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year. The mesh was applied mainly using the inlay method, which accounted for 22 (81.5%) patients, and the sublay method – 5 (18.5%) patients. All patients were treated with standard type polypropylene meshes, which were fixed to the tissues using special sterile vicryl threads. The patients had previously been operated on both in rural settings - 19 (70.4%) and in urban settings - 8 (29.6%). Among them, 21 (77.8%) were men, 6 (22.2%) were women. The age of the patients ranged from 34 years to 61 years.

**Results.** Based on the studies conducted, it was found that 5 (18.5%) patients with supraponeurotic plastic surgery had a complication in the form of suppuration. The patients complained of pain and a feeling of heaviness in the area and around the postoperative scar; 2 (7.4%) of them had an increase in body temperature from 37.5 to 38.4°C. In addition, general weakness, headaches, and malaise were observed. All patients underwent autopsy of the purulent focus, sanitation of the cavity with antiseptic solutions, and prescribed antibacterial and detoxification therapy. During surgery, drainage tubes were placed into the sanitized cavity, where the nature and amount of discharged contents were subsequently monitored, which were then removed within a period of 8±2 days to 12±4 days, depending on the nature and amount of discharge from them. All patients in the postoperative period received antibacterial and symptomatic therapy, monitoring the condition of the postoperative wound. In addition, dynamic ultrasound observation of the space was carried out. Constant sanitation of purulent cavities with the help of antiseptics and local use of Levomekol ointment were mandatory. The bed days of treated patients averaged 7±5 days. The patients' condition improved over time and all of them were discharged under the supervision of an outpatient doctor at their place of residence.

**Conclusion.** Modern surgical practice for abdominal hernias includes plastic surgery using artificial prosthetics. It has fully justified itself, being a reliable and adequate way to solve problems in the treatment of this disease. But, despite this, the complications that arise after alloplasty force practitioners to increasingly improve the conduct of surgical interventions. The occurrence of complications, such as purulent-necrotic manifestations, is apparently associated with the use of an endoprosthesis and (or) the suture material fixing it, therefore their choice should be made strictly individually and according to specific indications.

## POSTOPERATIVE COMPLICATIONS OF LIVER ECHINOCOCCOSIS

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**Relevance.** The problem of human echinococcosis is still one of the complex and controversial problems of medicine, in particular of surgery, since most patients, despite improved diagnosis and treatment, are still subjected to surgical methods of eliminating parasitic cysts, due to the paucity of symptoms and untimely detection in the initial stages. stages of the disease. In most cases, echinococcosis affects the liver and, although modern surgery uses numerous methods of echinococectomy, the number of relapses and complications of the disease in the immediate and late postoperative periods does not impress practicing surgeons and forces them to look for new ways to solve these issues.

**Purpose of the study.** To evaluate the results of surgical treatment and postoperative complications of liver echinococcosis.

**Material and research methods.** For the period from 2019 to 2023, the results of treatment of patients with liver echinococcosis were studied. 76 (100%) patients were examined, 24 (31.6%) of whom had wound complications in the form of suppuration and infiltration of postoperative wounds, 18 (23.7%) had a postoperative ventral hernia, 19 (25%) had relapses of echinococcosis, and 11 (14.5%) of them had signs of adhesive intestinal obstruction, 1 (19.7%) patients had suppuration of residual cavities, 2 (7.9%) patients had drainage from 9 months to 1 years 2 months from the date of the operation.

**Results.** Patients with wound suppuration underwent repeated surgery, as did 14 (18.4%) of 19 (25%) patients with recurrent echinococcosis. Patients with suppuration of residual cavities were also hospitalized, 3 (3.9%) of them also underwent repeated surgical treatment. When performing surgery for re-current echinococcosis, difficulties arose during the intervention due to the inaccessibility of the cysts, which were hampered by massive adhesions.

**Conclusion.** Despite the successes, the treatment of echinococcosis continues to remain one of the pressing problems in Uzbekistan, and until now the only radical method is surgical, after which, unfortunately, the number of postoperative complications does not decrease. This is due not only to the surgical technique, but also to the

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