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## The Choice Of Tactics For The Treatment Of Intra-abdominal Abscesses After Surgery On The Liver And Biliary Tract

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**Background** : Improving the results of surgical treatment of intra-abdominal abscesses after surgery on the liver and biliary tract.

**Methods** : Over the past 18 years, 54 cases of intra-abdominal abscesses have been registered after surgery on the liver and biliary tract. The age of the patients ranged from 19 to 76 years. Among the patients, there were 39 (72.2%) women and 15 (27.8%) men. Postoperative subphrenic abscesses were observed in 38 (70.4%) patients. At the same time, in 26 (68.4%) abscesses were located in the subhepatic space, in 5 (13.1%) in the suprahepatic space, and in 7 (18.5%) - intrahepatic location of abscesses. In 12 (22.2%) cases, there were multiple interintestinal abscesses, and in 4 (7.4%) cases, abscesses of the pelvic cavity.

**Results** : Intra-abdominal abscesses in 31 (57.4%) cases occurred after various types of liver echinococcectomy (n=17), subtotal pericystectomy (n=5) and atypical liver resection (n=3). In 6 (19.3%) cases, intra-abdominal abscesses developed after fenestration of liver cysts (n=2) and opening and drainage of liver abscesses (n=4). After surgical interventions on the biliary tract, due to suppuration of the outflowing bile or blood, intra-abdominal abscesses occurred in 23 (42.6%) cases. At the same time, in 15 (65.2%) cases, patients underwent traditional open cholecystectomy, in 7 (30.4%) cases - laparoscopic cholecystectomy with endoscopic papillosphincterotomy and lithoextraction (n=5). Only in 1 (4.4%) observation, the cause of intra-abdominal subhepatic abscess was a partial failure of the choledochoduodenostomy. In the treatment of intra-abdominal abscesses, minimally invasive technology was used in 24 (44.4%) cases, and traditional relaparotomy was used in 30 (55.6%) cases. Laparoscopic opening and drainage of abscesses was used in 6 (25.0%) of the main group, with options for installing the first trocar in the postoperative scar (n=2), open laparoscopy according to Hasson (n=3) and installing a trocar through a laparotomic incision (n=1). In 18 (75.0%) cases, abscesses were opened and drained under ultrasound control. In the postoperative period, complications of a different nature were observed in 6 (25.0%) patients of the main group with 2 (8.3%) deaths. The cause of death was acute myocardial infarction (n=2). In the control group after traditional relaparotomy (n=30), complications occurred in 14 (46.7%) with 10 (33.3%) deaths.

**Conclusions** : Minimally invasive interventions are an option for surgical treatment of intra-abdominal abscesses after surgery on the liver and biliary tract.

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