Method: For the period 2004-2017 on the basis of faculty surgery department of Tashkent Medical Academy operated 53 patients with scar stricture EHBD. The study was dominated by women - 42 (79.2%). The mean age of the patients was 57.2 ± 3.6 years. The strictures of EHBD were noted in 32 (60.4%); strictures of biliodigestive anastomoses - in 21 (39.6%) (hepatocoduodenostomy - 6, hepatic uninostomy - 15). According to H. Bismuth classification, the patients were distributed as follows: type I - 11 (20.8%), type II - 17 (32.0%), type III - 12 (22.6%), type IV - 9 (17.0%), type V - 4 (7.6%).

Introduction: The aim of the study was to study the results of treatment of purulent biliary complications in patients with scar stricture of extrahepatic bile ducts (EHBD).

Conclusion: In patients with postoperative cicatricial strictures of EHBD and biliodigestive anastomoses, cholangiogenic abscesses are highly likely. Patients with miliary abscesses of the liver require an individual approach, combining in-traoperative opening of abscesses with puncture sanation of the remaining cavities.

Result: A regularity was noted: the higher the stricture, the faster the disease progressed. With high strictures, patients were admitted through 4.7 ± 0.9 months after the first operation; at low - after 13.6 ± 5.8. As the stricture was formed, the patients developed cholangitis, the disease acquired a wavy course. The most informative were RHPH with a tight filling of the HP and MR-cholangiography. During the operation, chronic cholangitis was detected in all patients: thickening of the wall of HPV - in 53 (100%), turbid viscous bile with flakes and small calculi - in 39 (73.6%), purulent bile - in 14 (26.4%), miliary abscesses of the liver - in 6 (11.3%), solitary abscesses - in 2 (3.8%).