

Use the Round Ligament of the Liver in Chronic Probodnyhand Bleeding Ulcers Gastroduodenal Zone



Shaposhnikov Veniamin Ivanovich*

Noncommercial educational private institution of higher education, Kuban Medical Institute, Russia

Submission: October 09, 2018; **Published:** November 01, 2018

***Corresponding author:** Shaposhnikov Veniamin Ivanovich, Professor of surgical diseases, Vice-Rector for Science, NIGHT, Kuban Medical Institute, Krasnodar, Russia

Annotation

The author had 12 patients with chronic probodnymi and bleeding ulcers gas-troduodenal zones, or for closing holes or perforativnogo for strengthening joints anastomosis, successfully used the round ligament of the liver. Such tactics of surgical treatment was not conditional on the existence of extensive inflammatory infiltrate in patients, which is not allowed for elimination of peritonitis use nor the stomach wall, nor could the great seal, and distal gastrectomy lead to failure of sutures anastomosis. The author proposes to use this method as a backup method of surgical treatment of these ulcers.

Objective: To reflect the usefulness of the round ligament of the liver in the surgical treatment of chronic complicated ulcers gastroduodenal zone as a backup method of operative correction of this pathology.

Keywords: Chronic ulcer complicated with round ligament of liver; Plastic; Gastrectomy; Anastomosis; Hemorrhage

Introduction

Currently, the diagnosis of chronic ulcers gastroduodenal zones, special attention is paid to fibrogastroduodenoskopi, and in the treatment of three-drug therapy [1-3]. These activities have greatly reduced the incidence data from pathologic process [4,5]. However, some patients under the influence of hereditary factors, harmful habits and lifestyles develops chronic ulcer, which is complicated by hemorrhage and perforation [6,7]. These complications require prompt treatment, which often produced as a matter of urgency. During these, the surgeon may meet with the technical difficulties that are due to the manifestation and the peculiarity of the inflammatory process. It prevents the patient has normal plastic activities aimed at eliminating the complications. Then the required backup activities, one of which is the plastic round ligament lesion of the liver [8].

Materials and Methods

Over the past 5 years in the OCG g. Krasnodar MUNICIPAL HOSPITAL were treating 9958 patients with chronic ulcers gastroduodenal zone. Different operations over bleeding and perforations were made at 557 (6.6%) man. The remaining 9401 (93.4%) the patient was held conservative treatment by assigning three therapy, when capillary bleeding (F1b) endoscopy irrigation surface ulcers 70% alcohol, 5% solution aminocapronova acid and kaproferom. Mortality in this treatment amounted to 3.2%. From 557 patients who were performed, 231 (40%) oslozhnjonnaja had

a stomach ulcer, and 346 (60%) of the duodenum (DUODENAL). of patients with stomach ulcer women was 27.5% and 72.5% for men, and from 24% respectively of KDP and 76% in males of both ulcers' localizations observed roughly the same and met at 3.5 times more often than women. Age of patients with stomach ulcer was from 22 and up to 92 years, and KDP-from 15 and up to 89 years. 67 people died after the surgery (12%). Mortality depended on the age of the patients. So, out of the total number of patients under 20 years, 16.6% died from 21 till 30 years-5.7%, from 31 to 40 years-1.9%, from 41 to 50 years-8.8%, from 51 to 60 years-8.5%, from 61 to 70 years-17.8%, from 71 to 80 years-20% over 81 years-25%, that is, young men and old men dying in 3.2 times more likely than persons of middle age. This suggests that at a young age factors of peptic ulcer of aggression were high, and the defense mechanism the body has not yet formed, and in old-he has already lost its validity. This feature is reflected in lethality factor time in treating patients it is little depended on the timeliness of a patient in a hospital. So, out of 232 (41.4%) patients who were hospitalized for a day from the onset of the disease, died 24 (10.3%) and of up to 325 days-43 (13.2%), i.e. these fatality rates were not significantly different from each other. of the surgical procedures most frequently applied mostovidnajaduodenoplastike (221, or 39.6%), wedge resection of the stomach (126, or 22.6%) and distal mastectomy (95, or 17.0%). The round ligament of the liver during surgical manipulation was used at 12 (2.1%) patients, of

which 10 have been punching and 2-c bleeding. At the end of the otekalsja ligament from perforation of the anterior abdominal wall, rasplastyvalsja and moved into an area of perforation, and then podshivalsja to its edges on all Perimeters. In case of bleeding was performed distal gastrectomy with strengthening seams anastomosis end the round ligament. We believe it necessary to specify that a comparative analysis of the results of survival in different groups of patients was conducted in the light of point estimates of the index of severity by APACHE-II with the inclusion of the 8 factors. All the deceased patients were observed 3-I degree of severity (more than 30 points). Of the 67 dead patients whose operation was performed, at 23 (34.3%) the cause of death was due to the failure of welds anastomosis, the cause of death of the remaining 44 (65.7%) patients were connected, or with acute cardiovascular insufficiency (27), or with renal-hepatic insufficiency (14), or pulmonary emboli (3).

Results and Discussion

All 12 patients, the operation was carried out personally and for this reason, all its nuances were well thought out. 11 men, women 1. Age 11 patients was from 35 to 56 years and 1-76 years (an ulcer drug). Ulcerative anamnesis in all patients was more than 10 years. All were treated with home way (baking soda, mineral water, alkaline diet, small doses of alcohol, Alma ell etc.). In the process of life were examined radio graphically and endoscopic ally and knew about themselves. Suggested surgery, but he refused. All belonged to the choleric with a neurotic syndrome. A relapse of the disease starts with strengthening the pain in epigastralna area, heartburn and other diarrheal events. Most amplification of the pathological process arose about two weeks ago before entering the hospital. A leading complication that led to hospitalization patients, 2 were profuse bleeding, and 10-sharp increase in abdominal pain. Before they had been diagnosed with peritonitis. All patients successfully recovering from an operation, but in a patient with an ulcer medication through 7 days developed

peritonitis. To save him failed. When autopsies revealed complete dehiscence anastomosis with abandoning the round ligament of the stomach wall. This testified to the complete suppression in this patient reparative process.

Conclusion

In patients with chronic complicated ulcers gastroduodenal zones while developing common inflammatory process rationally use the round ligament of the liver for elimination of peritonitisor strengthening seams anastomosis. It has sufficient thickness of tissue and blood supply to impose sealed seams.

References

1. Vasilyev JV (2002) Disease hospital of stomach and duodenal ulcers, abnormal bleeding, and Helicobacter pylori. Consilium medicum (annex) 3: S6-S11.
2. May IV, Samsonov AA (2004) Duodenal ulcer: different approaches to contemporary con-servative therapy. Consilium medicum (annex) (1): S6-S11.
3. Bone RC (1996) Immunologic dissonance: a continuing evolution in our understanding of the systemic inflammatory response syndrome (SIRS) and the multiple organ dysfunction syndromes (MODS). ANN intern Med 125(8): 680- 687.
4. Kubyshkin VA, Shishin KV (2004) Erosivno-ulcerous lesion of upper gastrointestinal tract in the early postoperative period. Consilium medicum Surgery (annex) (1): 29-31.
5. Wang P, Chaudri IH (1991) Crystalloid resuscitation restores but does not maintain cardiac output following severe hemorrhage. J Surg Res 50(2): 163-169.
6. Kuznetsov NA (2003) Modern technologies of treatment of acute blood loss. Consilium medicum (6): C347-C357.
7. Saveliev VS (2008) Guide for emergency surgery the abdominal organs. Bleeding from the upper gastrointestinal tract. Triada-X, Chapter XV Moscow, pp. 526-526.
8. Shaposhnikov VI (2018) Associated complications giant stomach ulcers. 35th International Scientific Conference of Eurasian Scientific Association (January 2018) – Moscow: ESA, pp. 234.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/MABB.2018.04.555629](https://doi.org/10.19080/MABB.2018.04.555629)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>