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RESULTS OF SURGICAL TREATMENT OF A PANCREATIC HEAD TUMOR COMPLICATED BY MECHANICAL JAUNDICE.

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Abstract:

Resume. The development of new technological solutions for palliative surgical treatment of patients with unresectable pancreatic head cancer is an urgent task, since the frequency of postoperative complications in such patients reaches 25%, and the mortality rate is 20%.

Materials and methods. A comparative analysis of the results of surgical treatment of two groups of patients (11 patients in the first and 27 in the second) for unresectable pancreatic head cancer, which is complicated by mechanical jaundiceyx, was performed. Patients of Group I underwent only biliodigestive bypass surgery by open surgical interventions. Patients of group II had bile duct obstruction and were eliminated by endoscopic stenting of the biliary system with new stents.

Results. It is proved that endoscopic biliary stenting and duodenal obstruction with nitinol stents are associated with a lower frequency of postoperative complications (72.7% vs. 22.2 %, $p < 0.05$), mortality (27.3% vs. 0.0%, $p<0.001$), and a reduction in hospital stay (from (24.3±3.74) up to (8.7±0.91) days, $p<0.001$).

Conclusions. The operation of choice for palliative surgical treatment of patients with unresectable pancreatic head cancer complicated by mechanical jaundice and gastric evacuation disorders, with a high risk of surgical interventions (ASA III), is to perform endoscopic transpapillary stenting of the bile ducts and duodenum.

Keywords: Pancreatic head поджелудочносancer, mechanical jaundice

INTRODUCTION.

About 75% of patients with pancreatic head cancer (PPH) complicated by mechanical jaundice perform only palliative surgical treatment aimed at eliminating cholestasis. However, in 5-8% of these patients, signs of gastric evacuation disorders are detected already at the initial treatment. In 10-20 % of patients who underwent only biliodigetic bypass surgery, 4-5 months after cholestasis correction, duodenal obstruction (duodenum) develops with a tumor with the progression of cachexia and gross metabolic disorders, which worsens the quality of life of patients and requires repeated treatment. , intervention [1-3]. Therefore, to solve the issues of choosing surgical tactics and techniques for such operations, it is reasonable to conduct a comparative analysis of the effectiveness of open surgical interventions with minimally invasive endoscopic operations involving стентирование biliary stenting. The problem of choosing the technology of surgical treatment of such patients is particularly relevant in elderly people who have, in addition to complications of the underlying disease.

THE AIM OF THE STUDY Ywas to evaluate endoscopic stenting techniques in patients with unresectable prostate cancer complicated by mechanical jaundice and duodenal obstruction with high surgical and anesthetic risks (the physical status of patients corresponds to ASA III grading, according to the recommendations of the American Association of Anesthesiologists, 2020).

MATERIALS AND METHODS OF RESEARCH

A comparative analysis of the results of surgical treatment of two groups of patients (11 patients in the first and 27 in the second) who were treated in the department of 1-emergency abdominal surgeryand the Ferghana branch of the RSCEMP for unresectable prostate cancer, which is complicated by mechanical jaundice and violations of evacuation from the stomach. trace of GPC obstruction. Patients of Group I underwent only biliodigestive bypass surgery by open surgical interventions. Group II patients underwent two-stage endoscopic non-transpapillary biliodigestive prosthetics, followed by prosthetic repair of the duodenum with nitinol stents. The average age of patients in group I was (76.6±7.7) years, group II -

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(76.3±8.7) years. During hospitalization, the level of hyperbilirubinemia in group I was (238.2±18.3) mmol/l, group II — (214±20.2) mmol/l. According to the main clinical and biochemical parameters, the comparative groups were representative. All patients had high surgical and anesthetic risks (the physical status of patients according to the classification of the American Society of Anesthesiologists, in 2020, corresponded to the ASA III grading). The diagnosis of RHPS was verified in accordance with the protocol on the treatment and diagnosis of prostate cancer of the European Society For Medical Oncology, 2015-2019 and the recommendations of the National Comprehensive Cancer Network (NCCN), 2015-2021 [4, 5]. All patients suffered from stage IV BPH, and the histological structure of the cancer in all patients was identified as ductal adenocarcinoma. Resectability of GPZ tumors was determined based on comparisons of data from clinical, laboratory, and radiological examination methods (multi-detector spiral CT, MRI, and endoscopic ultrasonography) in accordance with the NCCN guidelines, 2015-2021. Taking into account ESMO guidelines 201-2021), the study included patients who were contraindicated due to the generalization of the cancer process, manifestations of cholangitis, hepatic-renal dysfunction, hemorrhagic syndrome, age, and severe concomitant pathology to conduct inadequate chemotherapy [5-7]. All of them were subject only to palliative symptomatic surgical treatment for decompression of the biliary system and elimination of gastric evacuation disorders. Violations of gastric evacuation were evaluated on a 4-point scale of the Mayo Medical Center, Gastric Outlet Obstruction Scoring System, GOOSS, 2002 [8]. According to this classification, the severity of evacuation disorders in patients of subgroup I was (1.75±0.5) points, subgroup II- (1.72±0.61) points. Hanarostent Duodenum/Pylorus NDSL20-140-230 stents manufactured in South Korea were used for duodenal stenting. Boston Scientific WallStent Biliary Uncovered 10 mm – 60 mm nitinol stents manufactured in the USA were used for stenting the biliary system.

RESEARCH RESULTS AND DISCUSSION

Taking into account the extremely high risk of open surgical interventions, patients of group I according to the time of indications (within 24-48 hours from hospitalization) underwent only biliodigestive bypass surgery, which was performed in 5 patients in 2 stages (at the first stage, under cholangiostasis 6 — one stage, by applying various types of biliodigestive anastomoses. At the same time, the share of postoperative complications was 72.7%, and the mortality rate was 27.3%. In Group I patients, gastric evacuation disorders were (1.75±0.5) points, but due to the severe general condition and progression of the metastatic process, none of them underwent gastrodigestive bypass surgery. Their average life expectancy after cholestasis correction was (51.3±6.4) days. Therefore, the development and clinical testing of minimally invasive technologies that can replace direct surgical interventions of biliodigestive and gastrodigestive bypass grafting with internal endoscopic biliodigestive and, if indicated, gastrodigestive prosthetics is relevant. In group II patients, correction of biliary obstruction and gastric evacuation disorders was performed endoscopically, according to urgent indications (within 24-48 hours from the moment of hospitalization), which included performing a probe for enteral nutrition at the first stage of transpapillary stenting of the empty intestine. After 7-10 days of intensive care, which eliminated metabolic disorders and cholangitis, prosthetic repair of the duodenum was performed with nitinol stents. The proportion of postoperative complications in patients of group II was 22.22 % in the absence of mortality, which is 3.27 times less than in patients of the control group. The endobiliary stent provided effective drainage of the biliary tract in 85.2 % of cases. Cholangitis diagnosed in four patients was eliminated by targeted antibiotic therapy, taking into account the results of bile culture for the sensitivity of microflora to antibiotics, drainage sanitation and intensive care. Endobiliary stents functioned effectively throughout the rest of the patients ' lives. Analysis of the effectiveness of duodenal stenting in patients of the experimental subgroup showed clinically significant success of the procedure in all cases. Thus, at the initial level of oral nutrition of (1.72±0.59) points, after surgical correction, it was (2.53±0.54) points ($P < 0.001$), which indicates an unconditional improvement in oral nutrition. . The degree of effectiveness of the procedure was different. So, out of 27 patients, dysphagic and dyspeptic phenomena were eliminated in 21. In 6 people, their severity became less, but these patients could eat orally until death. A comparative analysis of the length of hospital stay in patients of the control and experimental subgroups found that this period was (24.3±3.74) and (8.7±0.91) days, respectively ($P < 0.001$), which indicated the undoubted advantages of endoscopic prosthetics of the biliary system and duodenum over traditional methods of surgical treatment of patients. The average life expectancy after surgical correction in patients of the control group was (51.3±6.41) days, in patients of the experimental subgroup - (59.3±7.18) days ($P \geq 0.05$). As we can see, the difference in the duration of these terms is statistically unreliable, but fewer complications and no mortality when replacing open surgical operations with minimally invasive endoscopic interventions in the volume of stenting of

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the obstructed biliary tract and duodenum have absolute advantages.

CONCLUSIONS

Thus, research suggests

The operation of choice for palliative surgical treatment of patients with unresectable pancreatic head cancer complicated by mechanical jaundice and gastric evacuation disorders, with a high risk of surgical interventions (ASA III), is endoscopic transpapillary stenting of the bile products. stents.

The advantages of endoscopic stenting of the biliary system and duodenal obstruction with tinol stents, in comparison with open surgical interventions, are the rapid restoration of the physiological passage of bile and gastric contents. The procedure is more easily tolerated by patients, is accompanied by fewer complications, a decrease in mortality, and allows patients to start asking questions naturally on the second day.

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