute (ASMI clinic), has experience in treating 14 victims with Meigs syndrome. The analyzed patients with Meigs syndrome are divided into 2 groups, depending on the nature of the gynecological pathology and complications, each of which consisted of a main group, where in the complex of therapeutic measures, methods of complex therapy and a control group were used, according to the protocols approved in the AGMI clinic, where treatment was carried out without the use of complex therapy methods.

**Characteristics of groups of patients** :
I group: uterine fibroids and ovarian cysts performed an operation to amputate the uterus (7 patients) : main-4, control-3II Group: Simple ovarian cyst (7 point): main-4, control-3
**Variants of the clinical course**. In patients who underwent surgery for ovarian cysts or uterine fibroids, milky fluids were detected in the abdominal cavity. In all patients in our dispensary observation in the postoperative period, there was a persistent liquid discharge of milky color without odor from the drainage tube installed in the abdominal cavity. After removing the drainage tube placed in the abdominal cavity, fluid began to accumulate in the abdominal cavity.
After surgery, complaints of unilateral pain in the lower abdomen of a non-intense nature, often described as "discomfort in the abdomen", are replaced by complaints of an enlarged abdomen, increasing shortness of breath, palpitations. An objective examination reveals a clinical picture, sometimes leading to an erroneous diagnosis, since with percussion and auscultation of the lungs, "pleurisy" is detected, more often right-sided.

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In the study of abdominal organs - ascites. Gynecological examination reveals an ovarian tumor. In 4 patients after surgical removal of the primary tumor, there is a rapid resorption of ascites and pleural effusion (usually after 2 weeks) and in 8 patients there is no resorption of ascites and pleural effusion cytological examination of the tumor indicates the benign nature of the process. Two patients in our observation were diagnosed with concomitant viral hepatitis B. Relaparotomy for lymphaperitoneum was performed in two patients. However, the source of damage to the lymphatic system during surgery was not found.

All patients underwent peritoneal and thoracic puncture with the extraction of chilious fluid. In the cytological analysis of the resulting fluid, the following data were obtained: milk light liquid protein - 40.5 g / l; Erythrocytes - 30-40 in p / zr; leukocytes - 40-50 in p / zr; lymphocytes - 90-100%; neutrophils - 0-10 %; According to the results of macroscopic and microscopic analysis, the fluid accumulated in the abdominal cavity can be called lymphaperitoneum, since it is close to the lymphatic component.
One of the specific changes in the blood test was found to be a high level of this antistreptolysin- O.

**Table 2 Resource requirements by component**
**Distribution of patients by age (n=14)**

| **Groups of patients** | **Age** | | | | | |
|---|---|---|---|---|---|---|
| | **21 – 30** | | **31 - 40** | | **41 - 50** | |
| | **About** | **To** | **About** | **To** | **About** | **To** |
| **I (n=7** | **1** | **1** | **2** | **1** | **1** | **1** |
| **II (n=7)** | **2** | **1** | **1** | **1** | **1** | **1** |
| **Altogether** | **3** | **2** | **3** | **2** | **2** | **2** |

Note: o is the main group; k – control group.

Our tactics in the treatment of the disease was to draw up bed rest for the patient. The shaped (cellular) elements of lymph, or lymph cells, are represented mainly by lymphocytes (90-98%), as well as monocytes and other types of leukocytes. The ratio of the volume of the shaped elements of lymph to its total volume (lymphocrite) is less than 1%. Since lymph contains fibrinogen, prothrombin and platelets, it is able to coagulate, although slower than blood. With this in mind, to improve the coagulation process, drugs such as aminocaproic acid, tremin are recommended. Hydroxyethyl starch was administered intravenously to improve the calloid and osmotic state of the body. Pulse therapy with prednisolone was carried out taking into account the amount of antistreptolysin O in the body and high ESR. However, phlebonotics, hepatoprotectors and diuretics were used simultaneously. Regional lymphatic therapy was carried out 2 times a year for 1 patient for 7 days. Blood transfusions were performed on 2 patients with low hemoglobin in the blood. Plasma transfusion and albumin transfusion was performed in 4 patients of the main group due to the fact that the total protein content in the blood was less than 50 g / l. Takinginto account the presence of erythrocytes in the composition of the fluid from the abdominal cavity, we can conclude not only about the lymphatic system, but also about the increase in vascular permeability. For this reason, we reduced the pressure on the lymphatic system, recommending phlebotonics to patients with blood vessel permeability. For this reason, we have reduced the pressure on the lymphatic system, recommending phlebotonics to patients with blood vessel permeability.

To determine the results of treatment, the amount of fluid secreted from the abdominal cavity, the loss of lymphocytes and leukocytes, and the loss of protein were evaluated. When analyzing the condition of patients of the main and control groups, the following changes were revealed

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**Table 2 Resource** requirements by component
**Comparative analysis of treatment results**

| Treatment day | 3 overnights | | 6 overnights | | 6 overnights | | 12 overnights | | 15 overnight | |
|---|---|---|---|---|---|---|---|---|---|---|
| Group of patients | about | to | about | To | about | to | about | To | about | to |
| the amount of fluid secreted from the abdomen (lirt) | 0,9 | 1 | 0,8 | 0,95 | 0,7 | 0,9 | 0,6 | 0,9 | 0,5 | 0,8 |
| lymphocyte loss (%) | 60-70 | 90-98 | 51-68 | 88-93 | 44-52 | 86-90 | 31-43 | 86-90 | 10-20 | 86-90 |
| loss of leukocytes (in p/zr;) | 25–30 | 40–50 | 16–28 | 35–45 | 10–18 | 30–35 | 5–11 | 25–30 | 1–7 | 20–25 |
| Protein loss (g/L) | 35,2 | 40,5 | 25,4 | 32,5 | 18,3 | 28,35 | 15,0 | 25,4 | 10,1 | 21,2 |

As can be seen from the table above, as a result of complex treatment, there is a loss of lymphocytes and leukocytes, a sharp decrease in the release of protein and fluid from the body, and the patient's condition improves.

**Results of the study and their discussion**

In our research, it was found that the source of Meigs syndrome may be an autoimmune process, the pathogenesis of which is the defeat of the blood vessels of the lymphatic system and the pleura in the abdominal cavity. It was found that comprehensive measures for the treatment of Meigs syndrome can be effective in the natizha in the killash of the natizh. The need for scientific coexistence to correct the harbinger of the pathogenetic problem has once again found its own confirmation.

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