

SURGICAL TREATMENT OF ACUTE PARAPROCTITIS

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Annotation: Analysis of the results of treatment of paraproctitis and determination of optimal therapeutic measures that minimize postoperative complications in the acute period and chronicity of the process in the long term.

The basis of the clinical material was the data of medical records of 250 patients with acute paraproctitis treated in clinic No. 1 of the SamMU Department of Coloproctology for the period from 2022 to 2024.

During the study period, 250 patients with acute paraproctitis were treated in the department of coloproctology. 250 operations completed. Operational activity for five years was 100%. According to emergency indications, 250 surgical interventions were performed, which accounted for 30.5% of the total number of proctological operations. 250 patients were operated on for acute paraproctitis, which accounted for 15.9% of emergency operations and 30.5% of all operations for the current period in the department.

The most common emergency pathology that required surgical intervention is acute paraproctitis, which mainly affects people of working age, among which men predominate. The main localization is the subcutaneous form of the process. Early visits accounted for a third of all cases, most of the patients were admitted to the hospital by referral from polyclinics.

Keywords: Acute paraproctitis, retrorectal, ischiorectal, coloproctology.

Relevance. One of the most common diseases in emergency proctology is acute paraproctitis, the incidence of which, according to our data, occupies a leading position in the structure of proctological diseases. Acute paraproctitis is the most complex form of purulent inflammatory processes. The number of these patients and the increasing resistance of microbes require the development of more effective treatments.

Purulent-inflammatory diseases of the perineum and perirectal tissue occupy the first place among patients with emergency proctological pathology. One of the most common diseases requiring emergency surgery is acute paraproctitis.

It is known that the incidence of paraproctitis is about 0.5% of the entire population. Patients with chronic paraproctitis make up 0.5-4% of the total number of inpatient surgical patients and 30-35% of patients with rectal diseases.

To date, the issues of diagnosis and treatment of this disease have not been fully resolved. This is due to a number of circumstances. Organizational issues of providing specialized proctological care have not been resolved: most patients are still operated on in general surgical hospitals; new technical possibilities for diagnosing and treating purulent-inflammatory diseases of the perineum and pelvic cellular spaces are

emerging. It can be argued that this pathology also has social significance, since the number of patients, many of whom are treated repeatedly and often without due success, is constantly increasing.

Objective of the study. Analysis of paraproctitis treatment results and determination of optimal treatment measures that minimize postoperative complications in the acute period and chronicity of the process in the remote period.

Material and methods. The clinical material was based on medical records of 250 patients with acute paraproctitis treated in the Clinic No. 1 of the SamMI, Department of Proctology, for the period from 2022 to 2024.

An analysis of the admission of patients to the hospital, localization of the process, age and gender composition of patients, anamnestic data, the nature of the treatment and the duration of stay in the hospital was carried out. The bacterial spectrum of the cultured microflora was studied.

General trends in the frequency and structure of incidence of acute paraproctitis were studied.

Results and discussion. During the study period, 250 patients with acute paraproctitis were treated in the proctology department. 250 operations were performed. The operational activity over five years was 100%. According to emergency indications, 250 surgical interventions were performed, which amounted to 30.5% of the total number of proctological operations. A total of 250 patients were operated on for acute paraproctitis, which accounted for 15.9% of emergency operations and 30.5% of all operations in the department for the current period.

The duration of illness before hospitalization and the duration of treatment of patients in hospital are two interrelated indicators. Late treatment prolongs the treatment and wound healing time, which is associated with the spread of the purulent-inflammatory process. The duration of the disease does not affect the radicality of the surgical intervention.

Thus, in 2022, 55 patients were operated on, which amounted to 12.2% of all operations in the department, in 2023, 2024, respectively 74 (16.4%), 97 (21.5%), 107 (23.7%), 117 (26.2%).

The incidence rate of the disease among all residents of Samarkand was 0.07%. Acute paraproctitis was diagnosed in 154 cases (78.6%) in men and in 96 cases (21.4%) in women. According to our research, acute paraproctitis occurs significantly more often in men than in women. In our opinion, this circumstance can be explained by the more frequent consumption of strong alcoholic beverages by men, professional and hygienic factors, and the anatomical and physiological characteristics of the male body. Among the patients, the majority are people aged 18 to 60 years, who accounted for 67.5%, which allows us to focus on this disease as a social problem. Young patients accounted for 20.3%, and older patients accounted for 12.2%. When studying the localization of the process, it was found that the purulent focus was located in the subcutaneous tissue in 75.5% of cases, in the ischiorectal region - in 12.5%, in the pelviorectal - in 2.5% of cases. The share of submucous and retrorectal paraproctitis was 5.5% and 4.0%, respectively. An increase in ischiorectal paraproctitis was established.

Thus, in 2022, there were 12 patients (21.8%) with this form, and in 2023 - 29 (24.7%). The majority of patients were admitted by referral from clinic doctors (87.8%), and 12.2% of patients independently visited the emergency department.

The number of visits in the first 6 days from the onset of the disease was 72.5%. There is an increase in the number of patients admitted in the first three days from the onset of the disease: in 2022, 34 patients were admitted, which amounted to 61.8%, in 2023 - 87 (74.3%). The share of late appeals from 7-10 to 11 and more days from the onset of the disease accounts for 20% and 7.5%, respectively. All admitted patients were operated, and the majority (78.5%) were prescribed antibiotic therapy, (21.5%) patients were not

prescribed such therapy - these are mainly patients with a shallow subcutaneous form of acute paraproctitis. An analysis of morbidity by year shows that the incidence of acute paraproctitis remains consistently high from year to year.

When studying the microflora that caused acute paraproctitis, we found that the most frequently detected were *E. Coli* (68.5%), *E. cloacae* (10.5%), *S. aureus* (8.5%), *K. oxytoca* (6.5%), and *S. epidermidis* (5%).

According to our data, the structure of the patient admission route to the proctology hospital has remained almost unchanged from year to year. The majority of patients were admitted by referral from outpatient clinic doctors (81%), which indicates the important role of the outpatient clinic in diagnosing this pathology at the prehospital stage. Independent referral or referral to a polyclinic was not possible. Other routes of admission account for 19%.

Conclusions. The most common emergency pathology requiring surgical intervention is acute paraproctitis, which mainly affects people of working age, among whom men predominate. The main localization is the subcutaneous form of the process. Early appeals accounted for a third of all cases, the majority of patients were admitted to the hospital by referral from polyclinics.

Most patients underwent surgical treatment with antibiotic therapy. The main composition of the microflora is represented by *E. coli*, *E. cloacae*, *S. aureus*.

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