Health Ministry of Azerbaijan Republic

Euroasian Association of Gastroenterology

ACQA

“Azerbaijan Surgeons and Gastroenterologists” Public Union

Scientific Center of Surgery named after academician M.A. Topchubashov

Turkish Association For The Study of The Liver

RİİB Regional İnkişaf İctimai Birliyi

Hepato Bilio Pankreatoloji Derneği

Azerbaijan Medical University

Milli Onkologiya Mərkəzi

National Center of Oncology

Türk Gastroenteroloji Derneği

Results: Of the 145 patients in the I group, thanks to drainage of the pleural cavity and conservative measures, recovery was achieved in 113 (77,8%). 8 (5,5%) patients developed coagulated hemothorax, and 7 (4,8%) developed pleural empyema. 18 (12,4%) patients underwent traditional thoracotomy. In these patients, the postoperative period was difficult, with the development of complications in all cases and death in 8 (5,5%). The average hospital stay of patients in the control group was 12,5±2,1 bed days. In patients of the II group, against the background of standard conservative therapy, therapeutic manipulations began with diagnostic VTS, the indications for which were hemo-, pneumo-, or hemopneumothorax. At the same time, the identified injuries in these patients were immediately eliminated either endoscopically or by performing video-assisted intervention. Thanks to its tactics, VTS helped reduce the frequency of thoracotomy from 12,4% to 0,6%, and the average stay of patients to 9,4±2,3 days.

Conclusion: Thus, the introduction of VTS during CCT contributed, on the one hand, to the early detection of injuries requiring emergency surgery, and on the other hand, it made it possible to avoid unnecessary thoracotomy, as well as to reduce the trauma of the operations performed in this difficult group of patients.

OUR EXPERIENCE OF BILATERAL ADRENALECTOMY FOR CUSHING'S SYNDROME

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Aim of study: to analyze the results of bilateral adrenalectomy for Cushing's syndrome.

Material and methods: Of the analyzed 16 cases of bilateral adrenalectomy, in 14 it was performed in stages (in 11 cases with Cushing's disease after unsuccessful transsphenoidal adenomectomy, in 2 - with ectopic Cushing's syndrome, in 1 - with bilateral corticosteroma), and in two - simultaneously (in 2 cases with bilateral corticosteroma). The age of the patients averaged 30.1±4.1 years. In 4 cases, bilateral adrenalectomy was performed transabdominally, and in 28 cases - retroperitoneoscopically.

Results: The median follow-up period was 35.5 months. After bilateral adrenalectomy, the vast majority (75%) of patients lost excess weight and achieved a BMI <25 ($P < 0.001$). A statistically significant improvement was also observed in arterial hypertension (from 93.75% to 50%) ($P < 0.005$). Before the operation, 56.25% suffered from diabetes mellitus, and after the operation - 18.5%. Acute adrenal insufficiency developed in 25% of patients. Death during the observation period was observed in 18.7% of cases.

Conclusion: Bilateral adrenalectomy is an effective treatment for hypercortisolism in patients with Cushing's syndrome. It provides good palliative treatment for unsuccessful transsphenoidal adenomectomy and ectopic Cushing's syndrome. Mortality in the postoperative period is directly related to the severity of complications that develop in the preoperative period.

GILBERT'S SYNDROME AND HEMOCHROMATOSIS IN PATIENT WITH METABOLIC-ASSOCIATED FATTY LIVER DISEASE

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Background. Developing of liver diseases can often be due to presence of several etiological factors in one patient. That can increase wide variability and severity of symptoms and sometimes requires for additional diagnostic search.

Aims. To demonstrate a clinical case of management of a patient with metabolic-associated fatty liver disease (MAFLD), Gilbert's syndrome and primary hemochromatosis.

Materials and Methods. Patient N., female, 50 years old, clinical, laboratory and instrumental methods of diagnosis were performed.