pISSN:2349-5707 Volume:12,Issue 12,December-2025 eISSN:2349-5715

OPPORTUNITIES OF MINIMALLY INVASIVE AND TRADITIONAL INTERVENTIONS IN THE TREATMENT OF ACUTE PANCREATITIS

Tashlanov Boburbek Mukhamadjonovich
Andijan State Medical Institute

Relevance

Currently, pancreatitis occupies one of the leading positions among causes of the "acute abdomen." However, debates regarding optimal treatment tactics still continue due to the lack of a unified classification and diagnostic–therapeutic algorithm. Acute pancreatitis is considered a disease of a mixed (intensive care–surgical) profile. Despite the use of modern detoxification technologies, the development of new surgical methods, and improvements in pharmacological therapy, mortality rates remain high, reaching up to 20% in sterile pancreatic necrosis and 60–80% in infected forms of acute pancreatitis [1,5,6,7,9].

Acute pancreatitis is characterized by a high incidence of shock in the early stages of the disease, multiple organ failure, and purulent–necrotic complications. Necrosis of pancreatic tissue and secondary infection of destructive foci lead to the development of systemic inflammatory response syndrome, which determines the severity and prognosis of the disease. According to several authors, secondary immunodeficiency plays a leading role in the development of purulent-septic complications and generalization of infection [3].

The causes of immunosuppression in destructive pancreatitis are diverse. Some authors indicate that pancreatic toxins, disturbances in humoral immune regulation, and the development of a compensatory anti-inflammatory response syndrome directly participate in this process [2,3,9,10].

Objective

To determine the possibilities of endosurgical and laparotomic surgical interventions in the diagnosis and treatment of acute pancreatitis in patients.

Materials and Methods

Minimally invasive endosurgical operations followed by therapeutic measures (laparoscopic cholecystectomy, abdominal cavity drainage, abdominal cavity sanitation, sanitation and drainage of the omental bursa) without conversion to laparotomy were performed in 18 patients (34.6%).

Laparotomic operations, including cholecystectomy, choledochostomy, sphincterotomy with widening of the pancreatic duct outflow tract, external drainage of the common bile duct according to Vishnevsky, sanitation of the abdominal cavity, abdominal drainage, and sanitation and drainage of the omental bursa, were performed in 15 patients.

Results

Regarding the timing of hospitalization, more than 55% of patients were admitted to the hospital within 7–24 hours from the onset of the disease. Analysis of patient complaints, laboratory data, and instrumental studies revealed that in 50% of cases, the clinical, laboratory, and instrumental

pISSN:2349-5707 Volume:12,Issue 12,December-2025 eISSN:2349-5715

manifestations of acute pancreatitis were unclear and did not allow for a definitive diagnosis at this stage of examination.

The main symptom—abdominal pain—was observed in 66.7% of patients. Nausea, vomiting, fever, and intestinal paresis were noted in less than 50% of cases.

Laparoscopic procedures were performed in 18 patients:

- sanitation and drainage of the omental bursa in 10 patients (55.6%),
- sanitation and drainage of the abdominal cavity in 5 patients (27.8%),
- laparoscopic cholecystectomy in 3 patients (16.6%).
- In this group, postoperative mortality was 2 patients (11.1%).

Considering the presence of confirmed purulent-necrotic pancreatitis with sequestration and necrosis of pancreatic tissue, fluid accumulation in the omental bursa, and the risk of tension pneumoperitoneum, traditional laparotomic operations were performed.

Laparotomic interventions included:

- cholecystectomy — 5 patients (33.3%),
- choledochostomy — 2 patients (13.3%),
- sphincterotomy with widening of the pancreatic duct outflow tract — 3 patients (20%),
- external drainage of the common bile duct according to Vishnevsky — 2 patients (13.3%),
- sanitation and drainage of the omental bursa — 11 patients (73.3%),
- sanitation and drainage of the abdominal cavity — all patients (100%).
- In this group, postoperative mortality was 7 patients (46.6%).

Conclusion

Laparoscopic interventions were associated with a significantly lower mortality rate compared to traditional open laparotomy. Thus, endoscopic surgical interventions allow for the required volume of intraoperative therapeutic procedures and reduce postoperative mortality from 33% to 12%.

References

1. Bagnenko S.F., Rukhlyada N.V., Tolstoy A.D. et al. **Treatment of Acute Pancreatitis at the Early Stage of the Disease**. St. Petersburg: I.I. Dzhanelidze Research Institute of Emergency Medicine, 2002, 24 p.Beloborodova N.V., Bachinskaya E.N. Immunological aspects of postoperative sepsis. *Anesthesiology and Reanimatology*. 2000;1:59–66.
2. Beskosny A.A., Kasumyan S.A. Prognostic criteria for severe acute pancreatitis. *Annals of Surgical Hepatology*. 2003;1:24–32.
3. Briskin B.S. Immune disorders and immunocorrection in intra-abdominal infection. *Surgery (Supplement)*. 2004;1:16–21.
4. Dale M.M., Foreman J.C. **Handbook of Immunopharmacology**. Moscow: Medicina, 1998, 332 p.
5. Ermolov A.S. Immunological assessment of severity and prognosis of acute pancreatitis. *Herald of Surgery*. 2005;6:22–28.
6. Eryukhina I.A. et al. **Surgical Infections: A Guide**. Moscow–St. Petersburg: Piter, 2003, 864 p.