

INNOVATIVE APPROACHES IN THE TREATMENT OF PATIENTS
WITH DISSEMINATED PURULENT PERITONITIS

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Relevance of the research. Disseminated purulent peritonitis is associated with high mortality and significant difficulties in treatment [2, 6, 9, 11]. Purulent peritonitis is a severe, life-threatening condition that requires a comprehensive and timely approach to diagnosis and treatment. Despite modern advances in intensive care, surgical techniques and antibiotic therapy, mortality in widespread purulent peritonitis remains high [1, 3, 4, 7]. The development and implementation of an effective algorithm for the management of such patients is essential to improve treatment outcomes, reduce complications, and increase survival. Research in this area is necessary to optimise the treatment and diagnostic process and to form standards of medical care aimed at improving the quality of life of patients with this severe disease [5, 8, 10].

Purpose of the study to develop an algorithm for the management of patients with widespread purulent peritonitis on the basis of a differentiated approach to the choice of treatment depending on the degree of abdominal sepsis.

Materials and methods of research. The study is based on the results of treatment of 276 patients with widespread purulent peritonitis admitted to the surgical department of the Samarkand branch of RCEMP in the period from 2015 to 2024. Patients were conditionally divided into two groups: In 2015-2019, 132 (47.8%) patients who constituted the comparison group were operated on, they underwent traditional methods of treatment, elimination of the source, sanation of the abdominal cavity with antiseptics and drainage of the abdominal cavity by both open and laparoscopic methods. From 2020 to 2024, 144 (52.2%) patients who were included in the main group were under our observation. Depending on the severity of peritonitis stage, the patients of the





main group were conditionally divided into two subgroups. 1 subgroup consisted of 78 (54.2% out of 144) patients, they used ozonated sodium hypochlorite solution as an antiseptic for the purpose of abdominal cavity lavage. Subgroup 2 consisted of 66 (45.8% out of 144) patients, in this subgroup patients with severe form of abdominal sepsis, who required intravenous injection of ozonated sodium hypochlorite solution in addition to abdominal cavity sanitation with ozonated sodium hypochlorite solution.

The choice of access method, which was determined by the patient's condition and the prevalence of peritonitis. Both in the main group and in the comparison group, laparotomy and laparoscopic accesses were performed for patients with widespread peritonitis depending on the patients' condition. Whenever possible, diagnostic laparoscopy was not missed and then it was decided to continue the operation or to proceed to conversion.

Results of the research. Based on the results of surgical treatment of patients with widespread purulent peritonitis, we have developed an algorithm of tactics for the management of patients in this category. The frequency of postoperative complications and lethality in patients with widespread purulent peritonitis is presented in Table 2. We observed such complications as wound suppuration in 16,7% of cases, pneumonia in 8,7% of cases, abdominal cavity abscess in 0,7% of cases, eventure in 0,7%, pleural empyema in 0,7%, pleurisy in 1,1% and thrombophlebitis in 1,15 cases. In the comparison group 41 (31.1%) patients developed 45 complications, and in the main group 32 (22.2%) patients registered 37 complications. Consequently, the number of complications in the main group was reduced by 8.9%. Postoperative mortality in the main group was 4.2% lower than in the comparison group. In general, the complex application of ozonated sodium hypochlorite solution in the postoperative period contributes to faster recovery of patients, reduction of complications and improvement of overall clinical results.

Conclusions. The use of 'Letel doctor' insufflator with a maximum of 500 ml of antiseptic was effective for complete sanitation of the abdominal cavity, also the duration of surgery was reduced from $86,5 \pm 4,9$ to $62,4 \pm 2,9$ minutes (t-criterion = 4,23; $p < 0,001$). The use of Letel doctor insufflator for abdominal cavity lavage through drainage tubes with ozonated sodium hypochlorite solution reduced the number of programmed sanitation interventions from 18.9% to 6.9%.

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