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«YUMSHOQ TO'QIMALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI»

Ilmiy-amaliy konferentsiyaning tezislar to'plami

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Cardiospasm and Cardia Achalasia III-IV Unsatisfactory Results of Cardio-dilatory Analysis of Causes

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BACKGROUND

Cardiac achalasia and cardiospasm are the most common neuromuscular oesophagus (NSMD) diseases, characterized by incomplete relaxation of the lower oesophagal sphincter. According to data, 3.1-20% are surgical pathologies of the oesophagus, including cardiac achalasia, followed by oesophagal tumours, cicatricial stricture, and diaphragmatic oesophagal hiatal hernia. The most effective minimally invasive treatment methods include: cardiodilatation; stenting; endoscopic botulinum toxin injection and peroral endoscopic cardiomyotomy (POEM). The goal. To investigate the cause of unsatisfactory results of cardiodilatation in patients with cardiospasm and cardiac achalasia.

MATERIAL AND METHODS

From 2010 to 2022, 387 patients were treated for cardiospasm and cardiac achalasia in outpatient and inpatient conditions at the Stomach and Esophageal Surgery department of the state institution "RIXIATM named after Academician V. Vahidov."

RESULTS

The following minimally invasive treatment methods were used: Dilatation with a Stark dilator is not used today because of the high risk of trauma; this method was used in the 1970s and 1980s of the last century. Pneumatic - 291 (75.2%) and hydroballoon - 94 (24.8%) dilatation are preferred. Esophageal banding is not used as a treatment for patients with achalasia cardiac. Overall, 200 (51.7%) good results, 142 (36.7%) satisfactory, and 45 (11.6%) unsatisfac-

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tory results from minimally invasive treatment methods. Cardiodilatation is unsatisfied with the results of the following factors: The impossibility of cardio dilatation is determined on the basis of a comprehensive examination of patients, as well as the location of the cardio oesophagal passage, so the dilator is ineffective because the risk of perforation of the oesophagus is very high. Unsatisfactory results due to the impossibility of a minimally invasive treatment method accounted for 13.3% (n=6) of all patients with IV-degree achalasia of the cardia. Minimally invasive treatment in patients with failure of dilator transfer accounts for 42.2% (n=19), and this is due to the following reasons: Due to scar changes of the cardiac part due to spasm, the hardness of the cardio-dilator is not enough resistance to pass through the cardiac part of the oesophagus; S-shaped cardia deformation because of dilator tip cardiac to the part of transfer impossibility; Ineffectiveness of dilatation - causes of unsatisfactory result account for about half of the dilatation results, i.e. 40% (n= 18). Nevertheless, it is possible to pass a dilator in patients, but after repeated courses of cardiodilatation, no clinical improvement in nutrient permeability is observed. This is due to the complete loss of peristalsis of the oesophagal muscles, which occurs due to the effect of the so-called "Rubber cardio"; that is, after dilatation, cardiospasm occurs again.

CONCLUSION

The impossibility of cardiodilatation is the unsatisfactory reason for less invasive methods of treatment of patients with achalasia of the cardia, the impossibility of carrying out a cardiopulmonary dilator, and the directly unsatisfactory reason for dilatation courses aimed at expanding the cardia. In case of ineffectiveness and impossibility of dilatation, surgical treatment is recommended.