MINIINVASIVE TACTICS IN THE MECHANICAL JAUNDICE OF TUMOR ETIOLOGY

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Abstract. One of the most common complications of pancreatic tumors is mechanical jaundice. Unfortunately, patients are in an exhausted state, and any radical surgical interventions entail a high mortality rate. Minimally invasive interventions for the purpose of decompression of the bile ducts remain one of the methods of choice in the treatment of patients with pancreatic tumors complicated by mechanical jaundice.

Key words: pancreatic tumors, mechanical jaundice, transcutaneous transhepatic cholangiostomy, pancreatoduodenal resection.

Periampullary tumors (PAT) developed with the common clinical manifestation of the tumor lesion, namely the violation of the outflow of bile with the extension of mechanical jaundice (MJ). However, apart from different approaches in the diagnosis and treatment of periampullary tumors, a high percentage of postoperative complications and mortality, relatively low life expectancy of the patients about high relevance of the problem.

Aim: to improve of diagnostic and treatment approach in the tumor of the head of pancreas complicated by mechanical jaundice.

Materials and methods. We have analyzed the treatment experience of 42 patients with mechanical jaundice of tumor etiology, receiving inpatient treatment in the private clinic AKFA Medline from 2020 to 2024. All patients were divided into two groups: control – 17 (40,5%) patients using standard medical diagnostic treatment procedures, the main – 25 (59,5%) patients, who using improvement diagnostic treatment procedures.

Results and discussion: Mechanical jaundice in the PAT, causing a number of profound functional disorders in the body, is an independent pathological condition that requires urgent resolution. Decompression of the biliary system, and in some cases, sanitation of the bile ducts is a key step in the treatment of this disease. It is (the treatment) should meet the following requirements: to be effective in eliminating cholehemia, less traumatic and accompanied by a low incidence of complications and mortality.

So, for patients from the time of admission to hospital to do complex of laboratory and instrumental methods of investigation with aimed at determining the cause of MJ, block-level of biliary track, stage of liver failure. As a screening method to use ultrasound. In case of bile hypertension, in order to determine the causes of her calling, all patients underwent CT of hepatopancreticbiliary zone. After that performed percutaneous transhepatic cholangiostomy (PCTHChS) with the outer compartment of bile on the removable drainage, followed by replacement holangiostomic tube on the outerinner and the inner "skeleton" drainage of the bile ducts.

After stabilization of the patients, the diagnostic search supplemented by noninvasive and invasive diagnostic methods. For example, in the control group at diagnosis and assessment of the possible surgery performed diagnostic angiography, hemostasiogram, CT of the abdomen. The second step was performed radical or palliative surgery.

As a radical treatment of 18 patients (42,8%) was performed standard gastropancreatoduodenal resection (GPDR). At impossibility of comparing the tissue of the stomach and pancreatic stump, because of their tension, in 11 cases it had been imposed

pancreaticodigestive anastomosis by the above methods. In 13 patients was performed inside stenting the main pancreatic duct. In 4 cases, the stent has been decided to abstain because of the larger diameter of the main pancreatic duct (5-7 mm) and a good visualization of matched tissue of the intestine and pancreas parenchyma.

After the relief of jaundice, and normalization of laboratory parameters, in order to determine resectability, MRPChG addition, all patients underwent MSCTA. Long wearing cholangiostomy gives information about a possible increase in the volume of education in the gate area of the liver, development of duodenal compression or duodenostenosis. From this perspective, patients are sometimes refused surgical treatment, but later agreed. 12 patients (28,5%) underwent fistulocholangiography with 3D-technique. After determining the functional state of the body treatment moves into its final stage.

Conclusions: Diagnostics of PAT complicated with MJ should be based on the integrated use of laboratory and instrumental diagnostic methods. Using USI on pancreaticobiliary zone with MRPChG allows defining the anatomic structure of BED, tumor block level and choosing the best way to decompress the bileexcreting system, but MSCTA allows defining resectability of tumorous process.