

THE IMPORTANCE OF THE TACTIC OF TRANSURETHRAL ENDOSCOPIC TREATMENT OF BLADDER DIVERTICULUM

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Abstract

In clinical practice, bladder diverticulae are rare. Although there are no statistics on the prevalence of this disease, it has been noted that men have 15 times more cases than women. This condition is associated with diseases of the prostate gland that cause infrared obstruction. In most cases, bladder diverticula do not require surgical treatment. The need for it arises in the presence of residual urine, stones, tumors in the cavity of the diverticulum with pressure from neighboring organs and tissues. Until now, open surgical interventions aimed at removing the diverticulum of the bladder have been and remain the main methods of treating this disease. These interventions usually involve resection of the bladder or plastic of the diverticulum neck. Traditional operations for bladder diverticulae are usually traumatic and long-term, which does not allow them to be performed in patients with severe general condition. The development of medical technologies, the introduction of new equipment and equipment led to the increasing use of transurethral endoscopic operations in the treatment of diseases of the lower urinary tract. High efficacy, low invasiveness, low number of complications allow surgical endoscopic interventions in older patients, often with severe concomitant diseases. In particular, transurethral resection with hyperplasia of the prostate gland is recognized today as the “gold standard” in the surgical treatment of this disease.

Keywords: diverticulae, transurethral resection, benign prostatic hyperplasia, bladder resection.

Introduction

So far, bladder diverticulae has been considered a counter-indication for transurethral resection of benign prostatic hyperplasia. This is due to the difficulty of evacuating fragments of resected tissue and the inability to affect the diverticulum itself. With such a combination, when the optimal treatment is transurethral resection, the following tactics have been proposed. first is open resection of the diverticulum, then transurethral resection of the prostate gland after 2-3 weeks. This method of surgical treatment is radical, allowing patients to be rescued from both diseases, but it is very traumatic and requires longer medical and social rehabilitation of patients.

To date, there is no consensus on the technique of performing endoscopic operations, indications and contraindications to transurethral methods of surgical intervention in this disease, the effectiveness of which is also assessed vaguely. Direct and long-term results of surgical



intervention have not been studied. All this determines the relevance of the problem of endoscopic transurethral methods of treating bladder diverticulae.

The purpose of the study

Determination of the position of the transurethral endoscopic method in the complex treatment of bladder diverticulae.

Materials and Methods

In accordance with the goals and objectives of the study, patients were divided into two clinical groups, the main one being 15 people for endoscopic treatment and the control group was 15 people. Bladder resection was caused by diverticulum. The age of patients ranged from 40 to 70 years. All patients were of male gender. Indications for operational treatment; residual urine in the diverticulum cavity, diverticulum stones, suspicion of a tumor or diverticulum tumor, conservative treatment-resistant diverticulitis. In addition, all patients of the main group were diagnosed with infrared obstruction, benign prostatic hyperplasia was found in 8 patients, 2 patients with sclerosis of the bladder neck, which was confirmed by urodynamic and ultrasound, and in some cases with ascending urethrography data. In addition to good quality prostate hyperplasia, patients with stricture of membrane urethra were found in 2 patients. In the control group, 8 people, except for bladder diverticulum, good quality prostate hyperplasia, in 2 people - sclerosis of the bladder neck, 2 patients underwent ureterosystoanastomosis with diverticulum in the bladder, and 1 patient had Bladder Diverticulum with large amounts of residual urine as the only indication for surgery. The main surgical method was endoscopic incision of the neck of the diverticulum of the bladder, diverticular ablation was also performed in 3 patients. In addition, all patients of the main group underwent prostate resection using standard methods.

Results and Discussion

The results of transurethral treatment of bladder diverticulae were evaluated in 15 patients of the main group and 5 patients of the control group in the early postoperative period. Long-term results are observed up to 5 years after transurethral intervention. Because this intervention did not aim to radically rid patients of diverticulum sabali, the main criteria for effectiveness were the normalization of urination and the absence or decrease in the amount of residual urine in the bladder and diverticulum. In the postoperative period, three different conditions occurred: the absence of a diverticulum, the reduction of its capabilities, and the maintenance of the same size of the diverticulum. At the same time, the quality of urination and the amount of residual urine in the diverticulum cavity are not always associated with its postoperative volume. According to ultrasound examination and cystography in a number of patients, the size of the diverticulum remained relatively large, but the amount of residual urine in it did not exceed 50 - 100 ml.

Evaluating the results of the transurethral treatment of bladder diverticulae in the postoperative period (patients and* immediately before leaving the hospital), using the Student test, we can conclude that there is a significant decrease in diverticulum volume. A decrease in diverticulum size has only been found in patients with diverticulum up to 120 cm³. ($p < 0.05$), there was no significant decrease in patients with large diverticulum size ($p > 0.05$)



Conclusion

1. Urethrosystoscopy is the main diagnostic and treatment method that determines the tactics of treating bladder diverticulae with examination of the diverticulum cavity (if necessary, after cutting its neck).
2. Cutting the neck of the Bladder Diverticulum from at least three places (according to tradition), mandatory detrusor separation and the creation of a wide anastomosis between the diverticulum and the bladder using parallel incisions (our own modification), coagulation (vaporization) of the mucous membrane diverticulum and correction of bladder outflow obstruction, is the optimal method of transurethral endoscopic treatment of the disease.
3. A distinctive feature of the treatment of patients with bladder diverticula after endoscopic treatment is to carefully monitor the condition of the bladder diverticula and surrounding tissues until independent adequate urination recovery using ultrasound examination and rational antibacterial therapy.
4. The final result of endoscopic treatment (reducing the size of the diverticulum and residual urine in its cavity) can be assessed 6 months after the operation. The effectiveness of transurethral treatments has the opposite relationship to the initial volume of the diverticulum and is lower than open resection of the bladder with the diverticulum. However, low trauma and short intervention times, combined with rapid medical and social rehabilitation of patients, make it possible to recommend this method as an alternative to open resection, especially in patients with severe somatic conditions.

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