





The XV International Science Conference «Modern approaches to the introduction of science into practice»

May 24 - 26, 2021

San Francisco, USA

# MODERN APPROACHES TO THE INTRODUCTION OF SCIENCE INTO PRACTICE

Abstracts of XV International Scientific and Practical Conference

San Francisco, USA May 24 – 26, 2021 **UDC** 01.1

ISBN - 978-9-40361-487-8

The XV International Science Conference «Modern approaches to the introduction of science into practice», May 24 - 26, 2021, San Francisco, USA. 272 p.

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The recommended citation for this publication is: Olkova A.S., Sysolyatina M.A. Sensitivity of express biotests to heavy metals and rare earth elements // Modern approaches to the introduction of science into practice. Abstracts of XV International Scientific and Practical Conference. San Francisco, USA 2021. Pp. 33-35.

URL: https://eu-conf.com.

#### **MEDICAL SCIENCES**

# THE PLACE OF EMERGENCY LAPAROSCOPY IN THE CHOICE OF SURGICAL MANAGEMENT IN PATIENTS WITH ACUTE DISEASES OF THE ABDOMINAL CAVITY

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The problem of diagnostic and treatment tactics in patients with acute diseases of the abdominal cavity is still far from a final solution. And this is due to both anatomical and physiological features and therapeutic interventions (previously undergone surgery on the abdomen; elderly patients; the use of NSAID, alcohol, drugs; post-stroke disability; obesity III-IV degree and etc.) [1,2,3]. The expansion of

indications for the use of emergency laparoscopy in the choice of treatment tactics in patients with acute diseases of the abdominal cavity continues to be discussed [4, 5].

The aim of the study was to investigate the effectiveness and feasibility of using emergency laparoscopy in the choice of treatment management in patients with acute diseases of the abdominal cavity.

Materials and methods of research. The results of diagnosis and treatment of 478 patients with acute diseases of the abdominal cavity, which were divided into two groups, were analyzed. The first group (231 patients), who underwent the complex of the diagnostic algorithm. In contrast to the first group, in patients of the second group (247 patients) the complex of the diagnostic algorithm was expanded by emergency laparoscopy. Among the indications for use in emergency abdominal surgery of laparoscopy are the following: 1) the absence or no more than several surgical interventions on the abdominal cavity without a complicated (peritonitis, fistula, abscess, etc.) course of the postoperative period; 2) sonographic preoperative and intraoperative assessment on the background of carboxyperitoneum of the adhesive process in the abdominal cavity; 3) peritonitis at MPI  $\leq$  21 points; 4) ICP less than 12 mm Hg. st.; 5) the severity of multiple organ failure on a scale MODS  $\leq$  5 points; 6) sufficient experience of laparoscopic interventions on the abdominal organs in all members of the operating team. The clinical diagnostic algorithm included laboratory, instrumental and biochemical research methods, as well as statistical research methods.

Results of the study. Depending on the acute disease of the abdominal cavity, laparoscopic interventions in patients of the first group were performed in 80 (86.02%) patients with acute appendicitis, in 5 (12.19%) patients with perforated duodenal ulcer, in 2 (16.67%) patients with acute adhesive intestinal obstruction, in 16 (57.14%) patients with acute gynecological diseases. In 11 (28.95%) patients with acute vascular insufficiency of the intestine, an exploratory laparotomy was performed, and in all 19 patients with incarcerated inguinal hernias, Liechtenstein hernioplasty was performed. That is, laparoscopy were used in 103 (43.59%) patients.

The introduction of emergency laparoscopy into the diagnostic complex in patients of the second group with acute diseases of the abdomen allowed to significantly change the consequences of diagnostic and treatment tactics. Laparoscopic interventions were performed in 83 (95.4%) patients with acute appendicitis, in 36 (83.72%) patients with perforated duodenal ulcer, in 8 (38.09%) patients with acute intestinal obstruction, in 25 (86, 21%) patients with acute gynecological diseases, 12 (60%) patients with incarcerated inguinal hernias. In 8 (17.02%) patients with acute vascular diseases of the intestine due to its total lesion, only laparoscopy was performed. That is, laparoscopy were used in 172 (69.62%) patients.

**Conclusion**. 1. The introduction of emergency laparoscopy, as one of the mandatory valid components of the complex algorithm in patients with acute diseases of the abdominal cavity, has increased the number of laparoscopic interventions by 25.03%.

2. Expansion of indications for the use of emergency laparoscopy in the diagnostic complex in patients with acute diseases of the abdominal cavity has reduced the number of exploratory laparotomies by 4.76%.

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