DIAGNOSIS AND TREATMENT OF CHOLANGIOGENIC LIVER ABSCESSES

**Method:** We have experience in complex diagnosis and surgical treatment of 48 patients with cholangiogenic liver abscesses (CLA) who were on treatment between 2004 and 2017 on the basis of the Department of Faculty Surgery of the Tashkent Medical Academy. Women were 40 (83.3%), men - 8 (16.7%). The age of patients is from 28 to 74 years.

Causes of HAP: choledocholithiasis - in 36 (75.0%) observations, cicatrical strictures of the bile ducts of traumatic genesis - in 10 (20.8%), stenosis of the large duodenal papilla - in 2 (4.2%) cases. Clinical laboratory and instrumental methods of investigation, including ultrasound, CT, MRI and ERCPC were used to diagnose CLA.

**Introduction:** The aim of the study was to improve the results of treatment of acute purulent cholangitis and its complications.

**Conclusion:** Diagnosis of HAP should be complex, which allows you to choose the most optimal method of treatment.

**Result:** The severity of the condition of patients with CLA in all observations was due to endotoxicosis and severe hepatic insufficiency. Thus, in 98% of cases, high levels of markers of endogenous intoxication were observed (MSM - 0.985 ± 0.12 units, LI - 6.1 ± 1.0 units, MDA - 6.1 ± 1.2 mmol / L) and cytolytic enzymes (AlAt - 1.3 ± 0.9 mmol / L, AcAt - 1.2 ± 0.8 mmol / L). Highly informative instrumental methods for diagnosis of HAP were ultrasound and CT, which allowed in 89-90% of observations to detect the presence of abscesses in the liver, enlargement of the intrahepatic bile ducts, as well as the presence of concrements and stricture of the bile ducts. An obligatory component of treatment of HAP was the appointment of antibacterial. In the postoperative period, complications with 6 (12.5%) deaths were noted in 15 (31.3%) cases.