

MODERN DIAGNOSIS AND TREATMENT TECHNIQUES IN CASES DIAPHRAGMATIC HIATAL HERNIA WITH ACUTE CHOLECYSTITIS

Urokov Sh. T.,
Khalikov F. Y.,
Kenjaev L. R.,
Hamroev Kh. N.

Bukhara State Medical Institute named after Abu Ali Ibn Sina, Department of Surgical Diseases and Resuscitation, Bukhara Branch of the Republican Scientific Center for Emergency Medicine, Republic of Uzbekistan, Bukhara sh.

Relevance of the subject: Diaphragmatic hiatal hernia (HDH) is considered to be one of the leading diseases of the digestive system, but the exact prevalence of this condition is difficult to determine due to its often asymptomatic course and the subjectiveness of diagnostic criteria. Today, 10-15% of the world's population suffers from cholelithiasis. However, in the Russian Federation, the number of patients suffering from gallstones in one year is 1 million, and about 500,000 people are treated surgically every year due to this disease. Along with the increase in the number of operations in gallstone disease, the number of operations that do not confuse either the patient or the surgeon is also increasing proportionally. About 10-20% of patients come to the clinic after the operation with abdominal cramps, hangovers in the upper part of the abdomen, belching, stuttering, boils in urine and a number of dyspeptic changes.

The purpose of the study: to increase the efficiency of the diagnosis and treatment results in cases where hernias of the diaphragmatic opening are accompanied by acute cholecystitis.

Material and method: The scientific work was carried out in the Bukhara branch of the Republican Emergency Medical Merit Scientific Center and in the I-II emergency surgery departments of the Bukhara State Medical Institute named after Abu Ali ibn Sino, Department of "Surgical Diseases and Reanimation", from 2017 to 2023.

Laboratory and instrumental examination methods were used to examine such patients. Clinical and laboratory methods of diagnostic algorithm, ultrasound and endoscopic examination of abdominal organs, state of the duodenal tube (KDS), endoscopic examination of the upper part of the gastrointestinal tract, MSCT, x-ray



contrast examination of the gastrointestinal tract were performed according to the instructions.

Control patients were divided into 2 groups. Group I included patients with acute cholecystitis who underwent surgery (cholecystectomy) but had dyspeptic complaints (n=35). These patients complained of various dyspeptic symptoms in the postoperative period: boils in urine, throat rest, mouth soreness, stomach ache after taking food, belching. Among this group of patients, when the above-mentioned instrumental examination methods were carried out, post-redundant hernia of the diaphragm (RDH) and various degrees of reflux-esophagitis and GERD were detected. These patients were examined based on clinical symptoms, retrospective medical history and current condition. The II main group of patients (n=49) who presented with UTX and suffered from long-term dyspeptic symptoms in addition to the main attack symptoms in their complaints, in addition, patients with various degrees of developed CKD were selected when the above-mentioned instrumental examination methods were performed. Aels (36 men and 48 women) predominated by sex.

We divided according to the classification of the World Health Organization: 18 - 44 years old, 45 - 59 years old - middle age; 60 - 74 years old - old age, 75 - 90 years old - young old age, over 90 years old - distant residents.

Results of the study: in the first group of patients - the syndrome of ogress under dreams was 15 (43%), while in the second group it was 18 (37%). Often, pain was associated with changes in body position, 15 (43%) during meals. The most characteristic ogress are behind the dream and in the epigastric branch and have a burning or dull (pressing) nature.

In the first group of patients, 35(100%) complained of boils, 28(80%) of heartburn, and 15(43%) of abdominal and epigastric pain. These patients complained of the pain described above both before and after cholecystectomy.

In the second group of patients, patients with UTX developed symptoms characteristic of acute cholecystitis: these are esophageal ulcers and ogress in the epigastric area, Murphy, Ortner-Grekova, Musse-Giorgievskogo (Phrenicus symptom), reflux - esophagitis and various types of DKTCh. had dyspeptic symptoms: boils in urine 49(100%), heartburn 41(84%), stomach ache after eating 18(37%), belching 39(80%), dysphagia 5(11%), daytime nausea and vomiting was observed in 15 (31%) cases.



It was found that epigastric pain and pain under the right rib cage occurred in 100% of cases in both groups, weakness and loss of appetite - 32(92.7%) and 42(86.3%) respectively in groups I and II; nausea, vomiting and dyspepsia – 33

Conclusion: Patients presenting with acute cholecystitis have a long-term symptom complex consisting of general dyspeptic symptoms characteristic of diaphragmatic hernia. In the pre-operative period, additional instrumental examinations should be performed in case of suspected gastroesophageal reflux disease.

The sequence of operations should be observed in patients who are referred to diaphragmatic hernia, gastroesophageal reflux disease together with acute cholecystitis. First of all, cholecystectomy, and in the second stage, performing a fundoplication operation with replacing the instruments with ultrasound devices.

