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RESULTS OF TREATMENT OF PATIENTS WITH ACUTE GANGRENOUS-NECROTIC PARAPROCTITIS

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Abstract:

Analysis of recent literature shows that to date there is no downward trend in the incidence of purulent inflammatory diseases. Patients with purulent-necrotic processes of various localizations account for about 30% of surgical patients. Various forms of acute paraproctitis account for 0.5%-4% of surgical patients and 21%-50% of all proctologic patients. The results of treatment of 367 patients operated on at the proctology department of the Samara State Medical University Hospital No 1 during 2015-2022 are considered in the article, among which patients with necrotic forms of the disease amounted to 26 (7.1%) patients. Among them 341 (92.9%) had aerobic etiology of peritoneal lesions. The average age of the patients was 62.1±3.9 years.

Keywords: Acute paraproctitis, necrotizing paraproctitis, abscess, abscess drainage, sepsis, multiple organ failure

INTRODUCTION. Acute paraproctitis is the most frequent pathology in the practice of emergency surgical proctology, at the same time necrotic forms of the disease occur only in 3-6% of cases, the majority of authors' literature analysis does not include necrotic paraproctitis into the study scope, emphasizing extreme difficulty of its diagnostics and treatment. The development of the treatment of necrotizing paraproctitis is determined by the fact that this disease is considered to be a life-threatening one, the lethality rate is from 15 to 40%, and when the process is generalized it is up to 80%. The above is due to the fact that the etiological factor of necrotizing paraproctitis is a combination of opportunistic autopathogenic flora, in which the leader-associant are anaerobes with high invasiveness and toxicity, which determines the rapid generalization of the process and determines the difficulty of diagnosis and complexity of comprehensive postoperative treatment of septic conditions.

Currently, streptococci, staphylococci, fusobacteria, spirochaetes and other associations of anaerobic and aerobic bacteria are considered as causative agents. Septicemia observed in necrotizing paraproctitis is usually caused by streptococci. According to the current literature, anaerobic orientation of the process is due to the high dose and virulence of the infecting agent against the background of decreased immunological resistance of the body. Indeed, necrotizing paraproctitis occurs more often when poor hygiene is combined with diabetes mellitus. Other factors affecting the systemic immunity and predisposing to the development of anaerobic inflammation of the pararectal cage are mentioned in the literature: autoimmune diseases and steroid hormone administration, anti-tumor chemotherapy, neurosensory diseases, periarteritis nodosa, etc.

Despite the improvement of surgical techniques, development of progressive methods of detoxification and antibacterial therapy, treatment of acute necrotizing paraproctitis still remains a complex and largely unresolved problem of modern surgery and coloproctology, which determines the need for further developments in this area.

PURPOSE OF THE STUDY. To develop and improve treatment tactics for acute gangrenous-necrotic paraproctitis.

MATERIAL AND METHODS OF RESEARCH: During the period of 2015-2022 367 patients with different variants of acute paraproctitis were operated in the proctology department of Samara State Medical University clinic № 1, among which patients with necrotic forms of the disease amounted to 26 (7.1%) patients. Among them, 341 (92.9%) had aerobic etiology of peritoneal lesions. The mean age of the patients was 62.1±3.9 years. There were no statistically significant differences in the age of men and women.

All patients underwent clinical examination, finger examination of the rectum, transabdominal and transrectal ultrasound examination, bacteriological examination of wound discharge.

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RESULTS AND DISCUSSION. Surgical interventions in all cases were performed on urgent indications. Surgery was delayed for 1-4 h only in cases where preoperative preparation of extremely severe patients was necessary. Necrotic pustules of the perineum were opened only under general anesthesia. The intervention was performed through a wide incision over the entire identified area of inflammatory changes, according to the type of surgical access. This allowed a thorough intraoperative revision with the assessment of the volume of soft tissue lesions, demarcation of the boundaries between the visible altered and healthy tissues, detection of possible pockets and leaks. As the main task at this moment was to save the patient's life. Clear capillary bleeding of the tissues was the criterion of the formed wound surface viability. The operation was completed by jet irrigation of the wound with antiseptic solutions and dressing with Decasan solution. In two cases a sigmostoma was applied due to necrotic changes in the rectal wall. In all other cases the fecal stream was not disconnected. In none of the cases of necrotic paraproctitis did we perform liquidation of purulent passage simultaneously with the main radical surgery.

Antibiotic therapy was started 30-40 min before surgery. Intensive detoxification, infusion and symptomatic therapy were also administered, enteral balanced enteral feeding was carried out by probe. Postoperative examination of wound surfaces and dressings were performed several times a day, on average 2-3 times. In 82% of patients in the first few days of the postoperative period there were newly emerged foci of necrosis, which were removed acutely during dressings.

It is very important in the surgical treatment of acute gangrenous-necrotic paraproctitis to determine the extent of irreversible pathological changes. This is necessary to perform an optimal necrectomy, which significantly affects the result of treatment. In our study we relied on the method of laser Doppler flowmetry, considering the characteristics of tissue microcirculation an important indicator of the extent of inflammatory process. Fatal outcome occurred in 2 (0.5%) patients with acute necrotizing paraproctitis.

By means of examination and questionnaires, the long-term results were traced in 19 (5.1%) patients. Most of them did not have any complaints requiring any participation. However in 4 (1,1%) patients extrasphincter fistulas of rectum were formed which were successfully liquidated 6 months after main interventions by different operative methods.

CONCLUSION. Acute necrotizing paraproctitis belongs to the number of severe, life-threatening diseases and is accompanied by high mortality. Treatment success largely depends on early diagnosis of inflammatory process, as early as possible emergency surgery with sufficient necrectomy and adequate intensive therapies.

Most often, unsatisfactory treatment results are caused by late referral of patients for specialized medical care (71.7% of cases), as well as by late diagnosis of the disease in nonspecialized institutions. This leads to widespread involvement of the pelvic fibers and the sphincter muscle fibers, which makes it difficult to perform radical intervention.

The results of the studies indicated that timely and radically performed surgery, supplemented by antibacterial and detoxification therapy, led to recovery.

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18.