



STUDY OF THE EFFICACY OF CHOLELITHOLITIC THERAPY IN PATIENTS WITH CHOLELITHIASIS

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Annotation

Our research showed that the course of cholelitholytic therapy in patients with hypermotor dysfunction of the gallbladder (GB), the dissolution of stones gave the best results, than normomotor GB: complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), not dissolved - 2 (8%); and with normotonic GB is better than hypomotor dysfunction of the GB complete dissolution - 8 (57%), incomplete dissolution - 5 (36%), Not dissolved - 1 (7%); at hypomotor dysfunction ZhP complete dissolution - 20 (54%), incomplete dissolution - eleven (thirty%), Not dissolved - 6 (16%).

Keywords: cholelithic therapy, dysfunction gall bubble.

ИЗУЧЕНИЕ ЭФФЕКТИВНОСТИ ХОЛЕЛИТОЛИТИЧЕСКОЙ ТЕРАПИИ У БОЛЬНЫХ ХОЛЕЛИТИАЗОМ

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Аннотация

Наши исследования показали, что в ходе курсовой желчнокаменной терапии у больных с гипермоторной дисфункцией желчного пузыря (ЖП) растворение камней давало лучшие результаты, чем с нормомоторной ЖП: полное растворение - 19 (73%), неполное растворение - 5 (19%), не растворенный - 2 (8%); и при нормомоторной ГБ лучше, чем при гипомоторной дисфункции: полное растворение ГБ - 8 (57%), неполное растворение - 5 (36%), не растворившееся - 1 (7%); при гипомоторном дисфункция ЖП полное растворение - 20 (54%), неполное растворение - одиннадцать (тридцать%), не растворенное - 6 (16%).

Ключевые слова: желчнокаменная терапия, дисфункция желчного пузыря.





XOLELITIAZ BO'LGAN BEMORLARDA XOLELITOLITOTERAPIYA SAMARADORLIGINI O'RGANISH.

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Annotatsiya

Bizning tadqiqotimiz shuni ko'rsatdiki, o't pufagining giperomotor disfunktsiyasi (GB) bo'lgan bemorlarda qanday V oqim kursi xolelitolitik terapiya, toshlarning erishi normomotor GB ga qaraganda eng yaxshi natijalarni berdi: to'liq erishi - 19 (73%), to'liq erishi - 5 (19%)), erimagan - 2 (8%); va normotorik GB bilan GB ning gipomotor disfunktsiyasidan ko'ra yaxshiroqdir to'liq eritma - 8 (57%), to'liq bo'lmagan eritma - 5 (36%), Eritilmagan - 1 (7%); gipomotorda disfunktsiya ZhP to'liq erishi - 20 (54%), to'liq bo'lmagan eritma - o'n bir (o'ttiz%), Eritilmagan - 6 (16%).

Kalit so'zlar: xolelitik terapiya, o't pufagi disfunktsiyasi.

Relevance

IN developed countries gallstone disease (ZHKB) applies To number common diseases. Biliarystones (LC) are detected in 10-15% of the population. On Northwest Russia gallstones (JP) come to light V average at each fifthwomen and every tenth man [1, 2, 3, 4, 8]. From European countries greatest prevalence cholelithiasis marked V Switzerland: 18% - among men And 39.5% - among women, and the lowest in Portugal: 3.1% And 7.8% respectively. Exclusively rarely cholelithiasis meets at indigenous residents Thailand And Singapore. Most high frequency LCD installed at AmericanIndians - more than 90% of the female populationPima tribe older than 60 years old have LC [5,12,14,16]. INUSA prevalence cholelithiasis is 7.9%among men and 16.6% - among women.

It is noted that the inhabitants of Europe and NorthernAmerica dominated cholesterol stones, VThat time How at residents Asia And Africa - pigment [5]. In our country, the frequency of this diseases fluctuates from 5% before 20%. On today oral litholytic therapy really is only non-invasive method treatment sick With ZhKB. TO benefits such therapyrelate: absence expressed side effects effects, absence lethality, opportunityoutpatient treatment [6,13,15,17]. IN the present time Withthis purpose use drugs UDHC, That's why method often called ursotherapy .





The purpose of the study is to study the effectiveness cholelitholytic therapy sick cholelithiasis Withtaking into account kind violations contractile capabilities ZhP.

Materials and Methods

IN study entered 77 patients JCB: 54 (70.2%) - women And 23 (29.8%) - men. Age patients with GB dysfunction ranged from 18before 57 years (average age 34 ± 4.2). IN dependencies from states contractile the ability of the ZhP all patients were divided on the following groups, representative By age, gender indicators, indexbody weight, number and size of stonesAnd etc. IN first group entered data 37 patients With hypomotility , in second - 26 patients with hypermotility , and in the third - 14 persons With normal motility ZhP (controlgroup). Diagnosis cholelithiasis verified on based on the results of clinical anamnestic, ultrasonographic , A V individual cases - radiological ways research.

Criteria inclusion sick Vresearch group served:

- the presence of cholelithiasis at an early stage of development without seizures biliary colic V history
- absence chronic diseases liver, diabetes mellitus.

As our research and data have shown other authors [9-11, 18,20], count on successful dissolution of stones is possible only with strict selection patients:

- size stones Not must exceed 15 mm;
- stones must be purely cholesterol, that is, not giving a shadow on radiograph (X-ray negative) A on ultrasound Not giving "acoustic track";
- bilious bubble must fully retain its function, and the cystic duct it should be passable;
- bilious bubble must be filled stones less how half;
- bile duct must be free of stones.

All sick V quality litholytic facilities accepted a drug ursosan (ursodeoxycholic acid) V capsules By 250mg V dose 8-10 mg/kg/ day . results cholelitholytic therapy were controlledmonthly ultrasonographicresearch. On conducting researchwere the consent of the most participants and members of the ethical committee for human rightsin biomedicine at the Bukhara Statemedical institute.



Table 1 Indicators efficiency cholelitholytic therapy

Groupssick	After 3months			Through 6months			Through 9 months Andmore		
	1	2	3	1	2	3	1	2	3
	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %	<u>N</u> %
Hypomotor I dysfunction ZhP n=37 (48%)	<u>1</u> 4 3 8	<u>1</u> 3 3 5	<u>1</u> 0 2 7	<u>1</u> 7 4 6	<u>1</u> 2 3 2	<u>8</u> 2 2	<u>2</u> 0 5 4	<u>1</u> 1 3 0	<u>6</u> 1 6
Hypermotor and I dysfunction ZhP n=26 (34%)	<u>1</u> 3 5 0	<u>9</u> 3 5	<u>4</u> 1 5	<u>1</u> 6 6 2	<u>7</u> 2 7	<u>3</u> 1 1	<u>1</u> 9 7 3	<u>5</u> 1 9	<u>2</u> 8
Normal motility ZhP n=14 (18%)	<u>6</u> 4 3	<u>5</u> 3 6	<u>3</u> 2 1	<u>7</u> 5 0	<u>5</u> 3 6	<u>2</u> 1 4	<u>8</u> 5 7	<u>5</u> 3 6	<u>1</u> 7
Total n=77 (100%)	<u>3</u> 3 4 3	<u>2</u> 7 3 5	<u>1</u> 7 2 2	<u>4</u> 0 5 2	<u>2</u> 4 3 1	<u>1</u> 3 1 7	<u>4</u> 7 6 1	<u>2</u> 1 2 7	<u>9</u> 1 2

Note: 1 - complete dissolution, 2 - incomplete dissolution, 3 - not dissolved

Received results processed statistically With using programs statistics 5.0. (statsoft , USA), statistically meaningful was considered magnitude $p < 0.05$. The results are expressed as average \pm standard deviations (SD).

Parametric data with normal type distribution compared With help t- Student's criterion . We examined patients V flow 1 of the year. At all sick were cholesterol stones, which had, How usually round or oval in shape and were identified on the basis relevant criteria [20-23]. Quantity stones V bilious bubble was from 2 up to 5. In 37 patients, microliths had a size of up to 5 mm, at 30 - up to 6-8 mm and at 10 - 10 mm.

Results and its Discussion

As seen from tables, on 3 month treatment V 1 group patients observed complete dissolution - 14 (38%) incomplete dissolution - 13 (35%), non-dissolution - 10 (27%). In group 2, complete dissolution - 13 (50%), incomplete dissolution - 9 (35%), not dissolved - 4 (15%). IN 3 group, complete dissolution - 6 (43%), incomplete dissolution - 5 (36%), Not dissolved - 3 (21%). At 6 months of treatment V 1 a group of patients complete dissolution - 17 (46%), incomplete dissolution - 12 (32%), undissolved - 8 (22%). In 2 group, complete dissolution - 16 (62%)



incomplete dissolution - 7 (27%), insoluble - 3 (11%). In group 3, complete dissolution - 7 (50%), incomplete dissolution - 5 (36%), undissolved - 2 (14%). On 9 And more month treatment V 1 group sick, complete dissolution - 20 (54%), incomplete dissolution - eleven (thirty%), undissolved - 6 (16%). In 2 group, complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), insoluble - 2 (8%). In group 3, complete dissolution - 8 (57%), incomplete dissolution - 5 (36%), insoluble - 1 (7%). For 9 or more monthly courses ursotherapy identified the following results: on 3 month complete dissolution - 33 (43%), incomplete dissolution - 27 (45%), undissolved - 17 (22%); on 6 month complete dissolution - 40 (52%), incomplete dissolution - 24 (31%), undissolved - 13 (17%); on 9 and more months complete dissolution 47 (61%), incomplete dissolution - 21 (27%), insoluble - 9 (12%). Our research showed What V flow course cholelitholytic therapy at sick With hypermotor dysfunction ZhP dissolution stones gave the best results, how normomotor function of the gallbladder: complete dissolution - 19 (73%), incomplete dissolution - 5 (19%), undissolved - 2 (8%); and have normomotor GB is better than GB hypomotor dysfunction complete dissolution - 8 (57%), incomplete dissolution - 5 (36%), undissolved - 1 (7%); at hypomotor dysfunction ZhP complete dissolution - 20 (54%), incomplete dissolution - eleven (thirty%), undissolved - 6 (16%).

Conclusions.

1. Conducting 9 or more monthly course therapy drug Ursosan V form capsules sick cholelithiasis And different types dysfunctions ZhP reliably dissolves bile stones.
2. During the course of ursotherapy in patients with hypermotor dysfunction of the gallbladder dissolution of stones prevailed how at normomotor And hypomotor dysfunction of the gallbladder.
3. Installed good portability 90 daily course of therapy with Ursosan in sick ZhKB. Side effects reactions V form light nausea, vomiting observed at one patient, taking the drug.
4. A drug Ursosan Maybe be successfully used How V monotherapy , So And V integrated therapy sick cholelithiasis, V volume including And How hepatoprotector.

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