

Treatment of gastric bleeding of ulcerative etiology.

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Summary. In the Department of Emergency Abdominal Surgery of the Fergana branch of the Republican Scientific Center for Emergency Medical Care (RSC EMC), in the period from 2019 to 2021, 130 patients with gastric ulcer complicated by bleeding were operated on. Along with the generally accepted diagnostic and therapeutic methods, the methods developed in the clinic are presented. The introduction of the proposed diagnostic and treatment complex will improve the results of surgical treatment of patients with peptic ulcer.

Key words: Stomach Ulcer, Bleeding, Morphology, Treatment.

Introduction

In developed countries, largely due to new drugs, the problem of surgical treatment of acute gastrointestinal bleeding (GIB) has somewhat lost its relevance. However, gastrointestinal tract remains the most formidable complication, which is observed in 10-15% of patients with peptic ulcer. Bleeding from gastroduodenal ulcers, as the immediate cause of death, ranks first in the structure of mortality from peptic ulcer and far exceeds ulcerative perforations in this indicator. The number of emergency interventions due to bleeding from an ulcer or its perforation remains stable at the same level and even tends to increase. Gastric ulcer, complicated by bleeding, in 85-95% of cases occurs against the background of chronic gastritis of varying severity and qualitative manifestations. Chronic gastritis, in turn, is a preliminary link in the development of metaplasia, dysplasia and gastric cancer. The most objective method, which makes it possible to reliably judge the presence of morphological changes in the gastric mucosa, its localization and prevalence, is a histological examination. However, in a complex urgent surgical situation or for other objective reasons, it is not always possible to perform a full histological examination.

Purpose of research

Study of the results of surgical treatment of patients with gastric ulcer complicated by bleeding.

Materials and methods of research

In the Department of Emergency Abdominal Surgery of the Fergana branch of the RRCEMMP, in the period from 2019 to 2021, 130 patients with gastric ulcers (type I, according to the Johnson classification), complicated by bleeding, of varying severity were operated on. There were 105 men and 25 women. Under the age of 60 there were 101 patients older than 60 years - 29. esophagogastroscopy with an assessment of the degree of reliability of local hemostasis according to Forrest (1974). In order to identify morphological changes in the gastric mucosa in the pre- and During the intraoperative period, the patients were examined according to the method proposed in the clinic. In their work, they adhered to a three-stage classification of the severity of blood loss (Shalimov A. A. 1987), which was assessed on the basis of a combination of clinical and laboratory data.

Research results and discussion

Out of 130 patients operated on for gastric ulcer complicated by acute gastrointestinal bleeding, 32 patients were endoscopically diagnosed with continued bleeding from the ulcer during hospitalization. On the first day, from the moment of admission to the hospital, 38 patients were operated on. In a delayed procedure, with a high risk of recurrent bleeding, as well as with the manifestation of gastrointestinal tract, 55 patients were operated on. In a planned manner, after achieving stable hemostasis, a complete detailed examination, 84 patients were operated on. Endoscopic hemostasis was effective in 6 patients with Forrest type Ia bleeding and in 12 out of 32 patients with type Ib bleeding. embolization of the left gastric artery. In 8 patients final hemostasis was achieved. The choice of surgical intervention depended on the localization of

the ulcer, the severity of blood loss, comorbidity, the age of the patient, changes in the gastric mucosa, as well as risk factors - shock upon admission; the age of the patient is over 60 years; the presence of two or more concomitant diseases; massive blood loss (more than 40% of the BCC); bleeding recurrence within 72 hours. Concomitant pathology was detected in 58 patients (30.8%). Most often, diseases of the cardiovascular system were noted. Most often, in operated patients (56.8%), the ulcerative substrate was localized in the body of the stomach. In 6 cases, a combination of bleeding and ulcer perforation was observed, in 6 patients, bleeding was combined with stenosis of the gastric outlet. In 10 patients, ulcer penetration was observed : in 4 cases in the pancreas, in 3 patients in the mesocolon and in 3 patients in the spleen and left kidney. Histological examination of the surgical material showed the following trends in the detection of intestinal metaplasia. In the periulcerous zone, intestinal metaplasia was found in 73.28% of cases. In the area 1–1.5 cm away from the ulcerative defect (zone 1), intestinal metaplasia was found in 71.67% of cases. In the area 2–2.5 cm away from the ulcerative defect (zone 2), intestinal metaplasia was found in 72.9% of cases. Gastric resection according to Billroth II was performed in 32 patients, gastric resection according to Billroth I was performed in 15 patients, proximal resection of the stomach was performed in 5 patients. Staircase resection of the stomach according to Billroth I or II was performed in 17 patients. Economic resections of the stomach with vagotomy were performed in 13 patients. Excision of a gastric ulcer with various types of vagotomy and pyloroplasty was performed in 89 patients, 12 patients underwent gastrotomy , stitching of a bleeding gastric ulcer, gastroplasty due to the extreme severity of the patient's condition. 9 patients died in the postoperative period.

Conclusions

Thus, bleeding mediagastric gastric ulcers are mainly found in the elderly with a high risk of radical surgery and complications. In such patients, a rational operation in an urgent situation is an organ-preserving method of treatment, taking into account morphological changes in the gastric mucosa. If it is impossible to completely eliminate the malignancy of the ulcer, resection of the stomach is performed.

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