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Research Article

POSSIBILITIES OF TREATING PERFORMATIVE ULCERS OF THE STOMACH AND DUODENUM BY MEANS OF ENDOVIDEOSURGERY

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ABSTRACT

The article presents the results of treatment of gastric and duodenal ulcer perforation and its complications in 35 children aged 12 to 18 years. Cases of videolaparoscopic removal of gastric and duodenal ulcers performed in these patientsIn 27 (77.2%) cases, it was successfully completed, and in 3 (8.6%) cases, conversion occurred. Traditional "open" surgical interventions were performed in 5 (14.2%) patients. The information content of ultrasound and X-ray methods of preoperative diagnosis was evaluated. In particular, the specific course of the disease and the results of diagnosis and treatment of the clinical manifestations of the studied disease were analyzed. A comparative analysis of videolaparoscopic and "open" surgical interventions for perforated ulcers of the stomach and duodenum was conducted.

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KEYWORDS

video laparoscopy; children; gastric and duodenal perforation.

INTRODUCTION

Relevance of the problem:Complications of peptic ulcer and duodenal ulcer, an important part of pediatric surgical gastroenterology, are steadily increasing [1, 2].Despite many years of experience in the treatment of gastric and duodenal ulcer perforation and continuous improvement of its methods, many issues are still controversial and not fully resolved.Based on the latest medical literature, it can be said that duodenal ulcer in children occurs in 99% of cases, 0.5-0.75% - in the stomach, and in 0.25% of cases, mixed types are observed. The most serious complications are perforation of the stomach and duodenal ulcer, which requires urgent surgery.

Purpose of work: to determine the expediency of treatment, the effectiveness of diagnostic measures and to study the results of endovideolaparoscopic surgery of gastric and duodenal ulcer perforation in children.

Research materials and methods:In 2012-2023, 35 patients aged 12 to 18 who underwent surgery with the diagnosis of gastric and duodenal ulcer perforation at the Republican Children's Minimally Invasive and Endovisual Scientific and Practical Center were studied. 4 (22.3%) of them were girls, and 31 (77.7%) were boys.

Table #1

Distribution of patients by age and gender (n-35)

Gender of patients	age		total
	12-15 years old	16-18 years old	
Boys	11(31.4%)	20(57.1%)	31(88.5%)
Girls	1(2.9%)	3(8.6%)	4(11.5%)
total	12(34.3%)	23(65.7)	35(100%)

Results and their discussion: All patients were urgently admitted to the surgical intensive care unit for intensive treatment and preoperative preparation after complete diagnostic tests. At the time of

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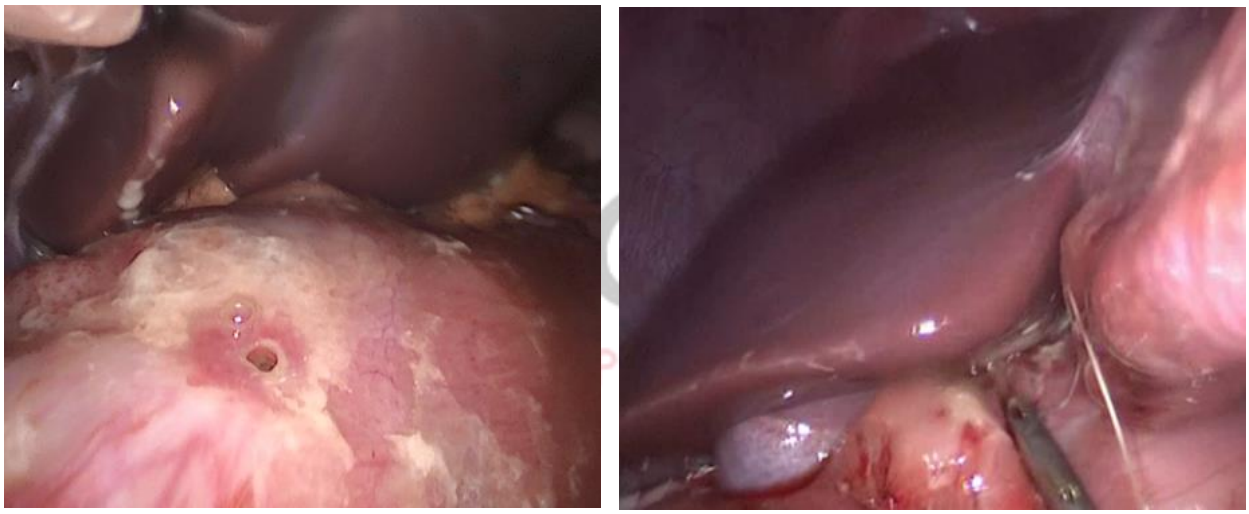
admission, 32 patients were in moderate condition, and the remaining 3 were in severe condition. The average duration of illness in all patients was up to six hours. 85% of children had no "history of gastric and duodenal ulcers". 34 (94.4%) patients had general peritoneal symptoms, only one had local pain in the epigastric area. General radiography of the abdominal organs was performed in 28 patients (77.7 %) showed the presence of air in the area under the diaphragm. 7 patients (22.3%) underwent EFGDS, and after the examination, repeated abdominal radiography revealed the presence of free air under the diaphragm. Gastric ulcer was found in 3 patients during EFGDS. 27(77.2%)) surgical operation of suturing punctured wounds by endovideolaparoscopic method was performed in 1 child, and one child had a clinic of acute appendicitis, surgical interventions were carried out with a Dyakonovo-Volkovich incision in the right iliac region.



Removal of gastric and duodenal ulcer perforation by videolaparoscopic method

Perforation of the duodenum was observed in 6 (17.2%) children, and the wound was located in the upper part of the duodenum (pars superior). In 7 (20%) children, a perforated ulcer is located in the pyloric area of the stomach. Stomach perforative ulcer was found in 5 (14.2%) patients, and it was found that the ulcer was mainly located on the front surface of the stomach in the greater curvature - in 3 patients and in 2 patients in the lesser curvature of the stomach. The size of the perforating wounds consisted of round sclerotic tissue with a diameter of 3 mm to 9 mm. Taking into account the condition of the outer surface of the wound, smoothing of the wound edges was not performed.

Table #2.

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Distribution of patients by localization of gastric and duodenal perforation

Localization of gastric and duodenal perforation	Number of patients (%)
Stomach ulcer	29 (82.9%)
12 finger ulcer	6(17.1)
total	35(100)

Perforative ulcers of the stomach and duodenum were sutured videolaparoscopically with two rows of sutures (a nasogastric tube was inserted into the stomach and its pyloric section). Taking into account the occurrence of chemical burns on the peritoneum due to the action of hydrochloric acid and bile with a perforated gastric ulcer and duodenal ulcer in the abdominal cavity, the tactics were as follows. All patients were sanitized by washing the abdominal cavity with 10-12 liters of ozone-physiological solution and treated with an antiseptic solution (dioxidin), for control, a drainage tube was left in the stomach perforation area and small pelvic cavity. Postoperatively, patients were treated with standard protocols for gastric and duodenal ulcers. All of them were discharged home from the hospital in satisfactory condition. No complications were observed in the postoperative period. During the first three years, courses of treatment against abdominal adhesion disease were conducted. In the long-term period, all patients underwent endoscopic examination for 6 months and one year - it was found that the ulcer of the stomach and 12th finger was healed, and there were no recurrent abdominal syndromes.

Conclusions:A comprehensive diagnostic program for diagnosing perforated ulcers of the stomach and duodenum is carried out using endovideolaparoscopic methods. General radiography and, if necessary, EFGDS are carried out in the vertical position of the patient. The presence of perforation is an indication for diagnostic laparoscopy with suturing of the gastric or duodenal defect, and then it is recommended to wash the abdominal cavity with an ozonophysiological solution to minimize the effect of hydrochloric acid and bile on the peritoneum. Minimally invasive treatment methods are traditional methods for the treatment of perforated gastric ulcers and duodenal ulcers. With the help of endovideolaparoscopic technologies, the technique of suturing wounds is reliable, the minimal trauma of surgery allows early activation of patients, patients reduce the time of day-patient treatment.

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