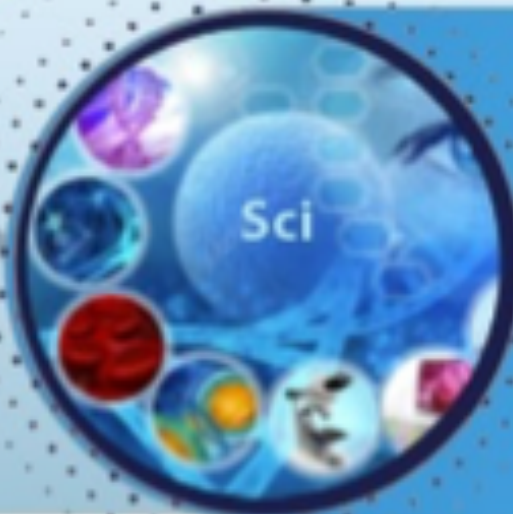




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# Clinical Signs and Diagnosis of Postoperative Abdominal Abscesses

A.R. Bobobekov<sup>1</sup>

## ABSTRACT

**Background.** In recent years, thanks to the introduction of modern technologies into clinical practice, the quality of diagnosis of postoperative abdominal abscesses has significantly improved.

**Material and methods.** This study is based on the experience of treating 63 patients with postoperative abdominal abscesses.

**Results.** With postoperative abscesses of the abdominal cavity, there are violations of the function of external respiration and biochemical parameters of the blood, the degree and depth of which are more pronounced in the localization of the purulent process over the liver.

**Conclusion.** For the diagnosis of postoperative abscesses of the abdominal cavity, along with clinical and laboratory research methods, radiography of the chest and abdominal cavities, ultrasound and computed tomography are of particular importance.

**Keywords:** postoperative abdominal abscesses, X-ray examination, ultrasound, computed tomography

## INTRODUCTION

Among the most severe purulent-septic complications of surgical intervention on the abdominal organs are postoperative abscesses of the abdominal cavity [1, 2].

According to the literature, these complications occur in 0.6% of patients operated on in the planned, and in 1.5% of patients in the urgent. At the same time, the mortality rate in this group of patients is still unacceptably high and varies from 27 to 98% [3-5].

The main factors contributing to the occurrence of postoperative abdominal abscesses are:

- violation of microcirculation in the area of formed anastomoses;
- devitalization of tissues in the wound;
- traumatic and rough performance of certain surgical techniques;
- accumulation of blood, bile, and contents of hollow organs in the subphrenic space;
- due to their inadequate drainage [6-9].

Repeated relaparotomy surgery in order to eliminate the complication in weakened and emaciated patients is associated with a high risk. This dictates the need to develop new, more effective methods for the prevention

<sup>1</sup> Ph.D., Senior Lecturer, Department of General and Pediatric Surgery, Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: [azam.bobobekov@tma.uz](mailto:azam.bobobekov@tma.uz)

and diagnosis of postoperative abdominal abscesses [10, 11].

In recent years, thanks to the introduction of modern technologies into clinical practice, the quality of diagnosis of postoperative abdominal abscesses has significantly improved [12].

The development of the ultrasound method and the improvement of computed tomography have led to the possibility of effectively combining diagnostic methods with therapeutic ones [13-16].

If, despite the use of powerful antibiotic therapy, the purulent inflammatory process in the subdiaphragmatic space progresses, only timely surgical assistance can stop the further development of the disease [17-19].

## MATERIAL AND METHODS

This study is based on the experience of treating 63 patients with postoperative abdominal abscesses after surgical interventions on the abdominal organs at the Multidisciplinary Clinic of the Tashkent Medical Academy from 2010 to 2022.

With a detailed interpretation of the data obtained by 63 patients with postoperative abdominal abscesses, it was found that almost half of all cases (44.4%) were associated with diseases of the stomach, duodenum and liver. Less commonly, postoperative abdominal abscesses developed after intestinal surgery (9.5%) and other diseases.

The vast majority of patients were over 40 years old, with 45 (71.4%) men and 18 (28.6%) women. It should be noted that all patients had long periods of the disease, especially patients with peptic ulcer and cholelithiasis.

In our observations, postoperative abscesses of the abdominal cavity of the right anterior upper space were in 24 (38.1%) patients of the right posterior upper space of the abdominal cavity - in 18 (28.6%), of the right subhepatic space of the abdominal cavity - in 14 (22.2%), left upper abdominal space - in 5 (7.9%) and left anterior lower abdominal space - in 2 (3.2%) patients.

The results of the study showed that on days 3-4 after surgery, patients experienced a deterioration in their general condition; they complained of weakness, constant pain in the upper abdomen, more in the area under the costal arch, worsening with deep inspiration, and high temperature.

In 73.1% of patients, a hectic type of fever with a high-temperature range was noted, in 26.9% a constant type fever was observed.

Along with an increase in body temperature, tachycardia was also observed.

Pain in the corresponding hypochondrium during palpation of the abdomen was noted in 90.5% of patients, and protective muscle tension - in 68.3%. Dullness of percussion sound over the abscess occurred with large abscesses (30.2%).

A clinical study of patients with postoperative abdominal abscesses consisted of generally accepted methods:

- clarification of complaints,
- collecting anamnesis of the disease,
- objective examination data.

Along with the study of a general blood test, hemostasis indicators were studied: blood clotting time, platelet count, plasma recalcification time, fibrinogen level, prothrombin index, and fibrinolysis. The level of endotoxemia in postoperative abdominal abscesses was determined by the level of haematological indicators of intoxication.

## RESULTS

Diagnosis and treatment of postoperative abdominal abscesses in the initial stages of their development are very difficult.

It was found that in 47 of 63 patients with postoperative abdominal abscesses, there was a decrease in the number of red blood cells ( $3.4 \times 10^{12}/l$ ) and haemoglobin (90 g/l). In 38 patients, there was also a significant increase in leukocytes to  $20.0-25.0 \times 10^9/l$  with a shift in the leukocyte formula to the left. In 5 patients, acceleration of erythrocyte sedimentation rate and an eosinophilia occurred. It should be noted that the decrease in the number of red blood cells against the background of normal haemoglobin content is due to toxic damage to the red bone marrow and liver.

Changes in biochemical parameters of the liver were observed depending on the location of the abscess. In patients with postoperative abscesses of the abdominal cavity, severe hypoproteinemia was observed, especially in those with localization of abscesses over the liver and the duration of the disease for more than 10-12 days, an increase in gamma globulins and the duration of the process over the liver for more than 12 days.

High activity of transaminase enzymes was observed in 12 patients with an abscess localized under the liver (AIAT -  $1.58 \pm 0.06$ ; AST -  $1.73 \pm 0.04$ ), which is due to compression of the elements of the liver gates, leading to cholestasis, and in some cases and to cytolysis with a subsequent increase in alkaline phosphatase activity. When the abscess was localized above the liver, these indicators were significantly lower.

Biochemical changes in the blood during postoperative abscesses of the abdominal cavity indicated the degree of change in the structures of liver hepatocytes and depended on the location of the abscess.

When abscesses were localized above the liver, significant changes in homeostasis indicators were observed, which was due to damage to the organ itself and the transition of the inflammatory process to the diaphragm and lungs. In this regard, patients with an abscess localized above the liver were more severely ill and required more active surgical tactics.

When abscesses were localized under the liver, the first place was taken by lesions of the organ itself in the form of cholestatic hepatitis, which we associated with the longer duration of the process and the peculiarity of surgical intervention (usually on the bile ducts).

A study of blood coagulation system parameters in our patients with postoperative abdominal abscesses showed that pronounced changes are observed when they are localized above the liver.

With postoperative abscesses of the abdominal cavity, in most cases, there were profound impairments of liver function, mainly due to the toxic effect of abscesses, depending on the location of the abscesses.

Of no small importance in liver dysfunction are compression of the liver by an abscess, as well as dysfunction of the lungs caused by a high elevation of the dome of the diaphragm.

In 21 patients, we studied external respiration parameters depending on the location of abscesses: in one patient the abscess was located under the liver, in 10 - above the liver.

As a control, 8 patients with diseases of the abdominal organs who did not have postoperative abdominal abscesses were studied. During the operation, external respiration indicators were studied in 10 patients; it turned out that the most profound disturbances in the function of external respiration are observed when abscesses are localized above the liver (vital capacity of the lungs was  $2.6 \pm 0.2$  l). Minor changes in the function of external respiration were observed when abscesses ( $n=11$ ) were localized under the liver (vital capacity of the lungs -  $2.95 \pm 0.3$  l).

Interesting data were obtained when studying the oxygen saturation of haemoglobin in the blood ( $SpO_2$ ). Thus, when the abscess was localized under the liver,  $SpO_2$  averaged  $97 \pm 2.6\%$ , while in patients who did not have postoperative abdominal abscesses, this figure was  $99.8 \pm 2.3\%$ . A significant decrease in blood haemoglobin saturation with oxygen was noted when the abscess was localized above the liver -  $91.8 \pm 4.2\%$ .

The results obtained indicate that liver hypoxia plays a central role in the development of liver dysfunction when abscesses are localized above the liver, along with the toxic effect of abscesses.

In the diagnosis of postoperative abscesses of the abdominal cavity, an X-ray examination of the patient is of decisive importance, which makes it possible to confirm the presence of an abscess, determine its location, etc.

Based on our observations and literature data, we consider it advisable to divide the radiological signs of an abscess into 3 groups:

1) changes in the lungs and pleura (decreased airiness of the lower parts of the lung due to effusion into the pleural cavity);

2) changes on the part of the diaphragm (high position of the dome, limitation of its mobility, blurred contours);

3) changes under the diaphragmatic area (the presence of a horizontal liquid level with an accumulation of gas above it). Areas of darkening without a horizontal fluid level, flatulence of the colon, changes in the position of the liver, fundus of the stomach, and downward displacement of the splenic angle of the colon.

The most common radiological sign of postoperative abdominal abscesses is limited mobility of the diaphragm, noted in 96.3% of cases, and a high position of the dome of the diaphragm (88.8%).

A high position of the dome of the diaphragm, and limitation of its mobility are early signs of postoperative abscesses of the abdominal cavity, while the diaphragm is located high (sometimes reaching the third rib), the contours of the diaphragm are vaguely outlined and thickened to 12-15 mm due to the involvement in the inflammatory process of both the diaphragm itself and the layers of pleura and peritoneum covering it.

With a left-sided abscess located under the diaphragm, the stomach may be displaced to the right. Due to the sharp restriction of the movement of the diaphragm and the extremely high position of the dome, an increase in the contours of the heart and impaired circulation occur.

The results of X-ray studies conducted in 32 (50.7%) patients showed the presence of a horizontal level of fluid under the diaphragm; this sign is a clear and direct sign of postoperative abdominal abscess. It should be noted that X-ray examination does not always allow timely diagnosis of an abscess under the diaphragm, because the latter has not yet formed, or because they obtained X-ray data are incorrectly interpreted.

In recent years, ultrasound and computed tomography have been widely used for early topical diagnosis of

postoperative abdominal abscesses. The most significant signs of an abscess located under the diaphragm, which are observed during ultrasound examination, are:

1) the presence of a horizontal liquid level with gas abscesses, and with no gas areas of darkening under the diaphragm;

2) limitation of the mobility of the diaphragm on the side where the abscess is localized;

3) the presence of fluid in the costophrenic sinus.

Studies have shown that the most informative ultrasound sign of postoperative abdominal abscesses is the presence of fluid accumulation (83.3%) and dark areas (66.5%) in the space under the diaphragm.

Ultrasound examination reveals signs of a hypoechoic crescent-shaped formation with hyperechoic inclusions (sequestra, foci of necrosis with a clearly defined capsule). Thickening and compaction of the walls of the abscess, manifested by pronounced echogenicity on echograms, made it possible to diagnose a chronic abscess in 4 patients.

Ultrasound examination makes it possible to diagnose the accumulation of fluid or pus on the first day after surgery, regardless of the volume of the contents. Restriction of the mobility of the diaphragm on the side of the abscess localization during ultrasound examination is observed with abscesses with a diameter of more than 10 cm (in 5 out of 12 patients), and in 3 patients this sign indicated an accumulation of pus, which was covered by a loop of intestine. The accumulation of fluid in the costophrenic sinus detected by ultrasound (in 3 out of 12 patients) is not detected by X-ray examination, since this method can detect accumulation of fluid or pus with a volume of more than 200 ml.

Thus, in our observations, the ultrasound method of examination turned out to be more informative than the X-ray method, since it made it possible to identify an abscess or fluid accumulation during the patient's admission to the hospital, as well as 1-2 days after surgery, regardless of their volume and the nature of the contents.

The success of surgical treatment of postoperative abdominal abscesses largely depends on the timeliness and accuracy of topical diagnosis of localized abscesses. In this regard, a correctly conducted study using new methods, in particular computed tomography, is important for clarifying the nature and accurate anatomical and topographic diagnosis of the suppurative process in the space under the diaphragm.

Computed tomography can reveal an infiltrate or abscess with a diameter of up to 2 sm. The space under the diaphragm is examined cranially (2-3 cm) of the xiphoid

process. The space under the liver is studied on 2-3 tomograms of the xiphoid process. On computed tomograms in the space under the diaphragm, abscesses are defined as soft tissue, in most cases, inhomogeneous formations, in the upper parts of which gas bubbles of irregular shape are visible.

Computed tomography was performed in 9 patients to diagnose postoperative abdominal abscesses. The basis for performing computed tomography was:

- the presence of indirect radiological signs that do not allow one to confidently diagnose or exclude an abscess;

- difficulties of differential diagnosis in determining the nature of the detected space-occupying formation in the liver;- the impossibility of determining the exact location of the abscess and its relationship with neighbouring organs;

- suspicion of multiple lesions and breakthrough of the abscess into the free abdominal cavity;

- its spontaneous drainage into a hollow organ;

- monitoring the effectiveness of abscess drainage during treatment.

Computed tomography was performed on 40 patients with right-sided localization of postoperative abdominal abscesses. It was revealed that abscesses, as a rule, have a round shape, and smooth, clear contours, regardless of the size of the abscess. This is because the abscess, localized on the right, is surrounded by inactive dense organs (liver, diaphragm, muscles of the back and anterior abdominal wall), which help to delimit the pathological process.

In 3 patients with left-sided localization of postoperative abdominal abscess, large (more than 5 sm in diameter) irregularly shaped abscesses were found due to the high mobility of neighbouring organs (stomach, spleen, colon). The abscess spread with the formation of streaks and pockets.

In 2 patients, under the liver without gas abscesses, computed tomograms showed the appearance of homogeneous volumetric formations of low density, often irregular in shape, repeating the relief of the lower edge of the liver.

Timely and accurate topical diagnosis of postoperative abdominal abscesses using computed tomography shortened the period of preoperative examination in 9 patients and facilitated optimal surgical tactics during treatment.

The results of our studies confirm that computed tomography is a very valuable, highly informative method for diagnosing postoperative abdominal abscesses.

## DISCUSSION

Carrying out a repeat relaparotomy operation to eliminate the complication that has arisen in weakened and exhausted patients is associated with a high risk. This dictates the need to develop new, more effective methods for the prevention and diagnosis of postoperative abdominal abscesses [20].

The use of minimally invasive percutaneous puncture techniques for the treatment of postoperative abdominal abscesses significantly improves the results of treatment of this difficult group of patients [21].

All this dictates the need to develop new methods of surgical treatment of diseases of the abdominal cavity, helping to reduce the incidence of postoperative abdominal abscesses, as well as the use of modern diagnostic methods that allow for an optimal approach to choosing a method for treating postoperative abdominal abscesses [22-28].

## CONCLUSION

The immediate causes of the development of postoperative abscesses of the abdominal cavity are insufficiency of the sutures of the duodenal stump (26.8%); presence of hematoma (25.4%); leakage of bile (23.8%); inadequate drainage of the space under the diaphragm (22.2%), contributing to the development of the infectious process. The severity of postoperative abdominal abscesses depends, first of all, on the nature of the disease, the volume of the initial operation and adequate drainage of the intervention area, as well as the location of the abscesses, age and general condition of the patients. When the abscess is localized above the liver, pronounced disturbances in liver function and external respiration are observed, and when the abscess is localized under the liver, functional changes are observed only in the liver. Along with clinical, laboratory and radiological research methods, ultrasound and computed tomography examinations are highly informative methods for diagnosing postoperative abdominal abscesses.

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**Ethics approval and consent to participate** - All patients gave written informed permission to participate in the study.

**Consent for publication** - The study is valid, and recognition by the organisation is not required. The authors agree to open the publication.

**Availability of data and material** - Available

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## OPERATSIYADAN KEYINGI QORIN BO'SHLIQ XO'PPOZLARINING KLINIK BELGILARI VA DIAGNOSTIKASI

Bobobekov A.R.

Toshkent tibbiyot akademiyasi

### ABSTRAKT

**Dolzarbligi.** So'nggi yillarda zamonaviy texnologiyalar klinik amaliyotga joriy etilishi tufayli operatsiyadan keyingi qorin xo'ppozlarini tashxislash sifati sezilarli darajada yaxshilandi.

**Material va usullar.** Ushbu tadqiqot operatsiyadan keyingi qorin xo'ppozlari bo'lgan 63 nafar bemorni davolash tajribasiga asoslangan.

**Natijalar.** Qorin bo'shlig'ining operatsiyadan keyingi xo'ppozlari bilan qonning biokimyoviy parametrlari va tashqi nafas olish funktsiyasi buzilishi mavjud, ularning darajasi va chuqurligi jigar ustidagi yiringli jarayonni lokalizatsiya qilishda ko'proq aniqlanadi.

**Xulosa.** Qorin bo'shlig'ining operatsiyadan keyingi xo'ppozlarini klinik va laboratoriya tadqiqot usullari bilan bir qatorda ko'krak va qorin bo'shlig'ining rentgenografiyasi, ultratovush va kompyuter tomografiya alohida ahamiyatga ega.

**Tayanch iboralar:** operatsiyadan keyingi qorin xo'ppozlari, rentgen tekshiruvi, ultratovush, kompyuter tomografiya

## КЛИНИЧЕСКИЕ ПРИЗНАКИ И ДИАГНОСТИКА ПОСЛЕОПЕРАЦИОННЫХ АБСЦЕССОВ БРЮШНОЙ ПОЛОСТИ

Бобобеков А.Р.

Ташкентская медицинская академия

### Абстракт

**Актуальность.** В последние годы, благодаря внедрению в клиническую практику современных технологий, в значительной степени улучшилось качество диагностики послеоперационных абсцессов брюшной полости.

**Материал и методы.** В основе настоящего исследования лежит опыт лечения 63 больных с послеоперационными абсцессами брюшной полости.

**Результаты.** При послеоперационных абсцессах брюшной полости наблюдаются нарушения функции внешнего дыхания и биохимических показателей крови, степень и глубина которых более выражены при локализации гнойного процесса над печенью.

**Заключение.** Для диагностики послеоперационных абсцессов брюшной полости, наряду с клинико-лабораторными методами исследования, рентгенографией грудной и брюшной полостей, особо важное значение приобретают ультразвуковое исследование и компьютерная томография.

**Ключевые слова:** послеоперационные абсцессы брюшной полости, рентгенологическое исследование, ультразвуковое исследование, компьютерная томография