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PROFESSOR ANATOLY ALEXEEVICH KURYGIN (1932-2011) (TO THE 90TH ANNIVERSARY OF THE BIRTH OF A.A. KURYGIN)

Authors

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annotation

SUMMARY: On September 10, 2022, the surgical community of St. Petersburg and Russia celebrated the 90th anniversary of the birth of the prominent surgeon, prominent scientist, talented teacher and wonderful poet Anatoly Alekseevich Kurygin. Professor Kurygin has created an entire scientific school of surgeons, which develops the ideas of the teacher.

KEYWORDS: Military Medical Academy, Department of Faculty Surgery named after. S.P. Fedorova, Department of Surgery No. 2 (for advanced training of doctors), A.A. Kurygin

HOW TO QUOTE:V.A. Manukovsky, V.E. Parfenov, A.E. Demko, V.G. Verbitsky Professor Anatoly Alekseevich Kurygin (1932-2011) (on the 90th anniversary of the birth of A.A. Kurygin) // Journal “Emergency Surgery named after. I.I. Dzhanelidze". 2022;2(8):8-12.

CLINICAL CASE OF TREATMENT OF SEVERE FORM OF CROHN'S DISEASE AND AUTOIMMUNE HEPATITIS

Authors

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annotation

SUMMARY:A clinical case of a severe form of Crohn's disease that developed in a patient at the age of 13 and was complicated by autoimmune hepatitis with signs of cirrhosis is presented.

KEYWORDS: Crohn's disease, TNF-α, monoclonal antibodies, native DNA, sodium deoxyribonucleate.

HOW TO QUOTE:S.S. Gaiduk, M.I. Gromov, A.V. Kosachev, L.P. Pivovarova Clinical case of treatment of severe Crohn's disease and autoimmune hepatitis // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2022. 3(8): 13-17.

ALGORITHMS FOR THE SAFE IMPLEMENTATION OF HOSPITAL-SUBSTITUTE ENDOVIDEOSCOPIC SURGICAL TECHNOLOGIES INTO THE PRACTICE OF A POLYCLINIC SURGEON

Authors

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annotation

Purpose of the study: To create algorithms for the introduction of endovideoscopic surgical interventions in the work of a polyclinic surgeon based on an analysis of more than ten years of experience in endovideoscopic surgical operations in inpatient conditions in patients with cholelithiasis, gastroesophageal reflux disease, hernias, adhesive disease of the peritoneum and simultaneously with various benign diseases of the uterus, appendages and tubo-peritoneal infertility at OKDC PJSC Gazprom.

Materials and methods: Determination of absolute and relative contraindications to planned endovideoscopic operations in a surgical day hospital, selection of an adequate surgical aid, optimization of preoperative support, intraoperative and postoperative management based on a multimodal individualized approach, early activation of the operated patient. The results of treatment using endovideoscopic technology were studied using the example of treatment of patients with inguinal hernias and simultaneous pathology of the abdominal and pelvic organs.

Results: If the algorithm for introducing endovideosurgical interventions in a surgical day hospital is followed, such operations do not lead to an increase in the number of intra- and postoperative complications compared to a multidisciplinary hospital.

KEYWORDS:endovideosurgical interventions, laparoscopic surgery, hospital-replacing technologies.

HOW TO QUOTE:N.N. Lebedev, A.N. Shikhmetov A.N., A.M. Zadikyan Algorithms for the safe implementation of hospital-replacing endovideoscopic surgical technologies in the practice of a polyclinic surgeon // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2022. 3(8):18-24

POSTOPERATIVE INFECTIOUS COMPLICATIONS OF GENERAL PERITONITIS

Authors

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annotation

Purpose: to determine the most rational and accessible methods of drug prevention and treatment of infectious complications of widespread peritonitis, 243 patients with this pathology were examined and treated.

KEYWORDS:widespread peritonitis, infectious complications of peritonitis, empirical antibacterial therapy.

HOW TO QUOTE:S.I. Peregudov, A.N. Tulupov, S.V. Smirenin, R.V. Titov Postoperative infectious complications of widespread peritonitis // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2022. 3(8):25-30

ENDOVASCULAR HEMOSTASIS IN THE TREATMENT OF BLEEDING FROM GASTROINTESTINAL TRACT TUMORS

Authors

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annotation

SUMMARY: The article presents the results of treatment of 40 patients with bleeding from tumors of the gastrointestinal tract, who were treated at the 2nd Clinic (Advanced Surgery) of the Military Medical Academy named after. CM. Kirov on the basis of the Research Institute of Emergency Medicine named after. I.I. Janelidze in 2019-2021.

Result: The data obtained indicate the high efficiency of X-ray surgical techniques in the diagnosis and treatment of bleeding, which makes it possible to abandon open palliative interventions.

KEYWORDS:endovascular hemostasis, gastrointestinal bleeding, recurrent bleeding, angiography, embolization.

HOW TO QUOTE:G. I. Sinenchenko, A. E. Demko, V. G. Verbitsky, A. N. Sekeev, M. A. Kiselev Endovascular hemostasis in the treatment of bleeding from tumors of the gastrointestinal tract. // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2022. 3(8):31-35

COMBINED COMPLICATIONS OF PYLORODUODENAL ULCERS AND THEIR SURGICAL TREATMENT IN THE CONDITIONS OF THE RESEARCH INSTITUTE OF SP. I.I. DZHANELIDZE

Authors

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SUMMARY: According to the department of emergency care organization of the Research Institute of Emergency Medicine named after. I.I. Janelidze mortality rate for ulcerative gastroduodenal bleeding in St. Petersburg in 2021 was 4.27%, and postoperative mortality was 6.71%. Mortality rates for perforated ulcers are 10.27%, postoperative mortality rates are 14.86%. The combination of duodenal perforation with ulcerative bleeding is considered a particularly complex pathology in abdominal surgery and occurs in 3–10% of cases among patients with duodenal ulcer.

Goal of the work: to analyze the results of surgical treatment of combined complications of pyloroduodenal ulcers for the period from 2010 to 2020. to improve the results of treatment of this category of patients in an emergency hospital. The results of treatment of 134 patients with combined complications of peptic ulcer of the pyloroduodenal region, who were treated at the Research Institute of Emergency Medicine named after. I.I. Dzhanelidze.

Result of the study: it was found that the most common (up to 50%) combination of complications of peptic ulcer disease is perforation and bleeding. The most common operation was pyloroplasty with vagotomy. Rational surgical tactics in patients with combined complications of a pyloroduodenal ulcer should be based on a comprehensive diagnosis to quickly determine indications for surgical intervention. An individual approach to the choice of surgical intervention should be based on the general condition of the patient. At the same time, in our opinion, preference should be given to radical organ-preserving surgical interventions in the form of truncal vagotomy with Finney pyloroplasty, as they most fully meet the principles of emergency surgery.

KEYWORDS:peptic ulcer, gastric ulcer, duodenal ulcer, combined complications of pyloroduodenal ulcers, bleeding, perforation, stenosis.

HOW TO QUOTE: Lapshin V.N., Manukovsky V.A., Tulupov A.N., Gavrishchuk Ya.V., Demko A.E., Afonchikov V.S., Barsukova I.M., Razumova N.K. Mechanical shockogenic injury, dynamics of mortality in a first-level trauma center. // Journal “Emergency Surgery named after. I.I. Dzhanelidze". 2022;3(8):36-40

STAGED SURGICAL TREATMENT WITH VACUUM-ASSISTED LAPAROSTOMY IN PATIENTS WITH SECONDARY PERITONITIS AND SEVERE ABDOMINAL SEPSIS

Authors

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annotation

Target:determine indications for staged surgical treatment in patients with secondary peritonitis and severe sepsis. We analyzed 92 medical records of patients treated in surgical departments and intensive care units of the St. Petersburg Research Institute of Emergency Medicine named after. I. I. Dzhanelidze in the period from 2015 to 2018.

Analysis result: It was revealed that when determining the volume of primary surgical intervention in patients with secondary peritonitis complicated by severe sepsis, it is necessary to take into account the following combination of factors: age, Charlson comorbidity index, severity of organ dysfunction assessed using the SOFA scale, Mannheim Peritonitis Index (MPI), duration of preoperative period and duration of the operation itself. The indication for staged surgical treatment in patients with secondary peritonitis and severe sepsis is the sum of the indicators of the developed prognostic score scale equal to 6 or more. In other cases, in such patients it is possible to perform surgical treatment in full.

KEYWORDS:peritonitis, staged surgical treatment, severe sepsis.

HOW TO QUOTE: Demko A.E., Shlyapnikov S.A., Batyrshin I.M., Ostroumova Yu.S., Sklizkov D.S., Fomin D.V. Staged surgical treatment with vacuum-assisted laparostomy in patients with secondary peritonitis and severe abdominal sepsis. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2022;3(8):43-50

ABDOMINOPERINEAL EXTIRPATION OR EXTREMELY LOW RECTAL RESECTION: CHOICE OF DOCTOR OR PATIENT?

Authors

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annotation

SUMMARY: Currently, significant attention is being paid to studying the effect of surgical treatment of rectal cancer on the quality of life of patients. Many medical professionals consider the presence of a permanent stoma to be the factor that has the most adverse impact on quality of life after surgery. However, a significant number of modern studies do not agree with this point of view, demonstrating the absence of a significant difference in the quality of life in patients with a permanent stoma and a low colorectal anastomosis.

KEYWORDS:rectal cancer; surgery; the quality of life; post ostomy; low anterior resection syndrome.

HOW TO QUOTE:A.M. Karachun, D.V. Samsonov Abdominoperineal extirpation or extremely low rectal resection: choice of doctor or patient? // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2022. 3(8):51-55

MININIVASIVE EXTERNAL AND INTERNAL DRAINAGE IN SURGICAL TREATMENT OF PANCREAS CYSTS.

Authors

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annotation

Goal of the work:comparative assessment of the effectiveness of modern minimally invasive drainage operations for pancreatic cysts.

Materials and methods: Between 2012 and 2022. Clinic of General Surgery of the Military Medical Academy named after. S.M. Kirov and Research Institute of SP named after. I.I.Dzhanelidze performed minimally invasive drainage of pancreatic cysts on 286 patients.

Results: Percutaneous puncture drainage of pancreatic cysts was performed in 234 patients. After percutaneous drainage of cysts, positive results were observed in 195 (83.3%) patients. Recurrences of cystic formations were noted in 39 (16.7%) patients. Endoscopic transmural drainage of pancreatic cysts was performed in 52 patients. Long-term results were monitored in 21 patients. In 14 patients, plastic stents were removed after 1 year, in 7 cases - 2 years after installation. In these observations, instrumental studies did not visualize cysts.

Conclusions: Percutaneous external drainage of pancreatic cysts is an effective intervention in more than 80% of patients. Relapses of the disease (16.7%) are due to the fact that in some cases it is not possible to identify the connection of the cyst cavity with the pancreatic ductal system using available methods, which does not allow achieving complete obliteration of the cyst cavity with long-term external drainage. Endoscopic installation of a stent between the cyst cavity and the lumen of the stomach allows one to create conditions for the constant outflow of cyst contents into the stomach and eliminate pancreatic hypertension. The effectiveness of internal drainage is determined by the duration of the stent's operation, as well as the possibility of forming an internal cystogastric fistula in the area where the stent is placed.

KEYWORDS:pancreatic cyst, minimally invasive drainage intervention.

HOW TO QUOTE:S.Ya. Ivanusa, A.E. Demko, M.V. Lazutkin, E.V. Batig, V.I. Kulagin, A.A. Popov Minimally invasive external and internal drainage in the surgical treatment of pancreatic cysts // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2022. 3(8):56-60

PREDICTIVE POTENTIAL OF BIOMARKERS OF SYSTEMIC INFLAMMATION IN ACUTE CHOLANGITIS.

Authors

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SUMMARY: For earlier identification of patients with a poor prognosis, a study was designed and conducted to study the value of determining various biomarkers of the systemic inflammatory response and sepsis in the diagnosis of acute cholangitis. Currently, the level of procalcitonin is widely used as a prognostic factor and the possible division of patients with acute cholangitis into groups according to severity.

Result: It was revealed that the level of procalcitonin reliably indicates the presence of cholangitis in patients in combination with the clinical picture at a level above 2.2 ng/ml and the presence of severe cholangitis (severe biliary sepsis) at values of 4.2 ng/ml. The value of presepsin in the diagnosis and determination of the severity of acute cholangitis seems to be the most optimal. However, the use of PSP as a predictor of progression of severity of acute cholangitis turned out to be insufficiently informative. IL-6 and CRP in acute cholangitis were assessed as markers reflecting the severity of the inflammatory response to a greater extent than indicators of the generalization of bacterial infection and predictors of unfavorable outcome.

KEYWORDS:biomarkers of inflammation, presepsin, procalcitonin, interleukin-6.

HOW TO QUOTE: Osipov A.V., Demko A.E., Svyatnenko A.V., Perunova D.N., Tregubov I.Yu., Kalashnikova A.A. Prognostic potential of biomarkers of systemic inflammation in acute cholangitis // Journal of Emergency Surgery named after. I.I. Dzhanelidze". 2022;3(8):61-68

POSSIBILITIES OF THE CONCEPT OF EARLY RECOVERY AFTER OPERATION IN EMERGENCY SURGERY FOR ELDERLY AND SENILE PATIENTS WITH DECOMMENDED COLON OBSTRUCTION OF TUMOR GENESIS

Authors

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annotation

Relevance: In recent years, there has been growing interest in the application of the concept of enhanced recovery after surgery in emergency abdominal surgery in gerontological patients.

Purpose of the study:to conduct a comparative analysis of the results of using the accelerated recovery program in the surgical treatment of elderly and senile patients with colorectal cancer complicated by acute decompensated colonic obstruction.

Material and research methods: The study involved 73 patients with acute obstructive colonic obstruction of tumor origin, included in the main and control groups (37 and 36 people, respectively). In the treatment of patients in the main group, an adapted program of early recovery after surgery was used. The following criteria for comparative assessment were studied: the intensity of pain, restoration of motor and evacuation functions of the gastrointestinal tract (timing of appearance of intestinal peristalsis sounds, passage of gases and stool), the number and structure of postoperative complications, the duration of the postoperative period, the number and causes of deaths.

Results: It has been established that the proposed original program for rapid rehabilitation of this category of patients is a safe and effective way to improve the immediate results of surgical treatment.

KEYWORDS:colorectal cancer, acute obstructive colonic obstruction, accelerated recovery after surgery

HOW TO QUOTE: Sizonenko N.A., Yakimovich A.I., Grinev A.M., Demko A.E., Babkov O.V., Loginov V.A., Surov D.A., Osipov A.V. Possibilities of the concept of early recovery after surgery in emergency surgery of elderly and senile patients with decompensated colonic obstruction of tumor genesis // Journal of Emergency Surgery named after. I.I. Dzhanelidze". 2022;3(8):69-78