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Research Article

DEVELOP AND IMPROVE TREATMENT TACTICS FOR ACUTE GANGRENOUS-NECROTIC PARAPROCTITIS

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ABSTRACT

The results of treatment of 367 patients operated on in the proctology department of the Samarkand State Medical University, clinic No 1 during 2015-2022 are reviewed in the article, among which patients with necrotic forms of the disease amounted to 26 (7.1%) patients. Among them 341 (92.9%) had aerobic etiology of peritoneal tissue lesions. The average age of the patients was 62.1±3.9 years.

KEYWORDS

Acute paraproctitis, necrotizing paraproctitis, abscess, abscess drainage, sepsis, multiple organ failure.

INTRODUCTION

Analysis of recent literature shows that currently there is no downward trend in the incidence of purulent inflammatory diseases. Patients with purulent-necrotic processes of various localizations account for about 30% of surgical patients. Various forms of acute paraproctitis make up 0,5% - 4% of total number of surgical patients and 21%-50% of all proctologic patients. Acute paraproctitis is the most frequent pathology in the practice of emergency surgical proctology, at the same time necrotic forms of the disease occur in only 3-6% of cases, the literature analysis of the majority of authors does not include necrotic paraproctitis into the study scope, emphasizing the extreme difficulty of its diagnostics and treatment.

Elaboration of questions of necrotic paraproctitis treatment is determined by the fact, that this disease is classified as viable, lethality level is from 15 till 40%, and when the process generalizes - up to 80%. The aforesaid is conditioned by the fact that the etiological factor of necrotizing paraproctitis is combinations of opportunistic autopathogenic flora in which

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anaerobes, being highly invasive and toxic, become the leader-associant, which determines quick generalization of process and causes diagnostic difficulties and complexity of complex postoperative treatment of septic conditions. Currently, streptococci, staphylococci, fusobacteria, spirochaetes and other associations of anaerobic and aerobic bacteria are considered as causative agents. Septicemia observed in necrotizing paraproctitis is usually caused by streptococci. According to the current literature, anaerobic orientation of the process is due to the high dose and virulence of the infecting agent against the background of decreased immunological resistance of the organism. Indeed, necrotizing paraproctitis occurs more often in case of insufficient hygiene in combination with diabetes mellitus. Other factors affecting systemic immunity and predisposing to the development of anaerobic inflammation of pararectal tissue are mentioned in the literature: autoimmune diseases and taking steroid hormones, anti-tumor chemotherapy, neurosensory diseases, periarteritis nodosa, etc.

Despite the improvement of surgical techniques, development of progressive methods of detoxification and antibacterial therapy, treatment of acute necrotizing paraproctitis still remains a complex and largely unresolved problem of modern surgery and coloproctology, which determines the need for further developments in this area.

Objective of the study. To develop and improve treatment tactics in acute gangrenous-necrotic paraproctitis.

Material and methods of investigation: 367 patients with different variants of acute paraproctitis, among them patients with necrotic forms of the disease comprised 26 (7,1%) patients were operated in proctology department of Samara State Medical University clinic № 1 during the period 2015-2022. Aerobic etiology of pericapillary cage lesion was noted in 341 (92,9%) patients. The mean age of the patients was 62.1±3.9 years. There were no statistically significant differences in the age of men and women.

All patients underwent clinical examination, finger examination of the rectum, transabdominal and transrectal ultrasound examination, bacteriological examination of wound discharge.

Results and discussion. Surgical interventions in all cases were performed for urgent indications. The surgery was delayed for 1-4 hours only in cases when preoperative preparation of extremely severe patients was necessary. Necrotic pustules of the perineum were opened only under general anesthesia. The intervention was performed through a wide incision over the entire revealed area of inflammatory changes, according to the type of surgical access. This allowed a thorough intraoperative revision with the assessment of the volume of the soft tissues affection, demarcation of the borders between the visible changed and healthy tissues, detection of possible pockets and leaks. As the main task at this moment was to save the patient's life. The criteria of the viability of the formed wound surface was a distinct capillary bleeding of the tissues. The operation was terminated by jet irrigation of the wound with antiseptic solutions and dressing with Decasan solution. In two cases a sigmostoma was applied due to necrotic changes of the rectal wall. In all other cases the fecal stream was not disconnected. In none of the cases of necrotic paraproctitis we carried out liquidation of purulent passage simultaneously with the main radical operation.

Antibiotic therapy was started 30-40 min before the operation. Intensive detoxification, infusion, symptomatic therapy, enteral feeding with balanced

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enteral mixtures were also carried out. Postoperative examination of wound surfaces and dressings were performed several times a day, on average 2-3 times. In 82% of patients in the first few days of the postoperative period there were newly formed necrosis foci which were removed acutely during dressings.

Determination of the extent of irreversible pathological changes is very important in the surgical treatment of acute gangrenous-necrotic paraproctitis. This is necessary to perform an optimum volume necrectomy, which significantly affects the result of treatment. In our study we relied on laser Doppler flowmetry, considering the characteristics of tissue microcirculation an important indicator of the extent of inflammatory process. Lethal outcome occurred in 2 (0.5%) patients with acute necrotizing paraproctitis.

Long-term results were traced in 19 (5,1%) patients by means of the examination and questionnaire. Most of them had no complaints requiring any participation. However in 4 (1,1%) patients extra-sphincter rectal fistulas developed which were successfully eliminated by various operative methods 6 months after primary interventions.

CONCLUSION

Acute necrotizing paraproctitis belongs to the number of severe, life-threatening diseases and is accompanied by high lethality. Treatment success in many respects depends on early diagnostics of the inflammatory process, early emergency operations with sufficient necrectomy and adequate intensive therapy.

Most often the unsatisfactory results of treatment are caused by the late referral of patients for specialized medical care (71,7% of cases), as well as by the late diagnostics of the disease in non-specialized institutions. This leads to widespread lesions of the pelvic fibers and sphincter muscle fibers, which makes it difficult to perform radical intervention.

The results of the studies indicated that timely and radically performed surgery, supplemented by antibacterial and detoxification therapy, led to recovery.

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