

APPLICATION OF MINIMALLY INVASIVE GASTRECTOMY FOR ADENOCARCINOMAS OF THE GASTROESOPHAGEAL REGION

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Abstract

The article discusses the clinical picture, diagnosis, effectiveness and disadvantages of various modern, minimal invasive methods of surgical treatment of malignant gastric ulcers. The basis of scientific research is diagnostic and varied surgical tactics for treating patients in the Department of Thoracoabdominal Oncology Surgery of the State Institution "RSNPMCCH named after. acad. V.Vakhidova".

Keywords: Peptic ulcer, adenocarcinoma, laparoscopic gastrectomy.

INTRODUCTION

Wound disease, one of the most pressing problems of the last century, was achieved by the 90s, as a result of an increase in the effectiveness of conservative treatment, a significant reduction was achieved. The fact that the indication for the operative treatment of such patients is much reduced also indicates this [2, 7, 12, 14, 23]. But in turn, some complications of wound disease (perforation, bleeding, malignancy, etc.), in particular, the increased incidence of malignancy indicates that the





surgical treatment of this pathology is of great importance even in the modern period [1, 3, 11, 19, 22].

Within the methods of miniinvasive treatment-laparoscopic approaches show their superiority in many jewels[4, 8, 15, 20]. The first successful laparoscopic gastric resection in the world occurred in Singapore in 1992, when P. Performed by Goh and colleagues. They performed the Opera " gastric resection and gastroeyunoanastomosis formation in the laparoscopic Bilrot II method[6, 10, 16, 18, 22]. There were certainly specific difficulties in this, as there were great difficulties in performing instrument-based operas at that time, especially during the formation stages of anastomoses. The subsequent discovery of various "sewing" tools in the formation of anastomosis in the intracorporeal way laid a great foundation for the development of laparoscopic surgery[5, 9, 13, 17, 21].

The purpose of the study: to study the importance of various methods of caminvasive surgical treatment in patients with gastric adenocarcinoma.

Research materials and methods: the basis of scientific research is "Acad. V.The rikhiatm named after Voxidov " DM in the thoracoabdominal Department of oncohirurgery organizes diagnostic and various surgical treatment tactics of 42 patients treated with adenocarcinoma of gastric and duodenal ulcer disease in 2022-2024. The age of patients ranged from 34 to 67 years, with an average age of 41.7 years.

All patients were subjected to laboratory and instrumental examinations based on the standard. Including EGDFS (preoperative and postoperative period), X-raycontrast examination of Hazm tract organs, ECG, ExoKG, abdominal organs UTT, MRT, MSKT. X-raycontrast testing with liquid barium was performed on all examined patients in the usual upright and recumbent positions.

The tests also revealed various companion diseases in some of the patients: 18 patients were diagnosed with cardiovascular system diseases, 5 patients with respiratory diseases, and 9 patients with diabetes of different types. Pathologies such as chronic Stony cholecystitis, abdominal hernias, diaphragmatic esophageal hernia were also detected in some patients, to which it was agreed to conduct simultaneous operas. All patients were examined by the relevant specialists (cardiologist, therapist, women gynecologist, endocrinologist (according to the instructions), etc.

Clinical example:

Patient A., 65 years old, 26.04.2024. day "acad. V.Vohidov" consultative-polyclinic department of DM" RIHIATM" was approached with complaints of pain in the epigastric region, difficulty in the passage of food, nausea, vomiting, impaired digestion of solid foods, general malaise.

According to the anamnesis, the patient considers himself sick for many years, he cannot say the exact period. Several times he was treated conservatively. The patient "Acad. V. Applied to the consulting-polyclinic department of DM" RIHIATM named after Vokhidov". EGDFS conclusion: in the region of the stomach body, at a distance of 40-41 cm from the incisors, in the distal region 5-6 cm from the Z-line, an ulcerous neoplasm is detected, endophytic growing along the posterior wall of the stomach, large and small curvature, measuring 7-8 cm, the surface is uneven, covered with black thrombus and whitish fibrin. Biopsy materials were taken from several sections of the altered region of the stomach. UTI abdomen: gallbladder - size 85x29 mm, walls thickened,



numerous acoustic shadowing concretions up to 10 mm were detected in the cavity. The patient was hospitalized in the department of thoracoabdominal oncosurgery.

On objective vision: the general condition of the patient is moderately Severe, the condition is active, mood is clear, clearly responds to questions. Skin and mucous membranes are pale pink, fluid. Breathing is free, through the nose. At auscultation vesicular breathing in the lungs is heard. Pulse is rhythmic, of moderate tension and completeness, 84 times in 1 minute. At auscultation, heart tones are muffled. Blood pressure is equal to 130/80 mm Hg. The tongue is moist, covered with white plaque. The abdomen is oval, symmetrical, slightly rested, involved in breathing. On palpation the abdomen is slightly painful in the epigastric region. Peritoneal signs are negative. The liver and spleen are not palpated. Physiologic needs are regular.

The patient was fully examined: laboratory tests: hemoglobin -97.0 g/l, erythrocyte- $3.1/1 \times 10^{12}$, leukocyte- 5.8×10^9 , EHT-18 mm/h. Biochemical analysis of blood: total bilirubin: 10.0 μ /mol AST-31; ALT-31; total protein -64.0. Urea - 7.3. Creatinine-85.0. ECG: without pathology. Abdominal UTI: chronic stony cholecystitis. Review chest radiography: without pathology. Contrast radiography of esophagus and stomach: permeability of esophagus is preserved, starting from the part of stomach body. in longitudinal direction 12 V.i. circular narrowing up to bulbous part is determined. evacuation function of stomach is reduced. Conclusion: radiologic signs of amulet part of the stomach body? Gastrostasis (Fig.1).



Figure 1. Contrast X-ray of the patient with gastric body tumor.

EGDFS conclusion: in the gastric body part, at a distance of 40-41 cm from the incisors, 5-6 cm from the Z-line in the distal socket, endophyte grower along the posterior wall of the stomach, large and small curvature, size 7-8 CM, surface uneven, scar-neoplasm covered with black thrombus and whitish fibrin is detected. Biopsy material was obtained from several parts of the changed area of the stomach. Histological examination conclusion: adenocarcinoma, G-3.

The patient is scheduled for 30.04.2024. on " Laparoscopic extended gastrectomy. D2 lymphadissection. Formation of EEA in the RU method. The Opera" drainage of the abdomen and small groin " was performed. The operation process began, as usual, with the introduction of ports into the abdomen (Figure 2).).



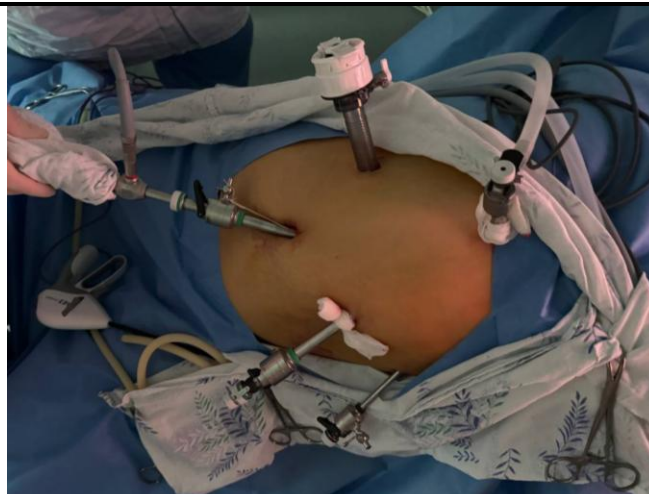


Figure 2. Places of insertion of ports into the abdomen.

It begins with a revision of the abdominal organs. In the stomach, the pathological area is identified and separated from the surrounding tissues in acute and non-permeable ways. The large and small curvature of the stomach is mobilized and processed into the gastroduodenal area with a "linear" sewing tool. In addition to the usual resection for a complication of gastric ulcer malignancy, the practice of D2 lymphadisection is also performed based on the rules of ablasy (Figure 3). Resected gastric macropreparate is sent for histological examination.

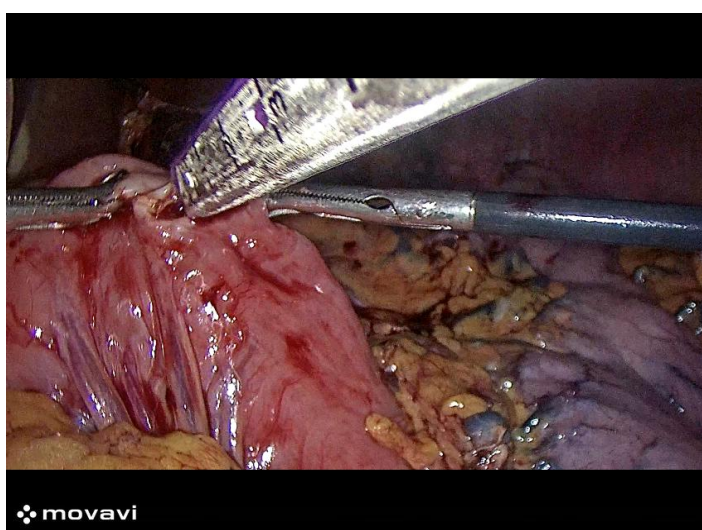


Figure 3. Stage of gastric separation and D2 lymphadisection.

Simultan operas were also performed (cholecystectomy in 7 patients, hernia-cutting operas in 2 patients) as 11 patients (26.2%) had various companion chirurgical disorders. The postoperative period was uncomplicated. The patient was prescribed standard local and general treatment methods. The patient was answered home in a satisfactory condition for outpatient treatment.



**Conclusions:**

1. With gastric ulcer disease, all patients must undergo complete examinations based on the standard in the pre-operative period. Especially in case of suspicion of oncological diseases, a biopsy should be taken from necessarily changed areas, and the material obtained should be subjected to histological examination.
2. When analyzing operative methods, extended visualization during gastric resection or gastrectomies performed laparoscopically is of great importance in the more complete processing of the lymphadisection process, which has a good effect on the patient's rehabilitation in the postoperative period.

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