

## ESTIMATION OF THE EFFICIENCY OF DRAINING OF THE ABDOMINAL CAVITY IN THE COMPLICATED COURSE OF ACUTE PANCREATITIS

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Acute pancreatitis is accompanied by a high risk of complications, mortality in which can reach 70%. [1]. The severity of the disease is divided into three stages, separately distinguished pancreatic and peripancreatic fluid accumulations, which occurred less than or more than 4 weeks after the onset of the disease [2]. According to the literature, despite the fact that peripancreatic fluid accumulation and acute necrotic changes are most often detected in the period from 2 to 3 weeks of the disease, the use of percutaneous drainage is proposed not earlier than 4 weeks after the onset of AP [3].

**The purpose of the study** was to evaluate the effectiveness of paracentesis with drainage of the abdominal cavity in the staged treatment of patients with complicated acute pancreatitis.

**Materials and methods of research.** The results of treatment of 60 patients with moderate and severe acute pancreatitis with the presence of exudate in the abdominal cavity were analyzed. The patients were divided into two groups (30 people each): a standard staged approach was used in treatment in the comparison group, a paracentesis with drainage of the abdominal cavity was additionally performed at the first stage of treatment in the main group. Patients of both groups did not significantly differ in age, sex, etiology and severity of the disease. The effectiveness of treatment was assessed by studying laboratory blood parameters on the day of detection of peritoneal fluid and after 72 hours. In addition, intra-abdominal pressure was determined for the patients. We also compared the incidence of infectious complications in the late period of the disease and the length of hospital stay.

**Results of the research.** A significant difference in intra-abdominal pressure indicators was revealed in patients of the comparison group and the main group after 72 hours from the moment of detection of liquid ( $17.4 \pm 2.6$  and  $11.4 \pm 1.6$  mm Hg,  $p < 0.001$ ), serum amylase ( $774.3 \pm 233.9$  and  $472.7 \pm 168.6$  U/L,  $p < 0.001$ ), procalcitonin ( $1.3 \pm 0.7$  and  $0.6 \pm 0.5$  ng/mL,  $p < 0.001$ ) and interleukin-6 ( $531.3 \pm 120.9$  and  $417.1 \pm 82.4$

pg/mL,  $p < 0.001$ ). Infectious complications were developed in 50% of patients in the comparison group and 53.3% of patients in the main group ( $p > 0.05$ ).

**Conclusion.** Early use of paracentesis with drainage of the abdominal cavity, as the first stage in the treatment of patients with acute pancreatitis with enzymatic peritonitis leads to a significant decrease in the level of intra-abdominal pressure by 31%, procalcitonin by 32%, interleukin-6 by 12% and amylase 27% ( $p < 0.001$ ).

#### References:

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