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# «YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI»

## Ilmiy-amaliy konferentsiyaning tezislar to'plami

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# Causes of the Formation of Adhesions of the Small Intestine

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## BACKGROUND

The study aimed to determine the leading causes and frequency of acute adhesive intestinal obstruction.

## MATERIAL AND METHODS

This work studied the results of comprehensive diagnostics and surgical interventions in 110 patients with acute commissural small bowel obstruction. All patients were divided into two groups: the first group was the main (prospective) group—50 (45.5%) patients who underwent laparoscopic and laparoscopically assisted interventions with complex-developed pathogenetic conservative therapy in the postoperative period. The second group was a control (retrospective) group—60 (54.5%) patients who underwent generally accepted open traditional interventions.

## RESULTS

A thorough detailing of the history of surgical interventions showed that 23 (22.1%) patients with a history of acute commissural small bowel obstruction underwent two or more surgical interventions. Thus, 16 patients had a history of 2 surgeries, five patients had three surgical interventions, and two patients had a history of 4 operations. In 81 (77.9%) cases, patients with a history of acute commissural small bowel obstruction underwent one open surgery traditional surgical intervention. Acute adhesions of small intestine obstruction in this category of patients developed at different times after surgery. Thus, early acute adhesions of the small intestine within 1 month after surgical interventions occurred in 16 (15.4%) cases, from 1 to 6 months in 20 (19.2%) cases, from 6 months to 1 year in 22 (21.1%) cases, from 1 to 2 years in


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12 (11.5%) cases, from 2 to 3 years in 16 (15.4%) cases, and more than 3 years in 18 (17.3%) cases.

## CONCLUSION

The leading causes of acute adhesive intestinal obstruction in 70% of cases are previously undergone open traditional surgical interventions for surgical pathology of the abdominal cavity, in 24.5% after obstetric and gynaecological interventions, in 5.5% of cases, it occurred primarily without preliminary surgical interventions in the presence of inflammatory diseases of the small intestine. As a result of the initial various traumatic surgical interventions on the organs abdominal cavity or in the presence of an inflammatory process in the intestine, several pathophysiological and pathomorphological processes occur in the mesothelium of the serous membrane of the small intestine, which can subsequently cause the formation of adhesions. However, for the formation of adhesions, traumatisation of the mesothelium of the serous membrane is essential, as well as pronounced intestinal paresis against the background of a decrease in motor function. In addition to the serous membrane, other layers of the intestine, particularly the mucous membrane of the small intestine, also play a role in the pathogenesis of adhesion. In the latter, several pathomorphological changes also occur, which in the future can cause a decrease in the motor-evacuation function, that is, intestinal peristalsis, periodically manifesting from moderate to pronounced paresis of the small intestine, being one of the cardinal etiological factors in the pathogenesis of the development of viscero-visceral and viscero-parietal adhesions, leading to the development of acute small intestinal adhesions.