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## Optimization Of Surgical Correction Of Early Postoperative Complications Of Liver Echinococcosis

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**Background** : Improving the immediate results of surgical treatment of complicated forms of liver echinococcosis.

**Methods** : The study is based on an analysis of 369 patients operated on for complicated forms of liver echinococcosis. Among them, in the postoperative period, 39 (10.6%) had complications in the form of bile leakage from the residual cavity. There were 11 men (28.2%), women - 28 (71.8%). The age of the patients ranged from 19 to 67 years. All patients were operated on in a delayed manner.

**Results** : The main symptom of the developed complication was the release of bile through the established drainage of the residual cavity to the outside. At the same time, in 19 (48.7%) cases, bile secretion began to be observed in the first hours after the operation, in 20 (51.3%) cases, late development of bile leakage (6-10 days) was noted. Mild severity (n=7) of bile leakage did not require special methods of treatment and stopped on its own. With moderate severity (n=32) of bile leakage, conservative therapy and minimally invasive interventions were performed. Endoscopic and combined laparoscopic interventions for the treatment of postoperative bile leakage from the residual cavity of the liver were effectively used in 32 (82.0%) cases. Endovideoscopy of the residual cavity (with traditional echinococectomy) was performed after the completion of the antiparasitic treatment. To introduce a special trocar with a laparoscope into the residual cavity, a purse-string suture was placed on the fibrous capsule of the cyst around its defect. Due to a thorough examination of the cavity and the inner wall of the fibrous capsule during video laparoscopy (n=11), in 7 cases, germinal elements of the parasite, unnoticed during the open stage of the operation, were removed. In 4 cases, small cystobiliary fistulas were detected and closed intraoperatively using endosurgical instruments. Videolaparoscopy, diagnostic and therapeutic endovideoscopy of the residual liver cavity in the intra- and postoperative periods are technologies that have improved the results of treatment of patients with complicated liver echinococcosis. Transfistula endovideoscopy of the residual liver cavity was used in the treatment of 13 patients with functioning drainage of the residual liver cavity after surgical treatment of complicated liver echinococcosis.

**Conclusions** : Thus, with mild and moderate bile leakage from the residual cavity of liver echinococcosis, conservative and endoscopic methods are adequate methods of bile stasis.

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