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JUSTIFICATION OF THE USE OF THE METHOD OF LYMPHATIC THERAPY TO IMPROVE THE RESULTS IN THE COMPLEX TREATMENT OF ULCERATIVE COLITIS

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Abstract - Ulcerative colitis is one of the most significant problems of modern gastroenterology. The constant increase in morbidity, disability of the population, as well as the high prevalence of the overwhelming number of cases among the working-age population aged 20-40 years, makes this pathology socially significant [7; 8; 9].

Key words: disease, lymphatic therapy, abdominal surgery.

1. INTRODUCTION

Ulcerative colitis is a chronic inflammatory disease of autoimmune etiology with ulcerative-destructive changes in the mucous membrane of the rectum and colon, which occurs with various complications such as: narrowing, perforation, bleeding, pseudopolyposis, dystrophy, cachexia, etc. [12].

According to the World Health Organization, the incidence of ulcerative colitis is 50-80 people per 100,000 population [5]. The highest mortality rates are observed during the first year of the disease due to cases of extremely severe lightning-fast course of the disease and 10 years after its onset due to the development of colorectal cancer [6].In the initial phases of the disease, treatment is directed to drug therapy [10].In recent decades, the view of surgical care for patients with ulcerative colitis has undergone significant evolutionary development [2; 11]. To date, the frequency of early postoperative complications in planned interventions reaches 10%, in emergency-up to 60%, and the mortality rate ranges from 12 to 50% [3; 9].

Great importance in the development of complications is attached to the microflora in the area of fibrous-purulent overlays and ulcers [1; 8] and to prevent complications in the postoperative period, antibiotic therapy is mainly used. It is proved that one of the ways to increase the effectiveness of antibiotic therapy and correction of immunity is the introduction of drugs into the lymphatic system [4; 9; 14]. However, in ulcerative colitis, lymphatic therapy was used in isolated cases and only with complications. until now, morphological criteria that could objectively assess the dynamics of the inflammatory process and the results of various treatment methods, including after surgery, have not been sufficiently developed [2; 13]. Due to the insufficient effectiveness of the available methods of treatment, these issues should be considered relevant for modern abdominal surgery.

2. The purpose of the study

The aim is to improve the results of treatment in patients with ulcerative colitis by including endo-mesenteric lymphatic therapy and lymphostimulation in the postoperative period in the complex treatment.

3. Material and methods

The study was clinical and experimental in nature. On serial experiments, animal experiments, a model of acute ulcerative colitis was created. Before and after the creation of the model of acute ulcerative colitis, the state of the intestinal lymphatic system and its mesentery was determined by determining the time of absorption of Evans blue, previously introduced subserosally into the intestinal wall and mesentery. Experimental studies have shown that, in the model of ulcerative colitis, the absorption time of Evans ' blue was extended more than twice as long as normal. This allowed us to conclude that the lymph flow is also disturbed in patients with ulcerative colitis. Based on

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this, we preferred to use lymphatic therapy in the complex of treatment for ulcerative colitis.

We analyzed the results of surgical treatment of ulcerative colitis in 96 patients-patients who were in the colopractology department of the clinic of the Andijan Medical Institute in the period 2009-2019. Among the patients, women predominated, which made up 53.6%, and men 46.4 %. The largest number of patients were of working age – 93.8 %.All these patients are divided into two groups. In the first –main group included (n=54) in the postoperative period in the complex of treatment additionally received endomesenteric therapy according to the algorithm developed in the clinic.

Patients of the first group at the completion of the main phase of the operation in the mesentery of the intestine-endometerial set we invented a PVC catheter (invention N4928655\14-32501 from 17.04.91 g) for endometerial lymphatic therapy in the postoperative period, securing it with fine catgut No. 0-1 in the mesentery of the intestine, the outer end of which is led out to the outside fixing on the skin of the anterior abdominal wall of the abdomen. Through the installed catheter, endomesenteric lymphatic therapy was performed for 5-6 days, 1 time per day: first, to stimulate the lymphatic system, a glucose solution of 5% - 50 ml + novocaine 0.5 % - 50 ml was introduced by drip with the addition of 5000 units of heparin or lasix 64 units slowly for 40-60 minutes. After this manipulation, a selected single dose of the antibiotic was connected, having previously dissolved it in 50 ml of 0.5% novocaine solution, also by drip. The remaining daily dose of the antibiotic was administered parenterally.

4. Results and discussion

the results of the use of endomesenteric lymphatic therapy in the postoperative period in the complex of treatment showed high efficiency early recovery of intestinal peristalsis was observed, i.e. in patients of the first group, intestinal peristalsis was restored the next day after surgery. in patients of the control group, peristalsis was restored on the third day after surgery. Early restoration of intestinal peristalsis in patients of the main group was promoted by the method of endomesenteric lymphostimulation and lymphotropic therapy, which led to a decrease in interstitial edema and the concentration of toxins in the intercellular space, blockade of the lymphatic flow of toxins, toxic metabolites, bacteria and their decay products entering the general bloodstream by lymphogenic route. This increased the drainage function of the lymphatic capillaries and normalized lymph flow at the level of the abdominal organs.

Based endolasercoagulation therapy as a method of warning of complications in the postoperative period, there are several mechanisms of action: creating the most prolonged therapeutic concentrations of drugs in biological fluids, lymph nodes due to the affinity of antibiotics to the lymphatic system, their ability to make contact with the lymphocytes of the lymph nodes, the normalization of the microcirculation at the level of the circulation of biological fluids in microvessels and the interstices; immunomodulatory effect, manifested in direct contact of the immunomodulator with immunocompetent lymph node cells. Lymphatic therapy improves the rheological properties of blood and lymph, increases lymph outflow, normalizes microhemolymphocirculation, fully removes edematous fluid and toxic metabolites from the tissues, and activates the neutralization and immunological activity of the lymph nodes of the abdominal cavity. Thus, this method prevents undesirable complications in the postoperative period. analysis of clinical data showed that with lymphotropic administration of antibiotics, there is no occurrence of allergic reactions.

These complications were unavoidable due to the severe condition of patients who had complicated forms of ulcerative colitis, cachexia, severe anemia and concomitant somatic diseases at the time of surgery. Despite all this, complex endomesenteric lymphatic therapy in the postoperative period for ulcerative colitis significantly improved the condition of patients in the main group compared to the control group. Including clinical and laboratory indicators of patients of the main group decreased more significantly.

5. Conclusions

1. The addition of the method of lymphatic therapy in the complex of treatment of ulcerative colitis

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contributes to the prevention of postoperative intestinal complications.

2. Lymphatic therapy method is distinguished by prostate application and high efficiency in abdominal surgery.

3. The use of lymphatic therapy for ulcerative colitis reduces the patient's stay in the hospital, i.e. reduces the number of days and material costs.

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