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



Turkish Association For The Study of The Liver





Hepato Bilio Pankreatoloji Derneği



Azerbaijan Medical University





Türk Gastroenteroloji Derneği

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Type of pancreatic surgery performed for pancreatic cystic neoplasm

**Conclusion:** This study provides valuable information regarding the pathological and clinical consequences of pancreatic cystic neoplasms. In particular, it is one of the few studies investigating the relationship between sarcopenia, obesity and pancreatic cystic neoplasms in the current literature.

**Keywords:** IPMN, Mucinous cystic neoplasia, Obesity, Pancreatic cystic neoplasm, Pancreatic surgery, Postoperative complication, Sarcopenia

# MANAGEMENT OF MIGRATED BILIARY PLASTIC STENTS IN A TERTIARY REFERRAL CENTER EXPERIENCE

### YAVUZ CAGIR<sup>1</sup>, MUHAMMED BAHADDIN DURAK<sup>2</sup>, ILHAMI YUKSEL<sup>3</sup>

<sup>1</sup>Department of Gastroenterology, Ankara Bilkent City Hospital, **Ankara, TÜRKİYE**<sup>2</sup>Department of Gastroenterology, Hacettepe Medicine of Faculty, **Ankara, TÜRKİYE**<sup>3</sup>Department of Gastroenterology, Ankara Yildirim Beyazit University School of Medicine, **Ankara TÜRKİYE** 

**Aim**: The primary treatment for either benign or malignant biliary obstruction is endoscopic biliary stenting. Stent migration might occasionally complicate biliary stenting. Proximal and distal biliary stents migration have been recorded in approximately 3% and 5% of instances, respectively, with big diameter stents, shorter stents being the main reasons. The aim of this study was to analyze the management the migrated biliary stents.

**Method**: This retrospective study included adult patients presenting with proximally and distally migrating biliary stents, performed at Ankara Bilkent City Hospital between January 2021 and December 2023. Indications of ERCP procedures, types of cannulations, types of stents, characteristics of stents, direction of stent migration and various techniques used for retrieval of migrated stents were herein analyzed.

**Results**: Total migration was detected in 188 (%6.1) patients, 146 (4.7%) proximal and 42 (1.4%) distal migrating biliary stents were identified. 112 patients were females, 76 were males. Proximal migration group had 146 (77.7%) patients; 84 (57.5%) females, 62 (42.5) males. Distal migration group had 42 (22.3%) patients; 28 (66.7%) females, 14 (33.3%) males. Type of plastic stents had a significant difference between groups (p<0.001). In the statistical analysis, long stents were more frequently displaced proximally, and short stents were more frequently displaced distally (p<0.001).

**Conclusion**: In our study, while the long stents were more frequently displaced proximally, short stents were more frequently displaced distally. The proximally migrated stent could be retrieved using a variety of endoscopic tools, however distally migrated stents had more complications that that of the proximally migrated stents.

**Keywords**:Endoscopic biliary stents, Endoscopic management, Endoscopic Retrograde Cholan-gio-pancreatography, Migration, Retrieval

## FEATURES OF SOFT TISSUE PLASTY IN SURGICAL TREATMENT OF ABDOMINAL HERNIA

### MUAZZAMOV B.B., AKIMOV V.P., KHAKIMOV M.SH., MUAZZAMOV B.R.

Zarmed University, **Bukhara**, **Uzbekistan** Northwestern State Medical University named after I.I. Mechnikov, St. Petersburg, **RUSSIA** 

Tashkent Medical Academy Bukhara State Medical Institute, Bukhara, UZBEKISTAN

**Relevance.** The problem of abdominal hernias and its treatment has concerned practitioners around the world for many centuries, since there is no consensus on how to completely eliminate the consequen-ces after surgery. Included in the "gold" standard of plastic surgery of the anterior abdominal wall defect using artificial bioprostheses, although it is a reliable alternative to all other methods, does not exclude the development of complications and recurrences of hernias at various times in the postoperative period. In this regard, to this day, scientists are constantly working to solve problems to improve the results of surgical interventions and the quality of life of patients.

**Purpose:** to evaluate the value of alloplasty and establish the causes of complications during surgical treatment of abdominal hernias.

**Material and methods.** We examined 27 (100%) patients who underwent prosthetic plastic surgery in various combinations using polysynthetic material (mesh). The duration of surgical treatment ranged from 1.5 months to 1

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

#### AKIMOV V.P., MUAZZAMOV B.B., MUAZZAMOV B.R.

Northwestern State Medical University named after I.I. Mechnikov, St. Petersburg, RUSSIA Zarmed University, Bukhara, UZBEKISTAN Bukhara State Medical Institute, Bukhara, UZBEKISTAN

**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 li-ver and, although modern surgery uses numerous methods of echinococcectomy, the number of relapses and complications of the disease in the immediate and late postoperative periods does not impress prac-ticing 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 hospita-lized, 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, unfor-tunately, the number of postoperative complications does not decrease. This is due not only to the sur-gical technique, but also to the

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