MODERN ASPECTS OF THE TREATMENT OF PATIENTS WITH LIVER ABSCESSES

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Abstract.

According to summary data, the incidence of liver abscesses varies from 8 to 15 cases per 100,000 inhabitants per year, and the mortality rate ranges from 5 to 26%. To improve the effectiveness of treatment of patients with liver abscesses by improving the technique of local intra-arterial antimicrobial therapy. We analyzed the results of surgical treatment of 83 patients with liver abscesses who were in the department of purulent surgery and surgical complications of diabetes mellitus at the multidisciplinary clinic of the Tashkent Medical Academy from 2016 to 2023. In the first group, 5 complications occurred (6.0%): in 3 patients, biliary bleeding. 1 has a right-sided hydrothorax. 1 fatal outcome is the cause of the breakthrough of abscesses into the abdominal cavity and the addition of hepatic - renal insufficiency. The use of minimally invasive techniques in the treatment of liver abscesses in combination with long-term intra-arterial catheter therapy is highly effective and in the future requires a more detailed approach to this method.

Keywords: liver abscess, bacterial abscesses minimally invasive techniques, antibacterial therapy.

Introduction. According to summary data, the incidence of liver abscesses varies from 8 to 15 cases per 100,000 inhabitants per year, and the mortality rate ranges from 5 to 26%. The formation of purulent foci in the liver is accompanied by severe complications such as liver failure and cholangiogenic sepsis [1].

Bacterial abscesses remain one of the most difficult complications in surgical hepatology [2]. Traditionally used in their surgical treatment, various methods of intra- and extraperitoneal accesses are quite traumatic and, often, insufficiently adequate. This is especially true in cases with multiple abscesses, as well as with the development of sepsis [3, 4, 5, 6, 7]. The widespread introduction of minimally invasive techniques in the form of interventions under the control of ultrasound diagnostics (ultrasound), endoscopy and laparoscopy has made it possible to qualitatively improve the results of

treatment of this complex category of patients [8].

Currently, the most common method of treating liver abscesses is percutaneous puncture and drainage of the abscess. In some studies, the effectiveness has been shown at the level of 96 % when using only the puncture method [9].

In addition to supporters of minimally invasive percutaneous methods, there are also followers of open drainage of abscesses, mainly in multiple liver lesions [10, 11, 12].

The advantages of minimally invasive methods of treating abscesses under ultrasound control are due to their low traumatism, relative simplicity, lack of risk of general anesthesia, reduced hospitalization time, and allow for better results at lower cost [13, 14, 15, 16, 17].

The aim of the study: To improve the effectiveness of treatment of patients with liver abscesses by improving the technique of local intra-arterial antimicrobial therapy.

Materials and methods of research. We analyzed the results of surgical treatment of 83 patients with liver abscesses who were in the department of purulent surgery and surgical complications of diabetes mellitus at the multidisciplinary clinic of the Tashkent Medical Academy from 2016 to 2023.

Patients are divided into two groups depending on the type of surgical intervention performed. The first group (control) consisted of 45 patients who were treated with standard percutaneous drainage of liver abscesses, correction of water-electrolyte disorders, detoxification and intravenous antibacterial therapy. The second group (the main one) consisted of 38 patients with liver abscesses. In this group, standard treatment was combined with local intra-arterial antimicrobial therapy: Seldinger catheterization of the hepatic artery.

Men -53 (63.8%), women - 30 (36.1 %) aged 21 to 72 years (average age 43.6-3.7 years). The main cause of liver abscesses: infection of post-traumatic hematoma in 13 (15.6%) patients, suppuration of a parasitic cyst in 20 (24.0%), cholangiogenic liver abscesses were present in 29 (34.9%) patients, formation of a purulent process in the liver after primary surgery (residual cavities), in 10 (12%) and metastatic liver abscess - in 11 (13.2%) individuals. In 70 (84.3%) patients, these were single liver abscesses and only 13 (15.6%) had multiple abscesses. The right lobe of the liver was mainly affected 73 (87.9%), abscesses were localized in the left lobe in 9 (10.8%) patients, in both lobes in 1 (1.2%). The main number was localized in the SVII VIII segment - y

(87.9%).

The results of the treatment. In the first group, 5 complications occurred (6.0%): in 3 patients, biliary bleeding. 1 has a right-sided hydrothorax. 1 fatal outcome is the cause of the breakthrough of abscesses into the abdominal cavity and the addition of hepatic - renal insufficiency.

In the second group, local intraarterial antimicrobial therapy was performed by injecting Cefbac into the common hepatic artery at a daily dose of 3.0 g and metronidazole - 1.0 g in saline solution, infusomat for 5-7 days. There were no complications or deaths.

Conclusion. The use of minimally invasive techniques in the treatment of liver abscesses in combination with long-term intra-arterial catheter therapy is highly effective and in the future requires a more detailed approach to this method.

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