

Diagnosis and Treatment Tactics of Bleeding from Varicose Veins of The Stomach and Esophagus in Children

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Annotation: This article discusses Portal Hypertension Syndrome. The prevalence, origin of the disease, the results of research are analyzed and conclusions are made.

Keywords: Portal Hypertension Syndrome, illness, operation, X-ray, method, result.

More than 20 million people in the world suffer from portal hypertension, and the incidence rate is 20-40 patients per 100,000 people.

Portal hypertension syndrome is manifested for the first time in about 80% of children with bleeding from varicose veins of the esophagus and stomach, and even if successfully treated, this bleeding will recur in 70% of cases in the future.

Bleeding from varicose veins of the stomach and esophagus in children occurs in 95-98% of cases due to portal hypertension syndrome.

In 60–80% of patients who experience bleeding from varicose veins of the esophagus, each re-bleeding increases the risk of lethal consequences.

The mortality rate in this complication can range from 15% to 84%, and this depends on the duration of bleeding, its amount, and the body's reserve functions.

The number of complications such as liver failure, encephalopathy, shunt thrombosis, and associated hepatic portal perfusion has not decreased significantly even after “shunting operations” aimed at forming relatively widely used artificial portocaval anastomoses.

The aim of the article is to improve the results of treatment of bleeding from varicose veins of the esophagus and stomach in children diagnosed with portal hypertension syndrome by expanding and improving the use of endoscopic and surgical methods.

Aspects to consider when researching this area:

To determine the current demographic, etiological and clinical characteristics of children with portal hypertension complicated by bleeding from varicose veins and the conditions in Uzbekistan.

To study morpho-functional changes in the toxic and ischemic state of the liver under experimental conditions.

Comparative evaluation of the effectiveness of conservative treatment of bleeding from the esophageal and gastrointestinal varicose veins in children, endoscopic ligation and azigoportal separation operations.

To determine the choice of surgical treatment of this dangerous complication by comparative study of long-term results of azigoportal separation operations used in bleeding from esophageal and gastrointestinal varicose veins in children with portal hypertension.

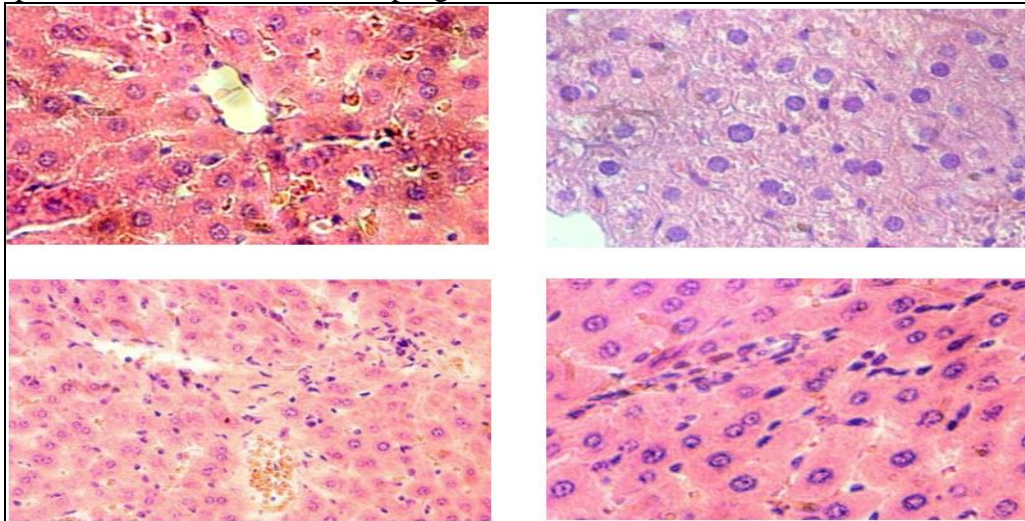
Methods that can be used in research:

- General clinical examinations
- Laboratory testing methods
- Endoscopic examinations
- X-ray examinations
- Ultrasound examination
- Methods of morphological examination
- Statistical research methods

In our scientific work we have the following results of morphological research: Against the background of posthemorrhagic ischemia, adaptation of liver cells and its vascular structures to these adverse conditions was observed. A special role in the adaptation of the organism to such conditions is

played by the microcirculatory system, which is responsible for ensuring metabolism in tissues and hemodynamic homeostasis.

Bleeding is a serious condition for the morphofunctional condition of the liver, posthemorrhagic ischemia causes significant morphological and functional changes in the liver parenchyma and its microcirculatory core, which may adversely affect the outcome of complex treatment of acute esophageal hemorrhage in patients with PG and disease prognosis.



Pic.1. Histological structure of rat liver modeled in acute posthemorrhagic ischemia

The proportion of boys and girls in portal hypertensive children complicated by bleeding from varicose veins is approximately 1: 1 (46.9% and 53.1%). In children, the main etiology of this disease is extrahepatic portal hypertension caused by postnatal thrombosis or congenital malformation of the portal vein (69.5%). In children, the manifestation of portal hypertension with bleeding from VKV is more (54.7% of cases) in the age group of 3-7 years, and the least (in 8.6%) in children older than 13 years.

2. Complications of esophageal bleeding in children with portal hypertension occur in 2/3 of cases (66.4%) in III and IV degree VKV. In the majority of patients (87.3%) the source of bleeding is located in the middle and lower 1/3 of the esophagus, and in 12.7% in the cardiac part of the stomach.

3. Bleeding is a serious condition for the morphofunctional condition of the liver, posthemorrhagic ischemia causes significant morphological and functional changes in the liver parenchyma and its microcirculatory system, which may adversely affect the outcome of complex treatment of acute esophageal hemorrhage in patients with portal hypertension and disease prognosis.

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