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## COURSE AND PRINCIPLES OF TREATMENT OF ACUTE APPENDICITIS IN PREGNANCY

Ulugbek Ergashev<sup>1</sup>

Adhamjon Zohirov<sup>2</sup>

*Tashkent Medical Academy*

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### KEYWORDS

laparoscopy, appendicitis, surgery, leukocyte, Verish needle, pneumoperitoneum, pregnancy

### ABSTRACT

This article describes the clinical methods of treatment of acute appendicitis during pregnancy. In addition, information about how surgical procedures are performed in different stages of pregnancy is given. The following stages of development of pregnant women and the fetus after surgery were discussed.

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<sup>1</sup> Dsc., Professor, Head of the Department of General Surgery No. 2, Tashkent Medical Academy, Tashkent, Uzbekistan

<sup>2</sup> Assistant of the Department of General Surgery No. 2, Tashkent Medical Academy, Tashkent, Uzbekistan

## HOMILADORLIKDA O'TKIR APPENDITSITNING KECHISHI VA DAVOLASH TAMOYILLARI

### KALIT SO'ZLAR:

laporoskopiya, appenditsit, xirurgiya, leykotsit, Verish ignasi, pneumoperitoneum, homiladorlik

### ANNOTATSIYA

Ushbu maqola homiladorlikda uchraydigan o'tkir appenditsitni davolashning klinik metodlari haqida bayon etilgan. Bundan tashqari homiladorlikning turli davrlarida ularda o'tkaziladigan jarrohlik muolajalari qay tarzda amalga oshirilishi haqida ma'lumotlar keltirib o'tilgan. Jarrohlik amaliyotidan keyingi davrda homilador ayollarning va homilaning keyingi rivojlanish bosqichlari haqida so'z yuritilgan.

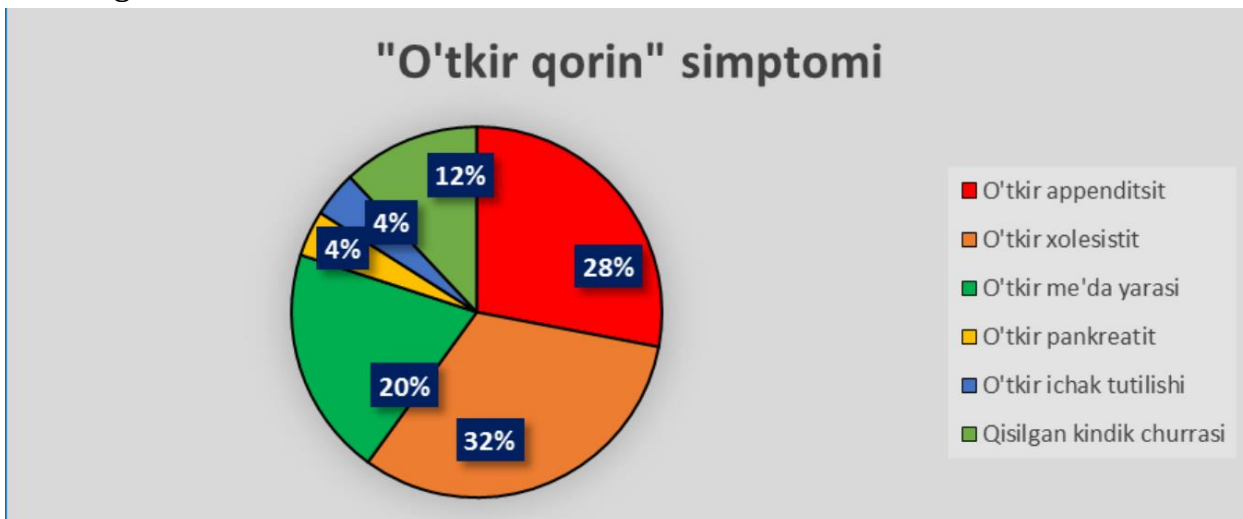
**Kirish.** O'tkir appenditsit – homiladorlikda shoshilinch xirurgik operatsiya qilishni talab etuvchi juda muhim kasallikdir. Uning uchrash chastotasi dunyo statistikasi bo'yicha 1:700 dan 1:3000 homiladorlarda kuzatiladi. Taxminan, bu kasallikning 50% ga yaqin holatlarida uchrashi homiladorlikning II trimestrida, qolgan 50% esa homiladorlikning I va III trimestrida uchraydi[1]. Bemorni tekshirganda chalqancha yotgan holatda o'ng yonboshdan chap yonboshga joyini o'zgartirganda qorinda og'riqni kuchayishi (Taranenko simptomi) va chap yonboshdan o'ng yonboshga aylanganda ham og'riqning kuchayishi (Alder simptomi) ga e'tibor berish kerak. 60% homiladorlarda leykotsitozning kuchayishi  $15 \cdot 10^9/l$  kuzatiladi. O'simta vizualizatsiyasi uchun uni UTT (ultratovushli tekshiruv) qilish kerak. Homilador ayollarda o'tkir appenditsitning kechishi odatdagidan farqli emas, lekin diagnostikasi biroz qiyin bo'ladi. Buni tashxislashda neytrofil-limfotsit koeffitsiyenti (Kalf-Kalif leykotsitlar intoksikatsion indeksi) va trombosit-limfotsit koeffitsiyenti muhim rol o'ynaydi. Bundan tashqari homiladorlik davomida o'tkir appenditsitning diagnostikasi uchun kasallikning odatdagi diagnostik indikatorlariga qarab baholandi. Masalan, yosh, homiladorlik yoshi, qon tanachalari, Alvarado ko'rsatgichi, C-reaktiv oqsil, limfotsitlar miqdori. Keng miqyosda, Lachman 518 ta jarrohlik amaliyotini o'tkazgan homilador ayollarni analiz qilganda 45% xolesistoektomiya, o'smalar (34%), appendektomiya (15%)ni tashkil etgan. Verish ignalarini kirishidagi jarohatlar, bachadonning qon bosimini pasayishi, ikkilamchi intraabdominal bosimning ortishi, ona va bolaga CO<sub>2</sub> ning adsorbsiyalanishining xavfi laparoskopik xirurgiyaning texnik qiyinchiliklaridir. Bundan tashqari bachadonda ko'rish sezgirligining yaxshi emasligi, troakar joylashuvidagi shikastlar, qon oqimining bachadonda pasayishi, intraabdominal bosimning ortishidan muddatdan ilgari tug'ruq va homila atsidozining ortishi, noma'lum sabablarga ko'ra pnevmoperitoneumga aloqadordir. Pnevmooperitoneumdan bachadonda qon oqimining pasayishi taxmindir [3]. Pnevmooperitoneum tufayli onada talvasaga tushish, yo'talish, kuchanish davomida tez-tez bosim alteratsiyalarining stimulatsiyalanishi yirik xavf bo'lishi ehtimoldan yiroq, biroq pnevmoperitoneum xolesistoektomiya yoki ochiq appendoektomiya davomidagi bachadon retraksiyasiga ko'ra xavfsizdir [5].

**Maqsad.** Bu izlanishlarning maqsadi homilador ayollardagi o'tkir appenditsitning

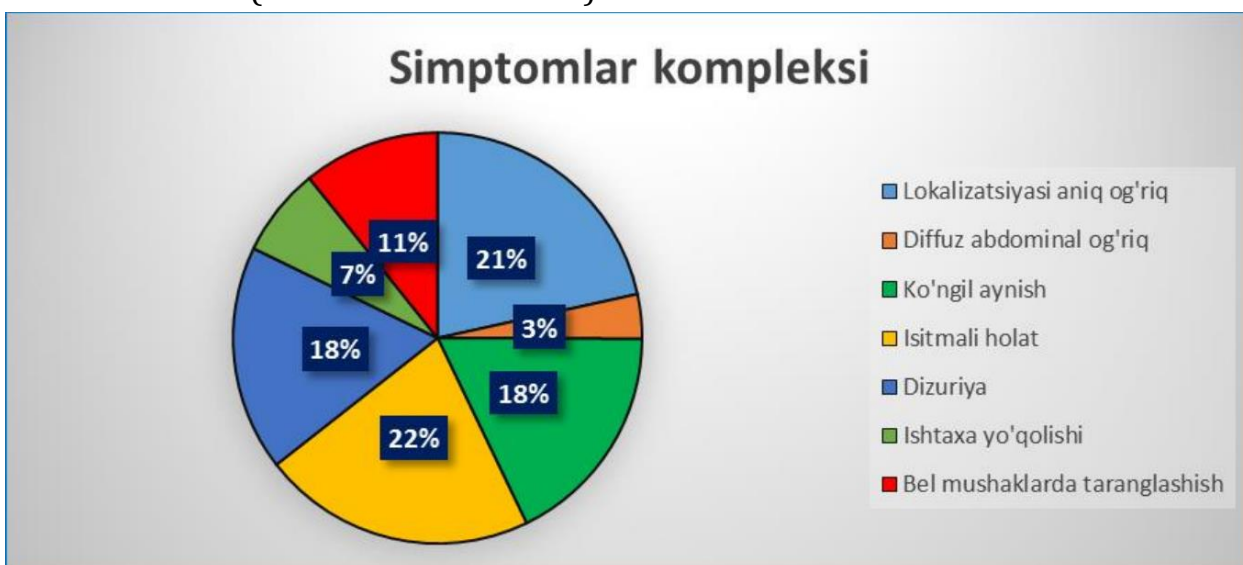
kechishi, o'z vaqtida tashxis qo'yish va ularda o'tkazilgan laparoskopik appendektomiya usuli orqali xulosalar berishdan iborat.

**Tekshiruv materiallari va usullari.** Tekshiruvlar 2021-yil 1-yanvar oyidan 2022-yil 1-yanvar oyigacha Toshkent shahri Shayxontoxur tumanidagi Ibn Sino nomli shahar 1-son klinik shifoxonasida davolanish uchun 25 ta homilador ayollar keldi.

**Natijalar.** Shundan 7 tasida (28%) o'tkir appenditsit tashxisi qo'yildi. Quyida boshqa kasalliklarning uchrash chastotasi bilan:



Shundan 1 tasida (14%) perforativ appenditsit, 6 tasida (86%) o'tkir gangrenoz appenditsit holatini hisoblab chiqdik. Barcha o'tkir appenditsit tashxisi qo'yilgan homilador ayollar homiladorlikning II trimestrida bo'lib, yoshi 22 dan 32 yosh oralig'ida. Bemorlarning 6 tasida (86%) o'ng yonbosh sohasida vaqti-vaqti bilan, simillovchi, lokalizatsiyasi aniq og'riq, 1 ta (14%) bemorda diffuz abdominal og'riq; isitmali holat 6 ta (86%) bemorda; ko'ngil aynishi 5 ta (71%) bemorda; dizuriya 5 ta (71%) bemorda; ishtaha yo'qolishi 2 ta (28%) bemorda kuzatildi. Bel mushaklari taranglashishi 3 ta (43%) bemorda musbat. UTT (ultratovush tekshiruv) barcha bemorlarda o'tkazildi.



Aniq diagnoz bilan 4 ta (57%) bemor o'tkir gangrenoz appenditsit va 1 ta (14%)

bemor perforativ appenditsit bilan olib kelindi. Boshqa 2 ta (28%) homiladorda bachadon ortida appendiks ko'rinmaydi. KT (kompyuter tomografiya) tasvirida ushbu 2 ta bemorda destrutiv appendiksni ko'rsatdi. Barcha holatlarda leykotsitoz va anemiyaning yengil formasiga ega. Siydik pufagi kateterizatsiya qilindi. ASA – I status 6 ta (86%) appenditsitli bemorga, ASA – II status yorilgan appenditsiti (14%) bo'lgan bemorga berildi. Anesteziologlar gipekapniya va onaning atsidozini holatini bartaraf etishdi. Homila nazoratda bo'ldi va kompression stok perforatsiyalangan appenditsit bilan kasallangan bemorlarda foydalanildi. Nazogastral aspiratsiya barcha bemorlarda bajarildi, shuningdek vena ichiga H2-retseptor antagonistlari ham berildi. Profilaktik antibiotiklarning 2 dozasi o'tkir appenditsitga, yorilgan appenditsitli bemorga 6 ta dozasi berildi. Troakar kiritish uchun nuqtalar kattalashgan bachadon ustida joylashtirildi. Pnevmooperitoneum uchun Verish ignalari ishlatildi. Intraabdominal bosim 10 mm.sim.us. ushlab turildi. Birinchi 5 mm li troakarni kindik va xanjarsimon o'simtaning o'rtasiga joylashtirildi. Bu optik troakar kiritish nuqtasi hisoblanadi. Barcha holatlarda 5 mm li 30° li endoskopik okulyarlardan foydalanildi. Ikkinchi 10 mm li troakar kiritish nuqtasi linea medioclavicularis dextra chizig'ida 1-nuqta darajasida joylashtirildi. Bu o'ng qo'l ishlash nuqtasidir. 3-nuqta (5mm li) linea medioclavicularis sinistrada 1-nuqta darajasidan 3 sm pastroqda joylashtiriladi. Bu chap qo'l ishlash nuqtasidir. Appendiksning o'tkir uchi ehtiyotkorlik bilan chap qo'l yulgichi bilan qatlamlarga ajratiladi. O'ng qo'l ishlash nuqtasida garmonik skalpeldan foydalanib mezoappendeks mobilizatsiya qilinadi. Asosiga yetgach 2 tarmoqli xromli ketgut halqasidan foydalanib appendiks qaychilar bilan qirqiladi. 5 mm li tishli yulgich appendiksning oxirini kesish uchun, 10 mm li troakar kiritish uchun nuqtada o'zgaruvchi tarmoq orqali organ olinadi, foydalanilgan ichki ilmoqlar qaytadan tekshiriladi, perforatsiyalangan appenditsit bo'lgan bemorda, ochiq usulda pnevmooperitoneum ishlatiladi, o'ng yonbosh chuqurchasidan yiring so'rib olinadi. So'rib oluvchi uchlikning oxiri oddiy appendektomiyada o'tmas qatlamlarni ajratishda foydalanilgan asbobga o'xshash. Drenajlovchi naycha operatsiyadan so'ng 48 soat saqlanadi.

**Munozaralar.** Barcha bemorlarda operatsiyadan so'ng muommolar yo'q. Siydik yo'llari kateteri olindi, kundalik dietaga keyingi kunda ruhsat berildi. Operatsiyadan keyingi 3-kunda javob berildi, perforatsiyalangan bemorda esa 4-kunda javob berildi. Bemorlardan ikkitasi (28%) kesarcha kesish operatsiyasiga muhtoj. Bemorlar operatsiyadan so'ng 14 oy davomida kuzatildi, ularda shikoyatlar kuzatilmadi.

**Xulosa.** Perforatsiyaning oldini olishda tezkor jarrohlik va perioperativ antibiotiklardan foydalanish bularning barchasi ona va homila hayot faoliyati uchun ko'rsatgichlarni yaxshilaydi. Tegishli holatlarda laparoskopik appendektomiya ochiq usuldagi appendektomiyaga qaraganda xavfsizdir. Homiladorlik davomida - o'tkir qorin simptomi holati tor doiradagi mutaxassislar ginekolog, xirurg, anesteziolog, neonatolog tomonidan hal etilishi lozim. Ma'lum bo'lgan tadqiqotlarning natijalariga ko'ra homiladorlik davomida o'tkir qorin simptomini bartaraf etishda laparoskopiya ancha xavfsiz va

samaralidir. Laparoskopik jarrohlikda narkotik vositalardan foydalanishning kamayishi va bunda homila depressiyasining susayishi, intraoperativ vizualizatsiyaning yaxshilanishi, operatsiyadan keyingi og'riqlarning kamayishi, ichak faoliyatining erta tiklanishi, shifoxonada qolish vaqtining kamayishi bularning barchasi ularning foydali tomonlarini o'zida aks ettiradi. Bundan tashqari ochiq usuldagi appendektomiyada jarohat joyining kattaligi infeksiyaning tarqalishiga va keyinchalik churralarning kelib chiqishiga sharoit yaratadi va bunda homilaning tabiiy tug'ruq yo'llari orqali tug'ilishida qiyinchiliklarni yuzaga keltiradi. Bir qancha tajribali xirurglar tomonidan ixtisoslashgan markazlarda bajarilgan amaliyot natijalariga ko'ra laparoskopik jarrohlik xavfsizdir.

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