IMMEDIATE RESULTS AFTER ENDOSCOPIC ARREST OF BLEEDING FROM VARICOSE VEINS OF THE ESOPHAGUS

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Abstract: gastroesophageal bleeding from varicose veins of the esophagus and stomach are the most formidable and most frequent complications of portal hypertension. The work was carried out at the bases of the surgical and resuscitation departments of the Samarkand branch of the Republican Scientific Center for Emergency Medicine between January 2014 and November 2018. With relief of gastroesophageal bleeding associated with portal hypertension and varicose veins of the esophagus and stomach, one of the advantages of endoscopic hemostasis over surgical treatment according to the method by M.D Patsiora is a better quality of life for patients in the early period after the intervention. Keywords: bleeding, varicose veins, esophagus, stomach, hemostasis, quality of life.

БЛИЖАЙШИЕ РЕЗУЛЬТАТЫ ПОСЛЕ ЭНДОСКОПИЧЕСКОЙ ОСТАНОВКИ КРОВОТЕЧЕНИЯ ИЗ ВАРИКОЗНО-РАСШИРЕННЫХ ВЕН ПИЩЕВОДА Кадиров Р.Н.¹, Хаджибаев Ф.А.² (Республика Узбекистан)

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Аннотация: гастроэзофагеальные кровотечения из варикозно расширенных вен пищевода и желудка являются наиболее грозными и наиболее частыми осложнениями портальной гипертензии. Работа проводилась на базах хирургического и реанимационного отделений Самаркандского филиала Республиканского научного центра экстренной медицины и Республиканского научного центра экстренной медицины в период с января 2014 года по ноябрь 2018 года. С купированием гастроэзофагеального кровотечения, связанного с портальной гипертензией и варикозное расширение вен пищевода и желудка, одно из преимуществ эндоскопического гемостаза по сравнению с хирургическим лечением по методу М.Д. Пациора заключается в улучшении качества жизни пациентов в раннем периоде после вмешательства.

Ключевые слова: кровотечение, варикозное расширение вен, пищевод, желудок, гемостаз, качество жизни.

Relevance. Gastroesophageal bleeding from varicose veins of the esophagus and stomach are the most formidable and most frequent complications of portal hypertension, recorded, according to many authors, in at least patients with portal hypertension and the presence of varicose veins of the esophagus and stomach, and becoming for these individuals cause of death in 14.5-90% of cases [1-5].

The purpose of this study. Comparative evaluation in the early period after emergency endoscopic hemostasis and through the operation of azigo-portal isolation according to the method of M.D. Patsiora with active bleeding from varicose veins of the esophagus and stomach.

Materials and research methods. The work was carried out at the bases of the surgical and resuscitation departments of the Samarkand branch of the Republican Scientific Center for Emergency Medicine and the Republican Scientific Center for Emergency Medicine from January 2014 to November 2018. 338 people (265 men and 73 women) took part in the study voluntarily aged 20 to 50 years, for the first time in their life who underwent bleeding from varicose veins of the esophagus and stomach, which arose in the conditions of portal hypertension syndrome and cirrhosis of the liver. Depending on the nature of the treatment measures, all participants were divided into the main group No. 1 (n = 162) and the comparison group No. 2 (n = 176).

Results. In general, the use of endoscopic ligation and / or sclerotherapy technologies to relieve the first occurring gastroesophageal bleeding from varicose veins of the esophagus and stomach in male patients aged 20-25 years provided a higher quality of life in the early postoperative period than in cases with surgical treatment of the conditions in question according to the method of M.D. The patient. The study participants from group

No. 1 felt calmer, more confident, more cheerful than patients from the comparison group, more actively interacted with neighbors in the ward and ward, relatives and friends, were more interested in various events in their own family, in the surrounding society, in the world. On the contrary, patients who underwent surgical intervention were less willing to communicate with other people, more often felt tired and depressed, more often rated their health as "mediocre" or "poor" and expected it to deteriorate in the future. Similar results were obtained for 20-25-year-old women from the main group No. 1 and from comparison group No. 2, as well as for 26-30-year-old male and female patients from groups No. 1 and No. 2.

Conclusion. When stopping gastroesophageal bleeding associated with portal hypertension and varicose veins of the esophagus and stomach, one of the advantages of endoscopic hemostasis over surgical treatment method by M.D Patsiora is a higher quality of life for patients in the early period after the intervention.

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