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FEATURES OF TREATMENT OF PURULENT-NECROTIC COMPLICATIONS OF ACUTE PANCREATITIS

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Introduction. A literature review indicates that acute pancreatitis is one of the most pressing surgical diseases due to its increasing incidence and widespread prevalence. The issue becomes even more critical due to the significant number of destructive forms of acute pancreatitis. The primary causes of mortality and complications in destructive forms are diagnostic errors, untimely surgical intervention, or inadequate surgical volume. These challenges stem from difficulties in determining the form of acute pancreatitis and the presence and nature of complications [1]. The development of purulent-septic complications significantly worsens the prognosis of the disease and, in some cases, poses a direct threat to the patient's life due to toxic aggression and pronounced endogenous intoxication. Endogenous contamination predominates due to abscess formation and necrosis, highlighting the necessity of intensive therapy and minimally invasive treatment methods.

Objective of the Study. The study aims to observe clinical cases and evaluate the potential for improving the prevention and treatment of complicated forms of acute pancreatitis through a comprehensive set of therapeutic and preventive measures. These measures are based on clinical and instrumental examinations of patients, determining indications for intensive therapy and minimally invasive interventions.

Materials and Methods. A retrospective analysis was conducted on two groups of patients with acute pancreatitis. Patients were compared by age, gender, etiology of the disease, and premorbid background.

The first group consisted of 10 patients treated in the surgical department, with an average age of 39 years. Nine of these patients were male. The hospitalization period did not exceed 24 hours. Verification of acute destructive pancreatitis was based on clinical, laboratory, and instrumental data. Patients in the first group received central venous access for intensive therapy, including protease inhibitors, H2-blockers, analgesics, plasma substitutes, and antibiotics [3].

The second group included seven patients who underwent a modern intensive therapy regimen combined with minimally invasive treatment methods. The severity of their condition was assessed using the MODS scale [2]. The intensive therapy complex included high-dose protease inhibitors, proton pump inhibitors, and forced diuresis. Particular attention was given to enteral somatostatin administration. In cases of acute fluid accumulation, fine-needle aspiration puncture was performed [4].

Results and Discussion. A gender analysis in both study groups revealed that 90% of cases involved male patients. The average age of this group was ten years younger than the overall average age for all patients with acute pancreatitis.

An analysis of treatment outcomes in the first group demonstrated that the applied treatment measures failed to rapidly halt enzymatic toxemia and alleviate shock. The mortality rate was 48%.

The severity of patients in the second group, according to MODS, exceeded 3, allowing for a more accurate prognosis and better intensive therapy adjustments. The use of high-dose somatostatin significantly reduced endogenous toxemia levels within the first 24 hours, as confirmed by MODS indicators. Antibiotic therapy was not administered due to immunosuppression [5].

Three patients underwent fine-needle aspiration puncture within the first 24 hours of hospitalization. Six patients recovered, while one patient could not be stabilized from shock and died within a day.

Conclusions. Thus, acute destructive pancreatitis exhibits distinct gender, age, and clinical features that require modifications to standard treatment protocols. Improving treatment outcomes can be achieved through early hospitalization, the implementation of intensive therapy, primary administration of somatostatin preparations, dynamic ultrasonography with emergency puncture of fluid collections when present, and determining disease severity and prognosis based on the MODS scale.

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