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BILE DUCTS

Mirizzy Syndrome: Peculiarities of Diagnoses and Management

E.I. Galperin, G.G. Akhaladze, A.E. Kotovski, T.V. Ungurjanu, A.Yu. Chevokin
Liver Surgery Department (Chief – Prof. E.I. Galperin), I.M. Sechenov Moscow Medical Academy

Retrospective analyses of 32 cases of Mirizzy syndrome (SM) treatment is carried out. According to A. Csendes (1989) classification type1 SM was noted in 5 patients; type 2 – in 14; type 3 – in 8 and type 4 – in 5 patients. Diagnostic sensitivity of US investigations came to 8.6% and ERCP – to 20%. Correct preoperative diagnose of SM was proposed in 7 patients, preoperatively before the gall bladder (GB) removal – in 8. Better results of operations has been shown after "ad fundus" cholecysectomy applying Pribram modality. Inspection of the cholecystocholedocheal junction through the GB neck enables "inner estimation" of the pathological lesion and to plan operation: cholecystectomy; tailoring of the common hepatic duct (CHD) lesion; CHD plastic by means of GB neck cuff; the GB neck tailoring; hepaticojejunostomy. Bile duct injury was noted in 6 cases. Tangential injuries were tailored on Kehr drainage tube; in cases of bile duct transsection hepaticojejunostomy was carried out.

BILE DUCTS

Klatskin Tumor: Diagnostic and Management Problems

A.P. Sedov, I.P. Parfenov, A.M. Mishustin, A.A. Karpachev, O.M. Zhdanovsky, S.P. Frantsev
The Belgorod Regional Clinical Hospital (Chief – Prof. V.F. Kulikovsky)
The Chernozemija Interterritorial Centre of the Liver and Pancreatic Surgery (Chief – Prof. A.P. Sedov)

In order of Klatsin tumor preoperative diagnostics and treatment improvement, 94 patients treatment results are analyzed. In result a complex preoperative the examination including multiaxial US investigation, magnetic-resonance cholangiopancreatography, spiral computed tomography, percutaneous transhepatic cholangiography, endoscopic retrograde cholangiography is recommend for definition of tumor process extension. Elaborated by authors clinico-radiological classification of Katskin tumor defined a choice of the method of surgical management. An original modality of hepaticojejunostomy through the gut lumen is offered.

PANCREAS

Results of Surgical Management of the Pancreatoduodenal Tumors

M.A. Aliev, B.B. Baimachanov, M.E. Ramazanov, R.P. Nusratdinov
A.N. Sizganov Scientific Center of Surgery, Almaati.

The study is dedicated to the problems of surgical management of pancreatoduodenal tumors and tumor associated lesions of this area. 520 patients were treated. 253 out of them underwent palliative procedures accompanied with 14.5% morbidity and 6.2% mortality rates. 143 patients underwent pancreatoduodenectomy. 9 operations were accompanied with simultaneous interventions and 100 patients earlier underwent biliary decompressive surgery. Pylorus preserving pancreatodoudenectomy was carried out 7 cases. Gaining experience morbidity rate came to 16.8% and mortality rate – to 3.3%.

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Surgical Treatment of Acute Liquid Collections in Acute Pancreatitis Patients

Yu.A. Nesterenko, S.V. Mikhajlusov, A.V. Chernjakov
Hospital Surgery Chair (Chief – Prof. V.A. Stupin) Russian State Medical University (Rector – Acad. RAMSci V.N.Yarygin), Moscow

An analysis of results of acute liquid collections treatment in 209 acute pancreatitis patients is carried out. Connected to pancreatic acute liquid collections complications (suppuration, cyst cavity bleeding, external and internal pancreatic fistula) developed in 52.4% and worsened the forecast of a pancreonecrosis. Possibility the infection development directly depended on the duration the disease. The standard indications of acute liquid collection management according on its volume, sequestration evidence and patient's general condition are defined. In 29.7% of patients accepting adequate conservative therapy of acute pancreatitis noninfected acute liquid collections (volume less than 50 ml) spontaneously resolved. If the volume of the collection was more than 50 ml and at ultrasonic investigation (US) does not reveal any sequestrations, a method of a choice is its US control drainage. In patients suffering more than 50 ml acute liquid collection, containing sequestra, it's open surgical or US controlled drainage with subsequent endoscopic sanitation is possible.

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Hepatoprotective Action of Reambirinum in Acute Pancreatitis

A.P. Vlasov, A.V. Gerasimenko, V.G. Krilov, V.P. Vlasova, I.V. Misharin, I.V. Saushev
N.P.Ogaryov Mordovian State University (Rector – Prof. N.P. Makarkin), Saransk

The liver function disturbances in acute experimental pancreatitis are caused by the hepatocyte membrane destruction which is confirmed by deterioration of It's lipid compound. It was shown that the antioxidant reamberinum therapy of pancreatitis leads to relatively fast resolution of the liver cell insufficiency. The percentage of middle weight peptides decreased to 12.8–33.4% (λ = 254 nm) and 14.9–21.7% (λ = 280 nm), albumin concentration effectively increased to 9.4–33.4% ($p < 0.05$) and plasma toxicity index decreased to 8.9–41.4% ($p < 0.05$). The reamberinum positive effect on the liver cell membranes becomes apparent by restoration of it's lipid structure quantitative and qualitative compound. As the most important effect appeared decreased level of free fat acids by 16.2–22.6%, lysophospholipids – by 24.2–53.1% and increased level of the summarized phospholipides, phosphatidilcholine. It was noted decrease of intensity lipid peroxidation, as well as A_2-phospolipasae activity. The liver function restoration by means of reamberinum enables to optimize the acute pancreatitis complex therapy and decrease the risk of the pancreonecrosis development.