LAPAROSCOPY IN DIAGNOSIS AND TREATMENT OF ADHESIVE PROCESS IN THE ABDOMINAL CAVITY IN CHILDREN

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Adhesive disease can develop at any age. Actually, the adhesive process in the abdominal cavity after surgical interventions develops in 20-80% of all patients. Of these, in 2-8% of cases, subsequently develops adhesive disease with characteristic signs.

In the clinic of Fergana branch of the Republican Scientific Center for Emergency Medical Care, has been adopted a differentiated treatment strategy for diagnosed adhesive intestinal obstruction.

In the presence of a pronounced clinical picture of intestinal obstruction, confirmed radiographically (multiple levels), an alleged widespread rough adhesive process in the child's abdominal cavity, surgical treatment is performed by laparotomy as an ambulance.

In the subacute course of the disease, symptoms of partial obstruction, persistent pain syndrome, the absence of distinct levels on the radiograph, or the presence of a standing bowel loop, is performed diagnostic laparoscopy.

With endoscopic confirmation of the diagnosis, is determined the possibility of completing the surgical intervention by the laparoscopic method, while the diagnostic laparoscopy turns into a therapeutic one. We have experience in the use of laparoscopic techniques for therapeutic and diagnostic purposes in case of intestinal obstruction in 17 children of different ages. Among them are children aged 7 months up to 18 years old. Girls – 5, boys – 12. Surgical treatment of patients laparoscopically performed for 17 children by adhesiolysis. In the presence of single adhesions, intestinal invagination at an early stage, the technique was effective. With severe intestinal paresis, the presence of multiple adhesions between intestinal loops, indicated for conversion.

According to our data, conversion was required in 4 children, in 1 case due to a severe adhesive process in the abdominal cavity, in 2 cases – intimate fusion of intestinal loops in the operation area, in 1 case, the conversion was due to a breakdown of the equipment during the intervention.

In the postoperative period, patients after laparoscopic treatment did not need narcotic analgesics, they became more active on the first day after surgery. There were no intraoperative and postoperative complications in patients after laparoscopic surgery.

Thus, the method of laparoscopy opens up wide opportunities both in diagnosis and in complex treatment of acute intestinal obstruction in children.

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