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GENERAL CHARACTERISTICS OF CLINICAL OBSERVATIONS

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Annotation. The work is based on the analysis of the conducted studies in two areas, interconnected by the course of a single pathological process - the transformation of the liver due to acute and then chronic viral process of liver transformation due to acute and then chronic viral damage into a cirrhotic organ, and then chronic viral damage into a cirrhotic organ, blocking portal circulation with the development of bleeding from varicose veins of the esophagus and stomach. The first area of the conducted studies is close to the epidemiological. It is associated with the analysis of the dynamics of the number of patients with acute and chronic forms of viral hepatitis registered in medical institutions of the Khorezm region. The climatic and geographical conditions of this region of the Aral Sea region correspond to the arid zone, the influence of which on the processes of chronic inflammation of the liver, the processes of formation of complications of portal hypertension cannot be considered sufficiently studied. The total number of registered cases of acute viral hepatitis for the 25-year analyzed period (from 1975 to 1999) in the Khorezm region was 198,258. This chronological period is divided into three, with a comparative analysis of the dynamics of the intensive indicator for each of them, and a more detailed analysis of the structure of patients who fell ill over the past decade. For a ten-year period (1990-1999), an analysis was made of the dynamics and structure of patients with chronic viral hepatitis, the total number of which, according to the results of registration in medical institutions of the region, was 1759.

Key words: hypertension, chronic viral, gastrointestinal bleeding, diseases, fibrosis.

Introduction. Epidemiological studies were conducted for the period 1992-2001 based on the results of registration of patients with gastrointestinal bleeding in surgical clinics of the Khorezm region, of which the total number of patients with bleeding from varicose veins of the esophagus and stomach (VEAS) was 167. From this section, the studies were transferred to the second - already clinical area and were carried out along the line of analysis of the results of diagnosis of the disease, its hemorrhagic complications, as well as their treatment, including surgical. A detailed clinical analysis of the structure of patients with gastrointestinal bleeding was carried out. The features of the dynamics of its change over a five-year period were studied with

the determination of the specific gravity of bleeding from VEAS. Patients with the latter type of bleeding were classified by the degree of bleeding activity, the volume of blood loss, the degree of functional decompensation of the liver, the results of their treatment were analyzed with the definition of the most typical diagnostic and therapeutic-tactical errors leading to negative results. In order to transfer the rich clinical experience to the sphere of the recently created Emergency Medical Care Service in the Republic, the present scientific study used the material of the Republican Specialized Center of Surgery (RSCS) named after academician V. Vakhidov, accumulated over more than a quarter of a century. The results of treatment of 510 patients with CP with bleeding from the GERD, treated in the department of surgery of portal hypertension and pancreatoduodenal zone of the RSCS named after academician V. Vakhidov of the Ministry of Health of the Republic of Uzbekistan for the period from 1976 to 2002 inclusive, were analyzed. Of these, 160 patients underwent the Patsiora operation, 14 - the operation of the original total disconnection of the gastroesophageal collector according to F.G. Nazirov. The analysis of the results of the same operation performed in 28 patients on a planned basis was used; in 13 patients with cirrhosis, endoscopic sclerotherapy was performed at the height of bleeding and in 46 immediately after stopping bleeding from the varicose veins. In 181 patients, the results of conservative therapy using a Blackmore-Sengstaken probe were analyzed in detail, and in 75 patients with cirrhosis with stable hemostasis from the varicose veins, the results of angiographic and ultrasound studies of portal angioarchitecture were analyzed.

Methodology. The universal tactical solution for 202 patients with cirrhosis with ongoing bleeding from the esophageal varices and liver was the use of a Blackmore tube and a complex of conservative measures with traditional hemostatic therapy, the use of drugs that reduce portal pressure, and the prevention or treatment of already developed liver failure. In the overwhelming majority of analyzed observations, the tube was used according to the classical method: after lubrication with petroleum jelly, it was inserted through the nose or mouth into the previously emptied stomach. The gastric cuff was inflated to a volume of 250 ml and the tube was pulled up to the stop with constant suction of the stomach contents. After this, the esophageal balloon was inflated to a pressure of 40 mm Hg, which certainly exceeded the portal pressure. The pulled-up tube was fixed to the face. The second option for using the Blackmore tube was to inflate only one gastric cuff and after pulling the tube up to the stop of the inflated cuff in the cardioesophageal junction, a weight of 100-200 g was suspended from it. In this case, the tube was used according to the principle of the Nachlass tube - mechanical compression of the veins of the

cardioesophageal junction and the stomach led to hemostasis if the source of bleeding was located under the tube balloon or above it.

Sclerotherapy of varicose veins of the esophagus. With the introduction of the endoscopy method into clinical practice, it became possible to use endoscopes to perform sclerotherapy of varicose veins of the esophagus. Endoscopic surgery is aimed at stopping bleeding and preventing recurrent bleeding. It is considered more justified to use large-diameter surgical fibroendoscopes such as TQF-2D "Olimpus" (Japan) in combination with local anesthesia, which makes esophagoscopy less traumatic. Endoscopic sclerotherapy of esophageal varices can be performed in two ways: by para- or intravascular administration of special drugs (1-3% thrombovar). According to J. Tarblancke et al., the indication for endoscopic sclerotherapy of esophageal varices is: bleeding from the veins of the esophagus in those individuals for whom surgical treatment is contraindicated, bleeding from single varicose veins of the esophagus (Q Salem et al.), patients with a high risk of repeated bleeding. Thanks to the introduction of the method of endoscopic occlusion of varicose veins of the esophagus into clinical practice, the mortality rate of patients with bleeding has significantly decreased, and a decrease in the frequency of their intensity and duration has also been noted.

Conclusions For injection of the drug, NM-1 "Olimpus" type injectors (Japan) are most often used. Paravasal administration of drugs begins directly from the cardiac section of the stomach and continues between varicose veins at intervals of 1-3 cm in the oral direction. Each submucosal administration consumes an average of 2-5 ml of the drug, while the total amount of the substance reaches 40-60 ml. In addition, with large venous nodes of the esophagus, submucosal administration of the drug is performed to the right and left of the node, which achieves better compression of the vein walls by the paravasal infiltrate. After this, intravenous administration of the drug is possible. The advantage of submucosal administration of sclerosing agents over intravenous is greater safety, since intense bleeding from the site of vessel puncture is possible, in addition, intravenous injections into varicose nodes with portal hypertension can disrupt collateral circulation in other organs. Repeated sclerotherapy sessions are technically no different from primary treatment. The main advantage of this treatment method is stopping bleeding, although sometimes temporary, which makes it possible to save the patient's life and develop further treatment tactics; in addition, this method is used for prophylactic purposes, which helps prevent possible bleeding. We used a 3% solution of thrombovar as a sclerosant. During endoscopic sclerotherapy at the height of bleeding, the intravasal method was used in 3 patients and the

paravasal method of sclerosant administration was used in 9 patients. In 46 patients with cirrhosis with stopped bleeding, a combined sclerotherapy method was used.

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