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ON THE ISSUE OF SURGICAL TREATMENT OF ESOPHAGEAL VARICOSE VEIN HEMORRHAGE IN PATIENTS WITH PORTAL HYPERTENSION

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Resume
The aim of the study was to identify the main etiological factors, that led to the development of portal hypertension – the leading cause of varicose bleeding, to analyze the clinical aspects of the course and methods of surgical treatmentй варикозноof bleeding from esophageal varicose veins (ВРВПVVP).

Keywords: варикозно-esophageal varicose veins, upper gastrointestinal tract bleeding, portal hypertension.

Introduction

Bleeding from варикозноesophageal varicose veins (ВРВПVVP) is the most dangerous complication of portal hypertension syndrome, which develops due to a pathological increase in the pressure gradient in the portal vein. Varicose bleeds account for 10-30% of all cases of blood loss from the upper gastrointestinal tract [1, 2]. Based on current statistical data, in 25-84% of cases, the first episode of bleeding from VVP ends in the patient's death [3, 4], and the average life span of survivors rarely exceeds 22-24 months. According to the World Gastroenterology Organization, in most cases portal hypertension develops against the background of progressive cirrhosis of the liver [1]. In more rare cases, the cause of VVP formation is superhepatic and subhepatic circulatory disorders that lead to increased pressure in the portal vein: congenital abnormalities of the v portae and its branches (aplasia, hypoplasia), portal vein thrombosis and phlebitis in purulent-septic conditions. its

tumors of the abdominal cavity, thrombotic occlusion of the lower empty vein at the level or proximal to the confluence of the hepatic veins.

Research Objective

To determine the causes and features of the course of portal hypertension syndrome complicatedbyй кровотечением из esophageal hemorrhage in patients of different age groups.

Materials and Methods of Research

Проведен ретроспеткивныйA retrospective analysis of the results of surgical treatment of patients with кровотечением из ВРВПHRV bleeding who were hospitalized in the 1st emergency abdominal surgical Department of FFRCEMP in the period from 201.77 to 2021 was conducted. Находились на лечении 102 patients were treated человек, из них мужчин — , including 74 men (72.5%) and 28 women 28(27.5%). By age, taking into account the current WHO classification, patients were divided into 4 groups: young-6 (5.9%), mature - 66 (64.7%), elderly and senile - 30 (29.4%).

The treatment was performed usingstatisticalprograms and methods: general clinical-эesophagogastroduodenoscopy (EGDS) with determination of the localization, severity of VVP and the state of local hemostasis.

Research Results and Discussion

The results of surgical treatment of patients with hemorrhage from VVP, hospitalized in the period from 201.77 to 2021, were analyzed.. Analyses showed that in 102 patientsприведшими к кровотечению из ВРВП , the etiological factors of portal hypertension that led to bleeding from VVP were: withиндром portal hypertension syndrome-3 (2.94%), liver cancerи - 3 (2.9494%), cirrhosis of the liver - 96 cases (94.11%). At the same time, in 48 cases (47.06%), cirrhosis of the liver developed against the background of chronic viral hepatitis C, in 2 cases (1.96 %) — against the background of chronic viral hepatitis B. The time of seeking medical help from the appearance of the first symptoms of bleeding has a significant spread and ranges from 1 hour to 14 days. However, thelargest number of patients was 36 (3,5.35,3%) who were hospitalized within 6 hours of the onset of bleeding. In the period from 6 to 18 hours, 20 people applied (19.6%), from 18 hours to 1.5,5 days – 23 (22.6%), from 1.5,5 to 3 days – 15 (14.7%), in the period over 3 days - 8 (7.8%). Active bleeding at the time of hospitalization was detected y in 36 patients (35.3 %), stopped bleeding-in 66 cases (64.7 %).

Blood loss was evaluated according to the classification of the American College of Surgeons (according to P. L. Marino 1998) [5]. A small degree of blood loss (Class I) was diagnosed in 22 patients (23.1%). Moderate grade (class II) was detected in 32 cases (33.7%). Large (class III) and massive (class IV) degrees of blood loss were found in 19 (20%) and 22 (23.2%) patients, respectively

At the time of admission to the clinic, all patients underwent diagnostic EGDS, during which the diagnosis was established, as well as localization of the prevalence of phleboectasias. Theechoscopic picture was evaluated according to the classification of N. Soehendra and K. Binmoeller [6]. Varicose veins of stage I-II were found in 2 patients (2%), Stage II - in 23 (22.5%), Stage II-III - in 46 (45%), Stage III - in 31 (30.4%). In 55 (53.9,9%) patients, dilation of venous drilling tables was found in all parts of the esophagus, in 31 (30.4%) — in the middle-lower parts, in 6 (5.9%) — in the lower third. In 4 cases (3.9%), a combined lesion of all parts of the esophagus with the cardiac part of the stomach was detected. Venous dilation in the mid-lower esophagus and stomach was detected in 5 patients (4.9%), in the lower third of the esophagus and stomach in 6 (5.9%). Isolated location of varicose veins in the bottom of the stomach was revealed in 2 patients (2%).

The analysis of concomitant pathology showed that most often bleeding from esophageal varicose veins occurred against the background of liver damage by hepatitis C virus-48 cases (47.06,06 %). In patients with R-type diseases of the cardiovascular system were detected in 82 cases (8,0. 40,4%), среди%), including: ischemicheart disease was detected y in 29 patients (28.4%), hypertension - in 40 (39.2,2%); chronic heart failure of the first стstage was detected in 3 cases (2.9 %), the second stage - in 10 (9.8%). Type A diabetes mellitusas a concomitant pathology was detected y in 2 (2%) patients, typea II – in 6 (5.9%).

Исключительно консервативную терапию получали 58 patients (56.9%) received exclusively conservative therapy. Combined hemostasis (combination of conservative therapy with other methods) was used in 3to 8 cases (37.3%): mechanical methods of hemostasis (Sengstaken – Blakemore probe) were used in 22 cases (2to 1.6%), endoscopic hemostasis (ligation with latexorings) in 10 cases (9.8%), venous suturing – in 2 (2%).

Of all patients, a successful outcome of treatment was observed in 98 cases (96%), in 4 cases there was a fatal outcome. Relapses of HRV bleeding were detected in 12 cases, which accounted for 11.8 %.

Conclusions

Thus, the conducted studies indicate thatcirrhosis of the liver, the etiological factor of which is viralый hepatitis C (48.4% of cases) is themain causeй кровотечений of bleeding from esophageal varicoseveins. Despite the widespread use of local endoscopic hemostasis techniques, recurrent bleeding occurs in 9.5 % of cases. Хирургическое лечениSurgical treatment of patients with cirrhosis of the liver, complicated by bleeding andз HVP, indicate the need for further improvement of methods of treatment and prevention of this pathology.

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