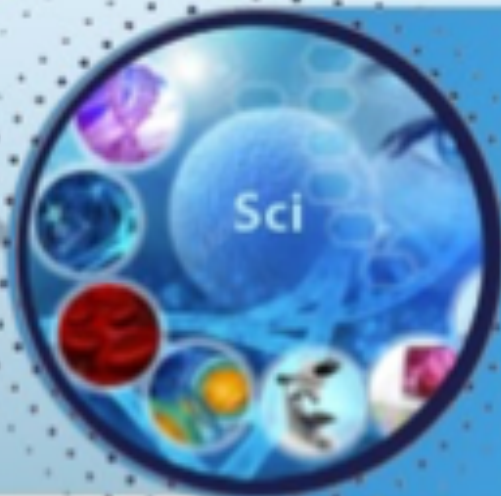




TASHKENT MEDICAL ACADEMY



Journal of Educational and Scientific Medicine



**Special Issue 5
Volume 2 | 2024**

OAK.UZ
Google Scholar

Science Education Commission of the Cabinet
Ministry of the Republic of Uzbekistan

ISSN: 2181-3175



Monitors:

giz Deutsche Zusammenarbeit für Internationalen Zusammenarbeit (GIZ) GmbH

ISSN: 2181-3175

Special issue of
«**JOURNAL OF EDUCATION AND
SCIENTIFIC MEDICINE**»

Volume 2, Issue 5

ISSN: 2181-3175

«**YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI**»

**Ilmiy-amaliy konferentsiyaning tezislari
to'plami**

Special Issue
Volume 2

Toshkent, 28 oktyabr, 2024

OAK.UZ
Google Scholar

Source: <https://www.oak.uz>
Ministry of Health of the Republic of Uzbekistan



Features of Surgical Treatment of Acute Paraproctitis of Complex Localization

O.Ch. Abdiev¹

BACKGROUND

The study aimed to improve the results of treatment of patients with acute paraproctitis of complex localization.

MATERIAL AND METHODS

The results of the examination and treatment of 69 patients with acute paraproctitis of complex localization, who were in a multidisciplinary clinic of the Surkhandarya region, were analyzed. General clinical and laboratory research methods were used. Surgical treatment of acute paraproctitis in all cases consisted of opening and draining the focus of purulent infection, in some cases supplemented by fistulotomy.

RESULTS

The postoperative period did not have significant features, the pain syndrome was mild, which is due to the absence of damage to the anoderm. In three patients, suppuration of the wound in the intersphincter sulcus was noted, which required revision. Wound healing occurred within the usual timeframe, in some cases, it lasted up to 6 weeks, which is associated with the long-term biodegradation of ligatures in the wound. A wide range of diagnostic and therapeutic methods allows you to plan the treatment of acute paraproctitis, avoiding situations that are potentially dangerous for the rectal retention apparatus. Treatment methods involving anal sphincter fibre crossings should be per-

¹ Termez Branch of the Tashkent Medical Academy, Termez, Uzbekistan, e-mail: doctor.otabek.90@gmail.com

formed according to strict indications and by qualified specialists.

CONCLUSION

The lowest recurrence rate is demonstrated by the fistulotomy and ligature method, but these methods are associated with a high risk of faecal incontinence in the postoperative period. Occlusion of the fistula and ligation of the fistulous tract in the intersphincter layer should be recognised as the safest. In the case of ligation

of the fistula in the intersphincter layer, recurrence was noted in 19% of cases, but the development of faecal incontinence in the postoperative period was not noted. The developed algorithm for the treatment of paraproctitis allows for minimising the risks of faecal incontinence in the postoperative period at all stages of surgical care for patients with acute paraproctitis and rectal fistulas.