

## DIAGNOSIS AND SURGICAL MANAGEMENT OF ACUTE BILIARY PANCREATITIS

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**Introduction:** Acute pancreatitis is one of the most common diseases of the abdominal cavity. Improving the treatment policy has reduced mortality, but not enough to consider the problem solved.

**Aim:** Optimization of diagnostic and surgical treatment of acute biliary pancreatitis (ABP).

**Materials and methods:** The results of diagnosis and treatment of 226 patients with acute pancreatitis (AP), of whom 118 (52.5%) had ABP. Women were 86 (72.5%), men - 32 (27.5%). History of gallstone disease (GSD) - from 2 to 9 years. Patients are often treated in hospitals with temporary success. Patients applied the methods of investigation: clinical, laboratory, ultrasound (ultrasonography), endoscopic retrograde cholangiopancreatography (ERCP), fibrogastroduodenoscopy (FGDS), laparoscopy.

The I group (main) consist of 82 (60.6%) patients with ABP who underwent endoscopic papillosphincterotomy (EPST), the II group (control) - 36 (30.4%) - after the traditional methods of treatment. The 20 patients out of the 36 patients in group II had interstitial pancreatitis, 16 - destructive.

**Results:** The following operations were performed for the first group of patients: resection of the tail of the pancreas - 14, cholecystectomy (CE), holedohostomiya from Wisniewski - 16, holedohoduodenostomiya - 6. The various postoperative complications had 11 (32.3%) patients, mortality was 11.7%. Long-term results in terms of 2 to 8 years were studied in 30 men. Good noted in 62.7%, satisfactory - in 26.5% and unsatisfactory - in 10.8%.

Postoperative complications in patients of group II was in 4 (5.4%) patients had no deaths. Long-term results were studied in 63 (76.8%) patients: the good - in 73.5% and satisfactory - in 26.5%.

**Conclusions:** Thus, in the treatment of ABP is expedient to eliminate bile and pancreatic hypertension. The intervention should be individualized, depending of the pathological changes in the pancreas.

**Key words:** acute biliary pancreatitis (ABP), gallstone disease (GSD), papillosphincterotomy (EPST).

## ABILITY TO DIAGNOSE CHRONIC EXTERNAL BILIARY FISTULA CALCULOUS ORIGIN

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**Introduction:** Chronic external biliary fistulas occur in 0.4-2.4% of patients with diseases of the biliary tract and are likely to be one of the complications of surgical treatment of diseases of the biliary tract.

**Aim:** Choose the most appropriate methods of diagnosis of chronic external biliary fistula calculous etiology by improving the diagnostic algorithm.

**Materials and methods:** Analyzed the results of diagnosis 86 patients with chronic external biliary fistula. 79 were operated previously in other hospitals. Fistula after they have formed the following operations: cholecystostomy - 23, cholecystectomy, holedohostomii on Wisniewski - 37, cholecystectomy, choledochostomy through the cystic duct stump - 24, holedohostomii - 2. Of the 86 patients 72 were operated in urgent procedure. To clarify the diagnosis chronic external biliary fistula used the following