POSSIBILITIES OF RETROGRAD INTERVENTIONS IN CHOLEDOCHOLITIASIS AND STENOSIS OF THE TERMINAL DEPARTMENT OF CHOLEDOCHUS

Introduction: Study the possibility of endoscopic retrograde interventions in choledocholithiasis and stenosis of the terminal department of choledochus.

Conclusion: Thus, the main method for diagnosis and treatment of choledocholithiasis and stenosis of the terminal department of choledochus is ERCP with EPST. If it is not possible to perform endoscopic interventions on the large duodenal papilla, open operations on the choledochus are performed with the imposition of biliodigestic anastomoses.

Results: 42 patients had mechanical jaundice when they received or in the anamnesis. Clear preoperative data for the pathology of choledochus in the conduct of ultrasound and FGDS with the examination of the LBD was not received. The diameter of the choledochus, according to ultrasound, ranged from 5 mm to 1.4 cm (8.3 ± 1.42 cm). All patients underwent endoscopic retrograde cholangiopancreatography, in which 22 (48.9%) observations of the choledocholithiasis of the terminal choledochus were observed, 14 (31.1%) had stenosis and 9 (20%) had a combination of choledolithiasis with stenosis of the distal section of the common bile duct duct.

Material and methods: From 2012 to 2017 in the faculty surgery department of Tashkent Medical Academy endoscopic methods of treatment of choledocholithiasis and stenosis of the terminal department of choledochus were used in 45 patients. Among the patients were 34 (75.6%) women and 11 men (24.4%) aged 24 to 80 years (mean age 54.3 ± 7.22 years). All patients on admission performed ultrasound examination (US) of the abdominal cavity and fibrogastroduodenoscopy (FGDS) with examination of the large papilla of the duodenum (LPD); endoscopic retrograde cholangiopancreatography (ERCP). Also, all patients underwent laboratory tests, while the level of bilirubin in patients treated with mechanical jaundice fluctuated from 25.5 to 293.1 mmol / l (87.4 ± 9.23 mmol / l).