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DIAGNOSIS AND TREATMENT OF VARIOUS FORMS OF LATE ADHESIVE INTESTINAL OBSTRUCTION IN CHILDREN

Resume: Diagnosis and treatment of various forms of late adhesive intestinal obstruction in children. The criteria for the diagnosis of various forms of late adhesive intestinal obstruction in childhood using spiral computed tomography have been determined.

Key words: late adhesive intestinal obstruction, diagnosis, treatment, children.

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ДИАГНОСТИКА И ЛЕЧЕНИЯ РАЗЛИЧНЫХ ФОРМ ПОЗДНЕЙ СПАЕЧНОЙ КИШЕЧНОЙ НЕПРОХОДИМОСТИ У ДЕТЕЙ

Резюме: Диагностика и лечения различных форм поздней спаечной кишечной непроходимости у детей. Определены критерии диагностики различных форм поздней спаечной кишечной непроходимости в детском возрасте с помощью спиральной компьютерной томографии.

Ключевые слова: поздняя спаечная кишечная непроходимость, диагностика, лечение, дети

Relevance. The problem of adhesive intestinal obstruction is still one of the most significant in abdominal surgery. Its relevance is due to the high frequency of occurrence - 25% - 80%, high mortality from 7.6% to 25%, the ability to acquire a recurrent nature of the course - 7% - 13% [6,8].

The key to solving the problem of diagnosis and treatment of adhesive disease, as well as its prevention, is an integrated approach to this issue [2,5].

The data of literary sources testifying to the advantage of any of the existing methods of diagnosing obstruction of adhesive genesis are very contradictory. In most cases, the diagnosis is based on X-ray methods and in recent years on the results of ultrasound examination [4,9]. However, despite the positive aspects, these methods are not without drawbacks. They are either time-consuming or insufficiently informative, especially in cases accompanied by acute violation of mesenteric circulation 3,7].

Thus, there is no clarity on the issue of the procedure for carrying out diagnostic measures in persons admitted to the hospital with suspected intestinal obstruction. For obvious reasons, the issue of clarifying objective diagnostic criteria, using modern examination methods, in determining various forms of late adhesive intestinal obstruction (PSCN) in childhood remains relevant.

It is known that therapeutic measures are directly related to the form of intestinal obstruction. Currently, there are conservative and operative methods aimed at restoring the intestinal passage [1,4]. Recently, the use of laparoscopic techniques in the treatment of obstruction of adhesive genesis has been a priority [5,6].

In the postoperative period, the traditional methods of treatment of adhesive intestinal obstruction remain: antibacterial therapy, correction of metabolic disorders, drug and electrical stimulation of intestinal motility, enterosorption, prolonged epidural blockade, hyperbaric oxygenation, physiotherapy procedures [8]. Of undoubted interest is the study of human immunity in case of adhesive intestinal obstruction. An important role is assigned to the proper correction of immune mechanisms in the development of postoperative adhesions [3,7].

Despite significant advances in modern surgery and intensive care, traditional methods of treating patients with adhesive intestinal obstruction are not always effective and require further improvement. Optimization of the management algorithm in the postoperative period, taking into account the form

of the disease, the age of the patient and the severity of his condition, needs to be detailed.

The next important point is the effect on the motor apparatus of the small intestine altered as a result of adhesive obstruction. The use of direct electrical stimulation of the smooth muscles of the intestinal wall with the use of long pulses under the control of recording electrical activity seems promising. But this technology requires experimental justification [9].

Thus, in order to improve the results of treatment of adhesive intestinal obstruction, a comprehensive clinical and experimental development of issues of diagnosis and treatment of various forms of late adhesive intestinal obstruction and experimental substantiation of the possibility of restoring the properties of the intestinal motor apparatus using direct electrical stimulation is necessary.

The purpose of the study. Creation of an effective comprehensive program for the diagnosis and treatment of late adhesive intestinal obstruction in childhood.

Materials and methods of research. To fulfill our task, we selected a total of 50 children suffering from various forms of late-stage intestinal obstruction, and created extensive coverage programs for modern diagnostics and treatment

The results of the study. The use of spiral computed tomography with intravenous contrast of mesenteric vessels in children with late adhesive intestinal obstruction makes it possible to verify its shape. The use of an optimized diagnostic algorithm in pediatric patients with this pathology makes it possible to make a clinical diagnosis in a timely manner and prescribe appropriate treatment.

An experimental study of the effect of the drug "Longidase 3000 IU" demonstrated its corrective effect on phagocytic function and various microbicidal systems of neutrophil granulocytes. The use of the drug in the conditions of a simulated adhesive process in laboratory animals leads to an

improvement in the regeneration of damaged tissues and a decrease in the frequency of adhesions in the abdominal cavity.

Late adhesive intestinal obstruction is accompanied by violations of the immunological status in children's patients. Violations are caused by the formation of defects in the functioning of the neutrophil granulocyte system. The need to include the drug "Longidazam 3000 IU" in a comprehensive treatment program for children with late adhesive intestinal obstruction is pathogenetically justified, confirmed by immunological examination methods and proved by experimental studies.

The developed program of conservative therapy and postoperative management of children with various forms of late adhesive intestinal obstruction, due to the impact on various links of the pathogenesis of enteral insufficiency syndrome, allows to achieve good clinical, laboratory and medical and social indicators.

The developed model of digestive disorders of the small intestine in the experiment fully reflects the processes of digestive passage disorders that occur with adhesive intestinal obstruction.

In the conditions of experimental mechanical intestinal obstruction, the effect on the intestinal wall by slow electrical impulses with optimally selected parameters has a stimulating effect on its electrical activity, the functional state of its vasomotor apparatus and morphometric parameters of the muscular membrane. The positive effect is manifested by improvement of microcirculation, elimination of dysmetabolic consequences of intestinal obstruction, acceleration of the dynamics of regenerative processes of the intestinal wall, normalization of the morphological picture and morphometric parameters of smooth myocytes.

The data obtained as a result of an experimental study on the study of the effect of direct electrical stimulation on the electrical activity and vasomotor

apparatus of the intestine in conditions of mechanical intestinal obstruction can serve as a basis for the use of this technique in clinical practice.

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