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Results of treating bowel obstruction according to materials of surgical department of railroad clinical hospital

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Summary: The article presents materials of retrospective analysis of patients, discharged from railroad hospital during the period 2005 – 2015 with diagnosis of bowel obstruction after operative and conservative treatment of 509 patients. Comparative data on lethality after emergency operation on bowels is presented. The results imply study of acute bowel obstruction and direct examination of patients during their permanent stationary treatment after operation.

Key words: acute bowel obstruction (ABO) (dynamic, commissural, obturational, strangular), colostomy.

Urgency: Acute bowel obstruction is an urgent topic in emergency surgery. Among all emergency patients ABO forms 5% of cases, diagnostic and treatment of it implies certain complications. In surgical history Wahl of 1889 two types of ABO are outlined: mechanical and dynamic. According to modern bibliographic data acute bowel obstruction takes place in 1,2-4,2% of cases and in any age. ABO is divided into two types: obstruction of neoplastic and nonneoplastic genesis. Mechanical form of the letter includes commissural bowel obstruction (64-74%). Commissural process and take place in stomach cavity in case of gynaecological pathology, tuberculosis, and inflammatory diseases of bowel. Strangular bowel obstruction happens in 12-20% of commissural obstruction cases, and forms 4-25% of nonneoplastic genesis. The origin of such obstruction lies in blood flow disturbance in bowel wall due to its compression. For neoplastic bowel obstruction lethal rate equals 22-41%, general lethality from ABO: 5-25%. According to materials of our clinic, lethality is much lower and equals 2.5%.

Research objective: Evaluate results of diagnosing and treating ABO and quality of surgical treatment.

Materials of research: Analyzing stationary cards of 509 patients, discharged from surgical department of railroad hospital during the period 2005-2015 after treatment of acute bowel obstruction. Age of patients ranged from 18 to 80 years, men in women in equal numbers, 60% of them endured surgery. 301 operated patients, in other words, 50% were elderly and old people, 6 patients had ABO of neoplastic genesis – 1,2%. According to history of disease in anamnesis: sudden stomach pains without clear localization, delay of stool and gas, sickness and vomiting, especially in case of small intestine obstruction. Early vomiting was not typical for obstructions in large intestine. In cases of strangular bowel obstruction pain attacks were

stronger, and they were less expressed in obturational forms. The described symptoms: stomach asymmetry, “sand noise” of Sklyarov, during auscultation – “water drops” of S.I. Spasokukotskiy. Palpation of 30% of patients revealed «defans musculus», in others words – positive symptom of Schetkin-Bloomerg that is a sign of peritonitis. The histories contain description of x-ray examination (presence of Kloiber cups) that testifies for neglected cases of ABO. Among 509 of the received patients 50% were earlier operated, therefore, commissural bowel obstruction could not be excluded, and in 12-20% of cases strangulation can happen which is a strict objection against contract R^o- examination with liquid barium, these patients were examined with ultrasound. 242 patients with partial of dynamic bowel obstruction were treated via conservative method and discharged with a positive effect.

During the mentioned period 267 of 509 patients with ABO were operated, among them 235 via laparotomy with cutting of commissures without resection of intestine, 10 – with resection, and the rest – via other methods: 4 – via desinvagination, 9 - method of Gartman, 7 – colostomy, 2 – via placement of «anus praet». 80-year-old patient with ABO of nonneoplastic genesis died. He had endured surgery of ABO, and was received with complication: perforation of intestine with fecal peritonitis. 6 patients were operated with diagnosis obturational bowel obstruction of neoplastic genesis, 7 patients died in total, during 10 years average lethality of ABO equaled 2,5%, and it was related to heavy pathology for the elderly and old people.

Conclusion: Regardless of difficulty of differential diagnostic of ABO, the selected tactic of overseeing R^o- graphy in case of commissural bowel obstruction, in other words, not implementing R^o- contrast examination with barium, allowed us to decrease death rate down to 2,5% in comparison to bibliographic data of 5-25%.

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