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ABOUT THE HISTORY OF MONITORING ACUTE SURGICAL PATHOLOGY OF THE ABDOMINAL ORGANS IN ST. PETERSBURG

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annotation

Introduction: The article presents materials on the role of the St. Petersburg Research Institute of Emergency Medicine named after I.I. Dzhanelidze in monitoring acute surgical pathology of the abdominal organs in St. Petersburg. This monitoring has been carried out since the first days of the institute's founding and continues all these years. It includes an analysis of generalized morbidity rates among the adult population of St. Petersburg for acute appendicitis, acute cholecystitis, acute pancreatitis, perforated gastric and duodenal ulcers, gastrointestinal bleeding, strangulated hernias and acute intestinal obstruction, and reflects the results of the work of the city's medical organizations in providing emergency surgical care. and emergency form, taking into account the time factor from the onset of the disease, seeking medical help, length of hospitalization, and surgical treatment.

KEYWORDS:acute surgical pathology of the abdominal organs, St. Petersburg Research Institute of Emergency Medicine named after I.I. Dzhanelidze

HOW TO QUOTE: Parfenov V.E., Barsukova I.M. On the history of monitoring acute surgical pathology of the abdominal organs in St. Petersburg Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;3(4):6-12

THE DEPARTMENT OF MILITARY FIELD SURGERY OF THE MILITARY MEDICAL ACADEMY IS 90 YEARS OLD

Authors

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Introduction: The 90-year history of the department and clinic of military field surgery, founded in 1931 by the outstanding surgeon, creator of the system of staged treatment of the wounded, V.A., is described. Oppel. Such outstanding military surgeons as M.N. worked at the department. Akhutin, N.N. Elansky, S.I. Banaitis, V.I. Popov, A.N. Berkutov, I.I. Deryabin, I.A. Eryukhin. The purpose of the article is to show the importance of the Department of Military Field Surgery of the Military Medical Academy in the training of surgical personnel, the formation of military medical doctrine, and the development of methods for providing surgical care to the wounded. The Military Field Surgery Clinic is a level 1 trauma center that provides multidisciplinary emergency care for the most severe and complex wounds and injuries, which allows its specialists to be recognized as experts in all areas of trauma surgery.

Keywords:surgical care in war, training of military surgeons

HOW TO QUOTE: Samokhvalov I.M., Manukovsky V.A., Badalov V.I. The Department of Military Field Surgery of the Military Medical Academy is 90 years old. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4); 13-20.

MODERN CRITERIA FOR SELECTION OF SURGICAL TREATMENT FOR PERFORATIVE DUODENAL ULCERS AS COMPONENTS OF FAST TRACK SURGERY

Authors

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Introduction: Perforated ulcers of the stomach and duodenum occur in 2–10% of patients with peptic ulcer disease and are one of the main causes of high mortality.

Purpose of the study:optimization of the choice of surgical intervention and improvement of treatment results for patients operated on for perforated duodenal ulcer (PDU) using an accelerated rehabilitation program.

Materials and methods: The results of surgical treatment of 179 patients with PJD in the period 2015–2019 were analyzed. The choice of the method of surgical intervention was carried out using prognostic scales, DEP classification and classification of PDJ, developed at the Research Institute of Emergency Medicine named after N.V. Sklifosovsky. All patients with PJD are divided into 4 groups: main, control 1 (CG1), 2 (CG2) and 3 (CG3). The main group (Fast-Track group) included 51 patients who underwent laparoscopic suturing of the PJ and used an accelerated rehabilitation program (ARP). Group 1 consisted of 44 patients who underwent open suturing of the PJ and received traditional treatment in the perioperative period. CG2 included 43 patients who underwent laparoscopic suturing of the PDJ; the Fast-Track protocol was not performed; traditional treatment was carried out in the perioperative period. The fourth group (CG3) was formed from 41 patients who, according to the exclusion criteria, were not included in the main group, CG1 and CG2.

Results: Combined use of a modified protocol for accelerated rehabilitation for PJD using prognostic scales, DEP classification and classification of PJD developed at the N.V. Sklifosovsky allowed to improve the immediate results of surgical treatment of patients with PJD.

KEYWORDS:duodenal ulcer, perforated ulcer class, prognostic scales, classification

HOW TO QUOTE: Khripun A.I., Alimov A.N., Sazhin I.V., Churkin A.A. Modern criteria for choosing a method of surgical treatment for perforated duodenal ulcer as components of FAST TRACK SURGERY Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3 (4): 21-26

CURRENT TRENDS IN SOLVING THE PROBLEM OF DIAGNOSIS AND TREATMENT OF DAMAGE TO ABDOMINAL ORGANS

Authors

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Introduction: Progress in the field of diagnosis and treatment of severe mechanical injuries of the abdominal organs in recent years is associated with the development and introduction into clinical practice of modern high-tech, including minimally invasive methods: radiation (ultrasound, MSCT with intravenous contrast), endoscopic (endoscopic clipping of wounds), endovideosurgical (endosurgical hemostasis, sanitation and drainage of the abdominal cavity), x-ray endovascular (aniography with selective embolization of bleeding vessels and false aneurysms), general surgical (installation of VAC systems and dermotension devices), resuscitation (early enteral infusions, immunocorrection with the drug "Derinat") and etc.

Purpose of the study:assessment of the main modern trends in the diagnosis and treatment of abdominal organ injuries.

Research results: Based on an analysis of literature data and the results of our own long-term research (2000-2021), we have established that such trends include the provision of modern radiation diagnostics, as well as conservative and minimally invasive organ-preserving treatment of injuries to the abdominal organs:

1. use of modern methods of radiation diagnostics of damage;

2. application of modern methods of interventional radiology;

3. use of therapeutic and diagnostic endoscopic and endovideosurgical technologies;

4. treatment using suction drainage and dermotension devices;

5. improvement of anesthesiology and resuscitation. Modern diagnosis of abdominal organ injuries is unthinkable without ultrasound sonography

Keywords:abdominal trauma, MSCT with intravenous contrast, selective embolization, endoscopic clipping

HOW TO QUOTE: Tulupov A.N., Manukovsky V.A., Demko A.E., Kandyba D.V., Savello V.E., Besaev G.M., Gudz Yu.V., Osipov A.V., Platonov S. .A., Gavrishchuk Ya.V., Safoev M.I., Bondarev M.R., Nikitin A.V. Current trends in solving the problem of diagnosis and treatment of injuries to the abdominal organs. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;3 (4):27-36

TECHNIQUE FOR PERFORMING ENDOSCOPIC SANITATION OF THE BILY DUCTS IN DIFFICULT CANNULATION OF THE BDSM

Authors

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Introduction: Currently, the technical capabilities and effectiveness of transpapillary interventions in the diagnosis and treatment of biliary obstruction have increased significantly. In this regard, they have found widespread use as preliminary or definitive methods of treating patients with choledocholithiasis and its complications, as well as benign and malignant obstructions of the biliary tract. At the same time, these methods are often accompanied by severe complications and deaths.

Purpose of the study:identifying the causes of difficulties that arise and ways to overcome them during endoscopic sanitation of the biliary tract in patients with obstructive jaundice.

Material and methods: The article is based on an analysis of the work of the endoscopic department of the St. Petersburg Research Institute of Emergency Medicine named after. I. I. Dzhanelidze in the period 2012-2018. During this period, transpapillary interventions for complicated forms of cholelithiasis and cancer of the biliary tract were performed in 830 patients. Atypical EPST was performed in 234 (28.2%) patients, whose ages ranged from 21 to 95 years, with an average age of 64 years. There were 78 men (33.3%), twice as many women - 156 (66.6%). Results and discussion: for 7 years at the Research Institute of SP named after. I. I. Dzhanelidze performed endoscopic correction of bile outflow in complicated forms of cholelithiasis and oncological diseases of the biliary tract in 830 patients. In every fourth of them (234 - 28.2%), it was assessed as atypical.

Conclusion: The developed algorithm for performing EPST is a universal method of sanitation of the biliary tract and allows to reduce the number of intra- and post-manipulation complications (3.4%) and mortality (0.8%). The technology of “two or more instruments in one channel” is the method of choice for “difficult” cannulations.

KEYWORDS:biliary obstruction, transpapillary interventions, endoscopic retrograde cholangiopancreatography, atypical papillosphincterotomy, post-manipulation pancreatitis

HOW TO QUOTE: Safoev M.I., Demko A.E., Ulyanov Yu.N., Osipov A.V., Gogokhiya Kh.O., Yarmagomedov M.Z., Svetlichny I.A. technique for performing endoscopic sanitation of the bile ducts with difficult cannulation BDS. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;3(4):37-44

ENTERAL SUPPORT AS AN MANDATORY COMPONENT OF INTENSIVE TREATMENT OF PATIENTS (VICTIMS) IN THE POST-GRESSIVE PERIOD

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Introduction: The article discusses pathophysiological reactions and structural and functional disorders of the gastrointestinal tract (GIT) under aggressive influence on the human body, as well as often developing acute intestinal failure (AIF). The necessity of mandatory inclusion of early enteral support (therapy) in the intensive treatment of seriously ill (injured) patients is substantiated, its purpose, main objectives and content are outlined.

Keywords: digestive system, acute intestinal failure, enteral support

HOW TO QUOTE: Luft V.M., Lapitsky A.V., Sergeeva A.M. Enteral support as a mandatory component of intensive treatment of patients (victims) in the post-aggression period. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4):45-52

SURGICAL TACTICS FOR THE TREATMENT OF ULCERATING GASTRODUODENAL BLEEDING AT THE ST. PETERSBURG RESEARCH INSTITUTE OF EMERGENCY CARE NAMED AFTER I.I. DZHANELIDZE

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Introduction:E According to the department of ambulance organization of St. Petersburg Research Institute of Emergency Medicine named after. I.I. Janelidze mortality rate for ulcerative gastroduodenal bleeding (UGDB) in St. Petersburg in 2016 was 5%, and postoperative mortality was 8.5%. Transcatheter arterial embolization (TAE), thanks to the development of endovascular hemostasis methods, is an alternative to palliative surgical interventions when conservative treatment of ulcer bleeding using endoscopic hemostasis methods is ineffective, especially in the group of patients with a high risk of surgery and unfavorable outcome.

Goal of the work:to develop indications for surgery and transcatheter arterial embolization (TAE) based on an analysis of the results of treatment of patients with ulcerative gastroduodenal bleeding (UGDH) for the period 2016-2018. Materials and methods. An analysis of the case histories of 260 patients with bleeding from stomach ulcers who were treated at the St. Petersburg Research Institute of Emergency Medicine named after I.I. Janelidze in 2016-2018.

Result: The study found that a reduction in mortality in the study groups can be achieved by reducing the number of palliative interventions, the wider use of angiographic embolization for the prevention and treatment of recurrent bleeding, and the expansion of indications for urgent radical operations outside of recurrent hemorrhage. Thus, the use of TAE in a group of elderly patients with severe somatic pathology and recurrent gastrointestinal tract allows one to prevent recurrent bleeding and perform hemostasis. The results obtained determine the need for further research in order to optimize the indications and techniques for performing TAE in emergency surgery of gastroduodenal bleeding.

KEYWORDS:peptic ulcer, gastric ulcer, bleeding, recurrent bleeding, transcatheter arterial embolization

HOW TO QUOTE: Verbitsky V.G., Sinenchenko G.I., Kandyba D.V., Demko A.E., Platonov S.A., Parfenov A.O., Kiselev M.A., Sekeev A.N. Surgical treatment tactics ulcerative gastroduodenal bleeding at the St. Petersburg Research Institute of Emergency Medicine named after I.I. Dzhanelidze. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4):53-58

ENTERAL INFUSIONS IN THE TREATMENT OF SEVERE COMBINED CHEST INJURY

Authors

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annotation

Introduction: The protocol for intensive treatment of victims with shockogenic combined chest trauma uses the technique of early enteral infusion of glucose-saline solution. Its high efficiency, simplicity and safety have been proven. The use of early enteral infusion allows, due to the homeostasis function of the small intestine, interconnected with the volume status of the body, to significantly reduce the volume of parenteral infusion-transfusion therapy (ITT). This reduces the infusion load on damaged lungs, which helps to significantly reduce the incidence of nosocomial pneumonia, reduce the duration of treatment for surviving victims and reduce mortality.

Purpose of the study:improving the results of treatment of victims with severe combined chest trauma through the use of enteral infusions in their complex intensive treatment in the acute and early periods of a traumatic disease.

Materials and methods.: The study included victims of both sexes aged from 18 to 60 years with combined chest trauma, accompanied by traumatic shock of II - III degree, without severe dominant brain damage, who were admitted within 6 hours after the injury and successfully survived the first 48 hours of the traumatic illness.

Keywords:enteral infusions, combined chest trauma, traumatic shock.

HOW TO QUOTE: Lapitsky A.V., Luft V.M., Tulupov A.N. Enteral infusions in the treatment of severe combined chest trauma. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4); 59-66.

COMPARATIVE ANALYSIS OF MINIMALLY INVASIVE METHODS OF OSTEOSYNTHESIS OF PELVIC RING INJURIES IN PATIENTS WITH POLYTRAUMA

Authors

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annotation

Introduction: In the treatment of pelvic injuries due to polytrauma, the use of the least time-consuming and minimally invasive techniques is justified. In our country, osteosynthesis with external fixation devices has become widespread; recently, internal osteosynthesis with cannulated screws has become widely used.

Purpose of the study:to identify the advantages and features of the use of minimally invasive osteosynthesis methods in the treatment of injuries to the pelvic ring in patients with polytrauma.

Material and methods: An analysis of the results of treatment of 462 patients over 10 years was performed. The patients were divided into groups: the 1st group included patients (n=165), whose final treatment method was external osteosynthesis, the 2nd group included patients (n=297), in whom the final treatment method for injuries of the posterior semi-ring of the pelvis was osteosynthesis using cannulated screws.

Results: Complications were more often observed in patients of group 1 compared to patients of group 2, the differences are statistically significant. Secondary displacements or relapses of deformity were more often observed in patients of group 1. Both methods are ineffective in treating patients with lumbosacral dissociation.

Conclusion: The use of cannulated screws in patients with polytrauma and pelvic injury is preferable to osteosynthesis with external fixation devices. Osteosynthesis with external fixation devices for injuries of the pelvic ring in patients with polytrauma can be used as a temporary measure at the resuscitation stage, as a component of combined pelvic osteosynthesis, for open injuries and purulent-septic complications.

Keywords: External fixation, pelvic injuries, polytrauma.

HOW TO QUOTE: Kruglykhin I.V., Bondarenko A.V., Plotnikov I.A., Talashkevich M.I. Comparative analysis of minimally invasive methods of osteosynthesis of pelvic ring injuries in patients with polytrauma. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4); 66-74.

EXPERIENCE OF USING THERMAL IMAGING SCREENING DIAGNOSTICS OF RHINOSINUSITIS

Authors

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Introduction: The work analyzed the experience of using thermal imaging for screening detection of rhinosinusitis in 271 patients. The sensitivity of the method was 96%, specificity – 81%, accuracy – 93%.

Purpose of the study:to justify the feasibility of using thermal imaging for screening detection of sinusitis in patients with acute upper respiratory tract infections.

Materials and methods:271 patients with mild forms of acute upper respiratory tract infections underwent screening thermal imaging diagnostics of diseases of the nose and paranasal sinuses.

Conclusions:

1. Thermal imaging is a sensitive and specific screening method for detecting rhinosinusitis.

2. Screening thermal imaging diagnostics of diseases of the nose and paranasal sinuses is advisable to use to determine the indications for radiography of the paranasal sinuses in patients with mild forms of acute upper respiratory tract infections when rhinosinusitis is suspected.

Keywords:thermal imaging, thermography, rhinosinusitis, sinusitis.

HOW TO QUOTE: Karamyshev Yu.V., Makhnovsky A.I., Shilov S.L., Ponikarovskaya E.A., Dolgov I.M., Barsukova I.M., Ergashev O.N. Experience in the use of screening thermal imaging diagnostics of rhinosinusitis. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 3(4); 75-80.