



ABSTRACTS OF THE XVIII INTERNATIONAL EUROASIAN CONGRESS OF SURGERY AND HEPATOGASTROENTEROLOGY

11-14 SEPTEMBER 2019, BAKU, AZERBAIJAN

Devoted to the memory of academician B.A. Agayev



Azerbaijan Medical
University



Euroasian
Gastroenterological
Association



Ministry of Health
of Azerbaijan Republic



Azerbaijan Association
of Surgeons and
Gastroenterologists



Scientific Center
of Surgery after academician
M. Topchubashev

AZƏRBAYCAN RESPUBLİKASI SƏHIYYƏ NAZİRLİYİ

AVRASIYA QASTROENTEROLOJİ ASSOSİASIYASI

**AZƏRBAYCAN CƏRRAH VƏ QASTROENTEROLOQLAR
İCTİMAİ BİRLİYİ**

AZƏRBAYCAN TİBB UNİVERSİTETİ

**AKADEMIK M.A.TOPÇUBAŞOV adına
ELMİ CƏRRAHİYYƏ MƏRKƏZİ**

MINISTRY OF HEALTH OF AZERBAIJAN REPUBLIC

EUROASIAN GASTROENTEROLOGICAL ASSOCIATION

**AZERBAIJAN ASSOCIATION OF SURGEONS AND
GASTROENTEROLOGISTS**

AZERBAIJAN MEDICAL UNIVERSITY

**SCIENTIFIC CENTRE OF SURGERY named after ACADEMICIAN
M.A.TOPCHUBASHEV**

Conclusion. Studies have shown significant changes in the ratio of D / PF in the early periods after LLG and a tendency to restore D / PF in the long-term, which may be due to an increase in the mass of parietal acid glands in the remaining part of the stomach and compensatory restoration of Castle factor.

PREVENTION OF REBLEEDING IN PATIENTS WITH PORTAL HYPERTENSION AND ESOPHAGEAL VARICEAL BLEEDING

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Introduction. Despite the development of medicine esophageal variceal bleeding remain an urgent problem. The aim of the study was to evaluate the effectiveness of the use of embolization of the splenic artery in order to prevent portal bleeding.

Methods. The study included 96 patients, who had cirrhosis classes B and C (Child-Pugh) and esophageal variceal bleeding. Patients were divided into 2 groups: main group (n=71 (73.95%)) – endoscopic ligating of bleeding and embolization of the splenic artery; comparison group (n=25 (26.05%)) – only drug therapy.

Results. In comparison group we stopped bleeding in 54 (76.1%) patients. 17 (23.9%) patients died. The duration of treatment was 10.1±2.4 days.

In main group we stopped bleeding in 23 (92.0%) patients. 2 (8.0%) patients died. The duration of treatment was 6.5±2.7 days. A statistical analysis of mortality and duration of treatment revealed a significant difference ($p<0.01$) between the groups in both indicators.

After splenic artery embolization in all cases managed to achieve a reduction in blood flow of 60–80%.

After 6 months among 54 patients in the comparison group, bleeding relapse occurred in 12 (22.2%) cases; in the main group – 2 (8.7%).

Conclusion. Splenic artery embolization in patients after endoscopic hemostasis of variceal bleeding allows to reduce the pressure in the portal system, which in turn leads to a decrease in the frequency of bleeding recurrences.

FIRST EXPERIENCE OF USING EMBOLIZATION OF THE UTERINE ARTERIES IN SURGICAL CLINIC

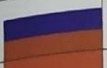
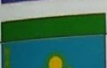
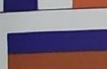
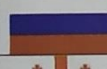
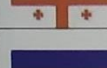
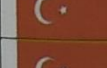
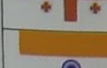
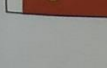
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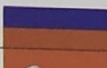
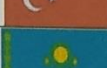
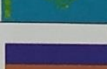
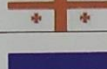
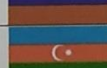
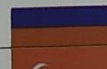
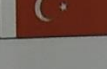
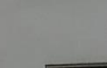
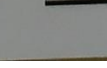
Tver State Medical University, Tver, RUSSIA

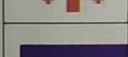
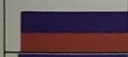
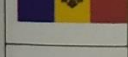
Introduction. The uterus myoma is one of the most common benign neoplasms in women: the incidence of fibroids in women of reproductive age ranges from 4% to 30%. In the framework of the general tendency to reduce the invasiveness of surgical interventions, endovascular embolization of the uterine arteries (EUA) is becoming increasingly popular. Here are the first results of the introduction of EUA on the basis of a surgical clinic.

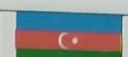
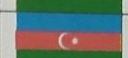
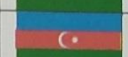
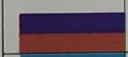
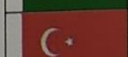
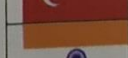
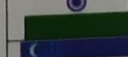
Materials and methods. In the period from 2017 to 2018 it was treated 76 patients with uterine myomas aged from 20 to 48 years were (mean age 33 ± 4.2 years) on the basis of the Clinic of Federal State Budgetary Educational Institution of Higher Education "Tver State Medical University". More often, multiple fibroids were detected in 53 patients (69.7%). The diameter of the maximum node according to ultrasound data varied from 2.7 cm to 20.0 cm, averaging 4.7 cm. The operation was performed under local anesthesia with the right femoral approach. In 2 (2.6%) patients, due to the anatomical features of vascular branching, it was not possible to catheterize one of the uterine arteries. Hypoplasia of the left uterine artery was detected in 1 (1.3%) patient. Thus, successful bilateral embolization was achieved in 96.1% of the operated.

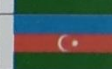
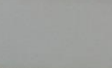
Results. The intensity of postembolization pain syndrome ranged from 0 to 8.7 points on a visual analogue scale. Selection of analgesics was carried out individually, nonsteroidal anti-inflammatory drugs, paracetamol, antispasmodics, narcotic analgesics were used. Most of the operated patients (68 patients, 89.5%) required narcotic analgesics only on the day of surgery, 5 patients (6.6%) required additional prescription of narcotic drugs (up to 3 postoperative days), three patients received (3.9%) prolonged epidural anesthesia. The term of postoperative stay in the clinic amounted to an average of 4.5 ± 0.7 bed-days. In the early postoperative period, 1 (1.3%) complication was noted in the form of bleeding from the puncture zone of the artery with the formation of an extensive hematoma (treated conservatively). Long-term results (more than 9 months after EUA) were followed up in 35 (46%) patients. The regression of symptoms and a decrease in the diameter of the nodes

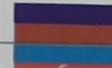
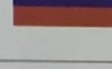
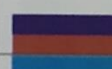
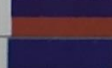
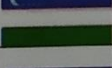
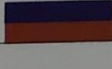
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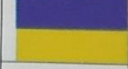
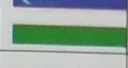
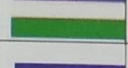
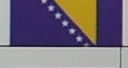
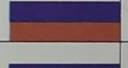
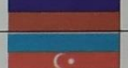
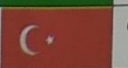
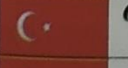
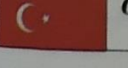
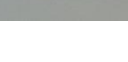
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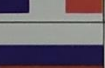
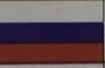
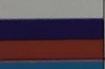
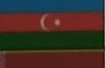
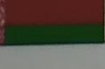
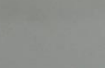
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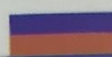
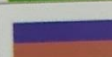
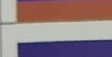
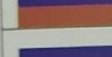
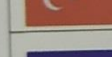
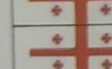
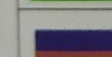
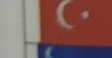
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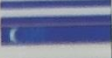
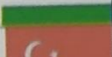
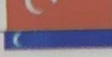
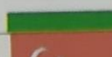
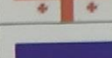
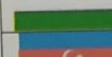
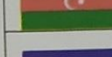
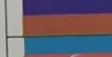
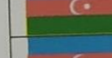
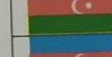
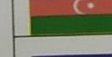
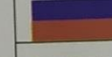
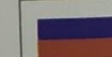
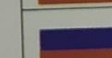
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