MINIMALLY INVASIVE METHODS IN TREATMENT OF LIVER ABSESSES

Introduction: The purpose of the study was to show the role of the complex of minimally invasive techniques in the treatment of liver abscesses.

Results: The choice of surgical tactics for the resolution of liver abscess was determined differentially, depending on the etiology, size and number of purulent foci. With multiple small abscesses (1-2 cm in diameter), provided adequate patency of the biliary tract, only antibacterial therapy was prescribed (cephalosporins III-IV generation, fluoroquinolones, metrogyl). In most other observations, the minimally invasive techniques were considered to be the leading method for treating liver abscesses. Puncture method of sanation of hepatic abscess under ultrasound guidance in combination with antibiotic therapy was used for small (up to 3-4 cm in diameter) purulent cavities. In the vast majority of cases, the use of minimally invasive techniques led to complete recovery. There were no lethal outcomes. In 2 cases, percutaneous drainage was unsuccessful due to the presence of large sequesters and multi-chamber cavities, which required the implementation of liver resection.

Material and methods: The study presents the experience of treating 46 cases of liver abscesses at the Department of Faculty Surgery of the Tashkent Medical Academy. In most cases, there were abscesses of cholangiogenic nature - 22 (47.8%); less frequent contact abscesses of the liver - 4 (8.7%); parasitic - 4 (8.7%); pylephlebitic - 3 (6.5%); abscesses were formed due to infection of liver cysts in 5 (10.9%) cases (simple - 3, echinococcal - 2); purulent foci were formed after radiofrequency ablation of the tumor in 3 (6.5%) observations and in 1 due to tumor necrosis after fatty chemoembolization of the blood vessels of the liver.

Conclusion: The differentiated application of a complex of minimally invasive techniques in combination with rational antibiotic therapy allows to achieve recovery in most cases of intrahepatic abscessing.