Introduction: To determine the features of pathogenesis of complications and the development of measures to improve the results of surgical treatment of liver echinococcosis.

Method: This report is based on the results of examination and treatment of 432 patients with liver echinococcosis who were on treatment in the clinic from 1992 to 2017. There were 291 men (67.4%), women 141 (32.6%). The age of patients was from 18 to 74 years. Out of 432 patients, 283 (65.5%) were operated single-handedly and 149 (34.5%) patients underwent two and multiple operations with the development of postoperative complications. A total of 656 surgical interventions were performed, including: various variants of echinococccectomy were performed in 238 (55.1%), pericystectomy in 126 (29.2%), ideal echinococccectomy in 22 (5.1%), liver resection - 46 (10.6%). For diagnosis of electro surgery and choice of methods of surgical treatment, patients underwent ultrasound, CT, celiacography and splenoportography.

Result: Acute postoperative liver failure occurred in 28 (6.5%) patients, postoperative peritonitis - in 20 (4.6%), bleeding - 10 (2.3%) and 7 (1.6%) patients had complications, not related to the nature and extent of the operation performed.

Fig.1. Transfusion examination of the residual cavity

When liver resections of 37 patients were performed in the preand postoperative period, patients were assigned medium-molecular heparin-fraxiparine for the prevention of venous thrombosis and liver sequestration. When pericystectomy and echinococccectomy were performed, 61 patients were coagulated for the prevention of bile cystitis, or their zone was actively drained.

Fig.2. Endophoto. Suppuration of the residual cavity of echinococcosis of liver

In the formation of biliodigestive anastomoses, in 27 cases, the seam lines were successfully reinforced with TachoComb plates. In the postoperative period, 10 (2.3%) patients died.

Conclusion: The development of postoperative complications of liver echinococcosis is dominated by significant pathomorphological changes in the liver parenchyma, accompanied by latent liver failure, as well as tactical and technical medical errors committed in the pre-operative period and during the operation.