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THE ROLE OF EARLY DIAGNOSIS IN MODERN SURGERY

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Relevance

Despite the achievements and development of surgery, the problem of cholelithiasis (GSD) and, in particular, choledocholithiasis remains relevant. In general, 5-15% of patients with gallstone disease have calculi in the extrahepatic bile ducts.

The incidence of choledocholithiasis increases with age. About 20-25% of patients over 60 years of age with a clinic of gallstone disease, calculi occur both in the common bile duct and in the gallbladder. In this regard, choledocholithiasis and its treatment is an important clinical problem. The main goal in the treatment of choledocholithiasis is the complete removal of stones from the lumen of the common bile duct and cholecystectomy.

The diagnosis and treatment of choledocholithiasis has changed dramatically over the past 30 years. Since the beginning of the eighties, the rapid spread of endoscopic techniques, namely the introduction of endoscopic retrograde cholangiopancreatography (ERCP), has changed approaches in the treatment of patients suffering from cholelithiasis, thus potential patients with choledocholithiasis. During the 1990s, the spread of laparoscopy changed the principles of surgical treatment of cholelithiasis more radically, with the introduction of laparoscopic cholecystectomy, intraoperative cholangiography, and the possibility of laparoscopic examination of the common bile duct. At the same time, other treatments for choledocholitosis were proposed, including lithotripsy.

The lack of generally accepted tactics and the variety of approaches in the treatment of choledocholithiasis play a major role in the development of numerous complications and deaths, which emphasizes the relevance of this problem, forcing us to look for new ways to optimize the treatment and diagnostic algorithm for patients with choledocholithiasis and rationalize the choice of surgical technologies.

Materials and methods. The study was carried out on the basis of the Bukhara branch of RNCEM for the period from 2010 to 2015. The work is based on a retrospective and prospective analysis of the case histories of 598 patients with suspected choledocholithiasis. The selection criteria were predictors developed earlier to justify the selective use of intraoperative cholangiography [Barcun et al., 1994]. Considering the goals and objectives of this study, all patients were divided into 4 groups depending on the additional research method included in the generally accepted algorithm for diagnosing choledocholithiasis (clinical and biochemical blood tests, ultrasound, endoscopy). The formed groups were subjected to multivariate studies. Methods of additional diagnostics, types of surgical interventions, age and gender were taken into account. In group I, in addition to standard diagnostic methods, magnetic resonance cholangiopancreatography was performed (308 patients). Group II is represented by patients additionally examined by endoscopic ultrasonography (131 patients). In group III, patients were examined by a complex method, including magnetic resonance cholangiopancreatography and ultrasonography (110 patients). Group IV - control group, represented by patients examined by standard methods of research (49 patients).

Results. The groups are homogeneous in terms of age and gender. The average age of patients in group I was 61.9+1 years; Group II - 59+1; Group III - 62+1; Group IV - 60+1. The groups were

dominated by female patients - 3:1. Reliability of differences P < 0.005. The overall accuracy of MRCP in the diagnosis of choledocholithiasis is 90%, the specificity is 91.3%, and the sensitivity is 88.5%. For ultrasound, these figures were 93.1%, 90.7% and 94.5%, respectively. The diagnostic accuracy of a comprehensive examination is 98.9%. ERCP was chosen as the diagnostic criterion for the informativeness of MRCP and EUS in the detection of choledocholithiasis.

Conclusion: The complex use of MRCP and ultrasound in the diagnosis of choledocholithiasis allows you to get the most complete information about the state of the intra- and extrahepatic bile ducts. Optimization of the diagnostic program allows to improve the results of surgical treatment of choledocholithiasis due to the reasonable use of surgical intervention. Reducing the number of "unnecessary" operations leads to a decrease in the frequency of complications.

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