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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ


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ANALYSIS OF THE RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH INGUINAL HERNIAS

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ANNOTATION

234 male patients with various types of inguinal hernias were selected for the study. The patients were divided into two groups depending on the choice of treatment tactics: – the comparison group consisted of 96 (41.0%) patients with a herniated disc who underwent autoplasty of the hernia using traditional methods; - the main group consisted of 138 (59.0%) patients, of which 63 (45.6%) underwent the Lichtenstein technique, and 75 (54.4%) underwent “tension-free” hernialloplasty according to the modified technique we proposed. The use of an algorithm for selecting a tension-free method of hernia alloplasty depending on the condition of the tissues of the inguinal triangle made it possible to reduce the overall incidence of postoperative complications from 13.5% to 7.2% ($p = 0.045$). The Lichtenstein operation, as well as the use of its improved technique, made it possible to improve the quality of rehabilitation, reducing specific complications, including recurrent hernias, from 8.5% in the comparison group to 1.7% in the main group.

Key words: inguinal canal hernia, treatment, Lichtenstein operation.

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АНАЛИЗ РЕЗУЛЬТАТОВ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ПАЦИЕНТОВ С ПАХОВЫМИ ГРЫЖАМИ

АННОТАЦИЯ

Для исследования были отобраны 234 пациента мужского пола с различными видами паховых грыж. Больные были разделены на две группы в зависимости от выбора тактики лечения: – группу сравнения составили 96 (41,0%) больных с грыжей межпозвоночного диска, которым была выполнена аутопластика грыжи традиционными методами; - основную группу составили 138 (59,0%) больных, из них 63 (45,6%) выполнена методика Лихтенштейна, а 75 (54,4%) - «ненатяжная» герниаллопластика по предложенной нами модифицированной методике. Применение алгоритма выбора ненатяжного метода герниоаллопластики в зависимости от состояния тканей пахового треугольника позволило снизить общую частоту

послеоперационных осложнений с 13,5% до 7,2% ($p=0,045$). Операция Лихтенштейна, а также использование ее усовершенствованной методики позволили улучшить качество реабилитации, снизив специфические осложнения, в том числе рецидивы грыж, с 8,5% в группе сравнения до 1,7% в основной группе.

Ключевые слова: грыжа пахового канала, лечение, операция Лихтенштейна.

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CHOV CHURRASI BILAN OG‘RIGAN BEMORLAR XIRURGIK DAVOSI NATIJARINING TAHLILI

ANNOTATSIYA

Tadqiqot uchun har xil turdagi chov churralari bo‘lgan erkak bemorlardan 234 tasi tanlab olindi. Bemorlar davolash taktikasini tanlashga bog‘liq holda ikki guruhga bo‘lingan: – taqqoslash guruhi an’anaviy usullar yordamida churra autoplastikasi o‘tkazilgan chov churrasi bo‘lgan 96 (41,0%) nafar bemorlardan tashkil topgan; - asosiy guruh 138 (59,0%) nafar bemorlardan tashkil topgan bo‘lib, ularning 63 (45,6%) nafarida Lixtenshteyn usulida, hamda 75 (54,4%) nafarida biz tomonimizdan taklif qilingan modifikatsiyalashgan usul yordamida “taranglashmagan” chov gernalloplastikasi o‘tkazilga. Chov uchburchagidagi to‘qimalar holatiga ko‘ra gernoalloplastikaning taranglashmagan usulini tanlash algoritmining qo‘llanilishi operatsiyadan keyingi asoratlar umumiy chastotasini 13,5% dan 7,2% gacha kamaytirish imkonini berdi ($p=0,045$). Lichtenstein operatsiyasi, hamda uning takomillashtirilgan usulining qo‘llanilishi xususiy asoratlarni, jumladan churra qaytalanishini taqqoslash guruhidagi 8,5% dan asosiy guruhda 1,7% gacha kamaytirib, reabilitatsiya sifatini yaxshilash imkonini berdi.

Kalit so‘zlar: chov churrasi, davolash, Lixtenshteyn operatsiyasi.

Chov churralari sababli bajarilgan operatsiyalar qorin bo‘shlig‘i a‘zolari rejali operativ aralashuvlari orasida yetakchi o‘rinlardan birini egallashda davom etmoqda va ularning ulushi 10-15% ni tashkil qiladi [2, 5, 7]. Avvalgi kabi, chov churralarining hayot uchun xavfli asoratlardan biri uning qisilishi bo‘lib qolmoqda va shoshilinch operatsiyalardan keyin o‘lim darajasi 2-6% ni, qari va keksa yoshdagi bemorlarda bu ko‘rsatkich 12,5% ni tashkil etadi. Shu sababli, churra tashuvchilarda minimal jarrohlik aralashuvlarida yuqori klinik samaradorlikni beruvchi gernioplastika usullaridan foydalangan holda, yanada faol rejali davolash ishlarini o‘tkazish talab etiladi. Klassik autoplastika usullari katta bo‘lmagan, hamda chov kanali orqa devori to‘liq buzilmagan chov churralarida o‘zining samaradorligini isbotladi va chov kanali plastikasida o‘z o‘rniga ega bo‘lib kelmoqda. Shunday bo‘lsada, bu usullarning keng qo‘llanilishi hatto birlamchi operatsiyalardan keyin ham 6,2-10,2% ni tashkil qiluvchi residivlarning mavjudligi tufayli ko‘p jarrohlarni qoniqtirmay qo‘ydi [1, 3, 4].

Jahon amaliyotida hozirgi kunda chov churralari rivojlanishining patogenetik mexanizmlarini turli omillarga, shu jumladan chov kanali devorining mushak va biriktiruvchi to‘qimali karkasidagi tuzilmaviy o‘zgarishlarga, modda almashishi buzilishlariga, o‘rta va keksa yoshdagi odamlarda kollagen sintezining buzilishi, hamda churra paydo bo‘lishiga moyillik qiluvchi boshqa holatlarga bog‘liqligini o‘rganishga bag‘ishlangan tadqiqotlar dolzarb bo‘lib qolmoqda [6, 8]. To‘rli protez implantatsiyasiga javoban haddan tashqari, ko‘p miqdorda seroz – gemorragik suyuqlik ajratilish muammosi ham hal etilmasdan qolmoqda. Chov kanali devorining fasial-mushak-aponevrotik kompleksining yosh, jins va tipga bog‘liq xususiyatlarini o‘rganish, chov churralarini turli xildagi jarrohlik usullari yordamida davolashni morfofunktsional jihatdan asoslash, hamda sintetik alloplastika materiallarini qo‘llashga individual yondashuv masalalari alohida ahamiyatga ega.

Tadqiqotning maqsadi chov churralari bilan bemorlarda gernioplastikaning texnik jihatlarini takomillashtirish orqali davolash natijasini yaxshilashdan iborat.

Tadqiqot materiallari va usullari. Tadqiqot Samarqand davlat tibbiyot universiteti ko‘p tarmoqli klinikasi jarrohlik bo‘limida 2013-2022-yillarda chov churrasi mavjud bemorlarni tekshirish

va davolash natijalari asosida olib borildi. Istiqbolli dinamik faol tadqiqot uchun har xil turdagi chov churralari bo‘lgan erkak bemorlardan 234 tasi tanlab olindi. Barcha bemorlar rejali ravishda operatsiya qilingan va davolash taktikasini tanlashga bog‘liq holda ikki guruhga bo‘lingan: – taqqoslash guruhi an’anaviy usullar yordamida churra autoplastikasi o‘tkazilgan chov churrasi bo‘lgan 96 (41,0%) nafar bemorlardan tashkil topgan; - asosiy guruh 138 (59,0%) nafar bemorlardan tashkil topgan bo‘lib, ularning 63 (45,6%) nafarida Lixtenshteyn usulida, hamda 75 (54,4%) nafarida biz tomonimizdan taklif qilingan modifikatsiyalashgan usul yordamida “taranglashmagan” chov gernialloplastikasi o‘tkazilgan.

Asosiy guruhdagi 103 (74,6%) nafar bemorda Linteks firmasining Esfil standart monofilamentli polipropilen to‘rli implanti qo‘llanilgan bo‘lsa, 35 (25,4%) nafar bemorda "Physiomes" yoki "Prosid" (Ethicon) kompozit to‘rli implantlaridan foydalangan.

Taqqoslash guruhidagi bemorlarda (n=96) churrani kesishda chov kanalini plastika qilish uchun Jirar – Spasokukoskiy – Kimbarovski (n=27 (28,1%)) va Postempski (n=69 (71,9%)) usullarida an’anaviy mushak-aponevrotik "taranglashgan" plastikasidan foydalanildi.

Tadqiqot guruhlarining ikkalasida ham bemorlarning o‘rtacha yoshi statistik jihatdan ishonchli darajada taqqoslanadigan bo‘ldi: asosiy guruhda – 45,4±0,3 yosh, taqqoslash guruhida – 46,3±1,0 yosh (p>0,05).

Bemorlarning asosiy qismida kasallik davomiyligi bir yilgacha bo‘lgan guruhda bo‘ldi – 81 (34,6%). Gerniasiya davri tarixiga ko‘ra, 14 (5,9%) nafar bemorda kasallik 10 yildan ortiq vaqt davomida kuzatilgan. Bu asosiy guruhdagi – 11 (7,9%) bemorda va taqqoslash guruhida – 3 (3,1%) bemorda aniqlangan (1-jadval).

Jadval 1.

L.M. Nyhus churralar tasnifi bo‘yicha chov churralarining taqsimlanishi

Tadqiqot guruhlari		Churra turlari						Barcha churralar
		I tip	II tip	III tip		IV tip		
				IIIA	IIIB	IVA	IVB	
Taqqoslash guruhi	Jirar-Spasokukoskiy-Kimbarovski bo‘yicha	21	6					27
	Postempski bo‘yicha		27	16	17	4	5	69
Asosiy guruh	Lichtenstein bo‘yicha		35	13	10	2	3	63
	Modifikatsiyali “taranglashmagan” chov gernialloplastika		29	17	21	3	5	75
Jami		21	97	46	48	9	13	234
%		8,9	41,4	19,6	20,5	3,8	5,5	100

Guruhlardagi bemorlarda gerniasiya vaqtining statistik jihatdan sezilarli farqlari aniqlanmaydi (r > 0,05).

Bemorlarning churra tiplari (L.M. Nyhus tasnifi) bo‘yicha guruhlarda taqsimlanishi 1 – jadvalda ko‘rsatilgan. Qiyshiq chov churrasi bilan bo‘lgan bemorlarning umumiy soni 179 (76,5%) nafarni tashkil etdi. III A tipli (to‘g‘ri chov churrasi) churra bilan bemorlar 46 (19,6 %) nafar, qaytalangan chov churrasi 22 (9,4%) holatda aniqlandi. O‘rganilayotgan guruhlarda churra turi bo‘yicha o‘tkazilgan statistik tahlilga asoslanib, ularni bir hil deb hisoblash mumkin (r_{χ2} >0,05).

Tadqiqot natijalari. Taqqoslash guruhidagi bemorlarda (n=96) gerniotomiyada chov kanalini plastika qilish uchun Jirar – Spasokukoskiy – Kimbarovski (n=27 (28,1%)) va Postempski (n=69 (71,9%)) bo‘yicha an’anaviy “taranglashmagan” mushak – aponevrotik plastika usuli qo‘llanildi.

Chov churrasi bilan bo'lgan asosiy guruhdagi barcha bemorlarga (n=138) Lichtenstein (45,6%) usulida va biz tomonimizdan modifikatsiyalangan usulda (54,4%) "taranglashmagan" gernioalloplastika bajarildi.

Chov churrasini davolashning «oltin standarti» Lichtenstein usuli bo'yicha gernioalloplastika hisoblanadi. Ushbu usul Yevropa gerniologlar jamiyati tomonidan foydalanish uchun tavsiya etilgan bo'lib, 5-10 sm uzunlikdagi ochiq kesib kirish orqali amalga oshiriladi, bu har qanday turdagi va o'lchamdagi chov churralarini bartaraf qilishga imkon beradi.

Lichtenstein bo'yicha o'tkazilgan gernioalloplastikaning "taranglashmagan" usuli an'anaviy chov geernioplastikalari orasida o'zining yaqqol usutunligini ko'rsatdi. Operatsiyadan keyingi asoratlar chastotasi yetarlicha qisqardi (13,5% dan 11,1% gacha). Mahalliy va xorijiy mualliflar ma'lumotlariga ko'ra ularning soni 11,5 – 12,6% ni tashkil etadi.

Lichtenstein usuli bo'yicha o'tkazilgan operatsiyadan keyin yuzaga keluvchi chov churrasining qaytalanish sabablari o'rganilganda 51 nafar kuzatuvda bo'lgan va qayta operatsiya o'tkazilgan bemorlarning 2 (3,9%) nafarida operatsiyadan keyingi kechki muddatlarda ikkala holatda ham semiz, qorin bo'shlig'i ichki bosimi yuqori bemorlarda mexanik zo'riqish natijasida mushak – aponevrotik to'qimaning tolalanishi, choklarning kesilishi va to'rsimon implantning migratsiyasi aniqlandi.

Yuqorida ko'rsatilgan kamchiliklar va operatsiyadan keyingi davrda kuzatilishi mumkin bo'lgan asoratlarni hisobga olib, biz "taranglashmagan" gernioalloplastikaning modifikatsiyalashgan usulini ishlab chiqdik, hamda amaliyotga joriy qildik.

Chov churrasini davolashning kombinatsiyalashgan usuli bir vaqtning o'zida bir nechta vazifani hal etish, ya'ni gorizontal tekislikka parallel ravishda to'qimalarni oson tikish hisobiga chov kanali devorlariga maxkamlash, chov kanali devorlarini mustahkamlash va urug' tizimchasini kuzatilishi mumkin bo'lgan tashqi maishiy travmalardan himoya qilish, «Physiomes», yoki «Prosid» (Ethicon) implantatlari qo'llanilganda protez va urug' tizimchasi orasida rivojlanuvchi kuchli birlashtiruvchi to'qimalar o'sishini oldini olish va shu orqali reproduktiv yoshdagi bemorlarda urug' chiqarish yo'li chandiqli o'zgarishlarini bartaraf qilish, urug' tizimchasi venoz tizimidagi venoz dimlanishni kamaytirish va operatsiyadan keyingi davrda yorg'oq shishini oldini olish, hamda bemorlarni erta reabilitatsiyasi imkonini beradi.

To'r implantatsiyasidan oldin qaytalanish yuzaga kelish xavfini oldini olish uchun chov kanalining orqa va oldingi devori ko'ndalang mushak yuqori ichki qirg'og'ini ko'ndalang fassiya bilan birga transplantatga tikish orqali mustahkamlanadi.

Kombinatsiyalashgan plastika bajarilishi natijasida mushak qavat va to'rli implantatdan iborat chov kanalining mustahkam orqa devori hosil qilinadi, bunda kam mexanik pishshiqlikka ega yengil va "yarim so'riluvchan" to'rsimon protezlarni xavfsiz qo'llash mumkin.

Jadvaldan ko'rinib turibiki, operatsiyadan keyingi davrda jarohat asoratlari asosiy guruhda 7,9% holatda, taqqoslash guruhida 13,5% holatda kuzatilgan. Asosiy guruhdagi bemorlarda kompozit va nokompozit to'rsimon implantatlarning qo'llanilishi jarohat asoratlari bilan bo'lgan bemorlar umumiy sonining oshishiga olib kelmagan. Lekin, ushbu asoratlar tizimida protezlovchi plastikadan keyin ko'pincha seroma – 3 (2,2%) nafar bemorda kuzatilib, taqqoslash guruhida ushbu asorat kuzatilmagan, biz ushbu holatni propilen to'rga nisbatan to'qima javob reaksiyasi bilan bog'ladik.

Chov churralarida jarrohlik aralashuv samaradorligini tavsiflovchi asosiy ko'rsatkichlardan biri bu kasallikning qaytalanish chastotasi hisoblanadi. Qaytalanish tabiatini o'rganish uchun qaytalanish vaqti, sababi va mexanizmlari o'rganildi. Uzoq muddatlarda tekshirilgan 201 bemorning 9 (4,5%) nafarida chov churralarining qaytalanishi qayd etilgan bo'lsa, taqqoslash guruhida bu ko'rsatkich 8,5% (7 bemor) va asosiy guruhda – 1,7% (2 bemor) ni tashkil etdi.

Implantning qo'llanilishi chov churraning takrorlanish chastotasini 8,5% dan 3,9% gacha kamaytirish va to'rli implantni bir vaqtning o'zida old va orqa devorlarga mahkamlashda qaytalanish holatlarini nolga tushirishga imkon berdi.

Xulosalar:

1. Implantni bir vaqtning o'zida chov kanalining oldingi va orqa devoriga implantatsiya qilish orqali bajariladigan gernioalloplastikaning takomillashtirilgan taranglashmagan usulida churra

qaytalanishi, implantning urug' tizimchasi elementlari bilan yopishishi, hamda yorg'oq shishining oldi olinadi.

2. Chov uchburchagidagi to'qimalar holatiga ko'ra gernoalloplastikaning taranglashmagan usulini tanlash algoritmining qo'llanilishi operatsiyadan keyingi asoratlar umumiy chastotasini 13,5% dan 7,2% gacha kamaytirish imkonini berdi ($p=0,045$).

3. Lichtenstein operatsiyasi, hamda uning takomillashtirilgan usulining qo'llanilishi xususiy asoratlarni, jumladan churra qaytalanishini taqqoslash guruhidagi 8,5% dan asosiy guruhda 1,7% gacha kamaytirib, reabilitasiya sifatini yaxshilash imkonini berdi.

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