

**PROMISING METHODS FOR THE TREATMENT OF DESTRUCTIVE FORMS OF CHOLECYSTITIS IN ELDERLY****Yakubov F.R., Ismoilov A.O., Sapaev D.S., Matkurbonov N.O.**

Urgench branch of Tashkent medical academy

**Abstract.** Currently, about 65% of patients admitted to surgical hospitals for acute cholecystitis are elderly and senile people. The paper summarizes the results of the treatment of 133 elderly and senile patients with acute cholecystitis who were treated in the surgical departments of the emergency center of the Khorezm region from 2014 to October 2022. All patients underwent emergency surgery after preoperative preparation, which included detoxification, anti-inflammatory, infusion, antibacterial therapy, treatment of concomitant diseases and determination of the score on the SAPS II scale. The use of a fan-shaped laparolift for the treatment of acute destructive cholecystitis in patients with increased anesthetic and surgical risk improves treatment outcomes.

**Keywords:** destructive forms of cholecystitis; postoperative complications; laparolift; the Simplified Acute Physiology Score.

**Introduction.** The incidence of cholelithiasis has increased dramatically recently and continues to increase steadily. According to WHO, every 4th inhabitant of our planet between the ages of 70 and 80 has bile nodules, and after 80, every 3rd of them [1, 2]. At the same time, one of the complications of the disease, acute cholecystitis, accounts for about 20% of all acute surgical diseases [3-7]. The most difficult group, in terms of choosing the most rational method of surgical treatment, are elderly and senile patients. Currently, about 65% of patients admitted to surgical hospitals for acute cholecystitis are elderly and senile people. The simultaneous presence of age-related changes and concomitant diseases is a category of patients with a high risk of an unfavorable outcome.

**Materials and methods.** The paper summarizes the results of the treatment of 133 elderly and senile patients with acute cholecystitis who were treated in the surgical departments of the emergency center of the Khorezm region from 2014 to October 2022. The average age of the patients was  $78.2 \pm 2.3$  years.

Group I consisted of 66 (50.6%) patients who underwent laparoscopic cholecystectomy using a fan-shaped laparolift, group II – 67 (49.4%) patients who underwent laparoscopic cholecystectomy with abdominal pressure (12-14 mmHg), 32 (24%) men, 101 (75.9%) women. All patients had concomitant diseases: arterial hypertension – 119 (90.3%), diabetes mellitus – 28 (21.4%), chronic non-obstructive bronchitis - 25 (19.5%), coronary heart disease – 125 (94.2%). In order to objectify the assessment of the severity of the general condition and predict the outcome of treatment, the Simplified Acute Physiology Score – SAPS II scale was used.

**Results and discussion.** All patients underwent emergency surgery after preoperative preparation, which included detoxification, anti-inflammatory, infusion, antibacterial therapy, treatment of concomitant diseases and determination of the score on the SAPS II scale.

According to the results of surgical intervention and histological examination, the form of acute destructive cholecystitis was established. In group II, when the operation was performed with a pneumoperitoneum with gas pressure in the abdominal cavity, there was an insufficient view of the surgical field, which significantly hampered the operation.

The severity of pain syndrome in the postoperative period in group I was 2.05 times lower than in group II. The intensity of the pain syndrome was assessed using a generally accepted visual-analog pain scale.

In group I, the earliest activation of patients was observed ( $1.1 \pm 0.6$  days) after surgery; later in group II ( $1.9 \pm 0.3$  days) and the longest after traditional cholecystectomy –  $3.8 \pm 1.3$  days.

In group I, mortality was 6.6% (5 patients). The causes of death were: in 2 patients (2.6%) – acute myocardial infarction, in 2 patients (2.6%) – pulmonary embolism and in 1 (1.3%) – increasing respiratory failure on the background of severe pneumonia with exudative pleurisy and multiple organ failure. After conducting a comparative analysis of the number and severity of postoperative complications, it was found that their incidence in group I patients was 4.2% lower than in group II, and their severity was also lower. Mortality in group II patients exceeded mortality in group I patients by 5.3%.

**Conclusions.** Using a fan-shaped laparolift for the treatment of acute destructive cholecystitis in patients with increased anesthetic and surgical risk improves treatment outcomes, and using the SAPS II scale to calculate the estimated risk of death upon admission to the hospital allows us to determine the most optimal method of surgical treatment.

#### REFERENCES

1. Курьязов, Б. Н., Бабаджанов, А. Р., Рузматов, П. Ю., & Бабаджанов, К. Б. (2024). Эффективность использования минилапаротомного доступа в хирургическом лечении больных желчнокаменной болезнью. *Journal of Universal Science Research*, 2(2), 373-381.
2. Rakhimov, I. R. (2023). Morphological changes in the pancreas in choledocholithiasis. *Art of Medicine. International Medical Scientific Journal*, 3(1).
3. Yakubov F.R., Erniyazov E.A., Sapaev D.S. (2023). Modern Treatment of Mallory-Weiss Syndrome. *International journal of health systems and medical sciences*, 2(4), 27–33. Retrieved from <https://inter-publishing.com/index.php/IJHSMS/article/view/1415>
4. Yakubov F.R., Sapaev D.S. & Kuryazov B.N. (2023). Modern Aspects of Prevention of Hernias of the Linea Alba of the Abdomen After Laparotomy. *Research Journal of Trauma and Disability Studies*, 2(4), 139–142. Retrieved from <http://journals.academiczone.net/index.php/rjtds/article/view/702>
5. Yakubov F.R. Sapaev D.S., Matkurbonov N.O., Ismoilov A.O. (2025). RESULTS OF MODERN TREATMENTS FOR DESTRUCTIVE FORMS OF CHOLECYSTITIS IN OLD AGE [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.14759162>
6. Yakubov F.R., Sapaev D.S., Matniyazov B.M., Matkurbonov N.O., and Yakubov R.F. 2023. Aspects of modern diagnosis and treatment of liver abscess. *American Journal of Pediatric Medicine and Health Sciences* (2993-2149) 1 (6):125-29. <http://grnjournal.us/index.php/AJPMHS/article/view/558>
7. Yakubov F.R., Sapaev D.S., & Niyazmetov S.B. (2023). The treatment of the results of pleural empyema complicated with bronchopleural fistula. *Research Journal of Trauma and Disability Studies*, 2(4), 241–246. <http://journals.academiczone.net/index.php/rjtds/article/view/748>