

woman during gestation. Clinical diagnosis of acute appendicitis has traditionally come first among other diagnostic methods, but the informative value of many appendicular symptoms during pregnancy is low. The most common laboratory method remains a clinical blood test. There are reports that the level of leukocytes has no practical significance in the diagnosis of acute appendicitis and the more so does not allow to assume its form. Meanwhile, the possibility of a clinical blood test for acute appendicitis in pregnant women is not enough to reveal.

**Purpose of the study.** Determination of the diagnostic value of leukocytes and neutrophils level in acute appendicitis during pregnancy.

**Material and methods.** There were examined 79 pregnant women with suspicion of acute appendicitis. Individual parameters of the leukocyte formula of every woman were studied.

**Results of the study.** The study revealed significant fluctuations in the number of leukocytes in pregnant women, but their increase in destructive forms is obvious. Low leukocytosis does not disprove the diagnosis of acute appendicitis, and the presence of only an increased number of common leukocytes, without taking into account the shift of the leukocyte formula, does not allow to consider them a diagnostic criterion for acute appendicitis in pregnant women. Usually elevated leukocytosis testifies in favor of appendicitis and, in general, displays the depth of the inflammatory process. But taking into account the fact that in pregnant women, leukocytosis is a physiological phenomenon, therefore, it is not possible to consider the nature of the inflammatory process, the destruction in the appendix and talk about the morphological form of appendicitis with such changes in leukocytosis. Considering the presence of physiologically elevated white blood cells count in peripheral blood during pregnancy, leukocytosis was assumed to be  $10.0 \times 10^9 / L$  and higher.

An important criterion, in our opinion, is the change in neutrophil counts in peripheral blood. In women with confirmed diagnosis of acute appendicitis, the content of stab and granulocyte granulocytes increased, which indicated the severity of the intoxication process due to the increase in inflammatory changes. When comparing the catarrhal and destructive forms of the disease, there was a significant increase in these parameters ( $p < 0.05$ ), which indicated the presence and depth of the inflammatory process in the appendix and allowed to clearly distinguish the serious stage of the inflammatory process from the pronounced destructive one. At the same time, the number of lymphocytes showed the opposite dynamics.

**Conclusions.** Thus, the leukogram indexes have a high informative value in assessing the severity of the inflammatory process and destructive changes in acute appendicitis in pregnant women. However, the presence of leukocytosis as a diagnostic criterion for acute appendicitis in pregnant women should be considered only in conjunction with neutrophilia.

## **ASSESSMENT OF THE DIAGNOSTIC SCORE SCALES IN ACUTE APPENDICITIS**

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Acute appendicitis is an abdominal surgical pathology requiring immediate diagnosis and performing surgical intervention. In the total number of diseases re-

quiring urgent surgery in pregnant women, acute appendicitis, which frequency is 0.03-5.2%, occupies a leading position. To improve the accuracy of the diagnosis of this disease, scoring systems such as Alvarado, Eskelinen, Lintula, Ohmann and their modifications have been developed. Their common feature is the inclusion of a number of clinical parameters and laboratory data.

The aim of the study was to evaluate the score scale of Alvarado in the diagnosis of acute appendicitis.

Material and methods. There were examined 79 pregnant women with suspected acute appendicitis. In addition to the generally accepted clinical, laboratory and instrumental diagnostic methods, the Alvarado scale was applied. The results obtained in accordance with the scale were compared with the further intraoperative picture and the results of the histological findings of the remote vermiform appendixes.

Results of the study. We divided the women into two groups depending on the points scored. The first group (0 - 5 points) included 12 (15.1%) women, the second group (6 - 10 points) - 67 (84.8%). During laparoscopy, 6 (7.5%) women of the first group showed no signs of inflammation of the appendix, and the diagnosis of acute appendicitis was excluded. The rest had a catarrhal forms of inflammation. The second group recorded destructive forms of the disease in the most quantity of cases. The score from 0 to 5 indicated no acute appendicitis or catarrhal form. At the sum of points from 6 and more, in patients marked destructive forms of the disease. So, with the catarrhal form of acute appendicitis, the average score was  $4.4 \pm 0.7$ , with destructive -  $9.1 \pm 0.9$  ( $p < 0.001$ ).

In addition, we calculated the criteria for the diagnostic information of the Alvarado scale in pregnant women and showed that the effectiveness of the ball scale in acute appendicitis remained at the level of 71.3 - 73.2%. The Alvarado scale showed high value of sensitivity and accuracy in a group of pregnant women. But at the expense of low specificity, this technique was not sufficiently effective.

Conclusions. Thus, the score in the range of 5 to 10 is a reliable mark of inflammatory changes in the appendix. At the same time, a direct correlation was found between the depth of inflammatory changes in the appendix walls and the sum of the scores. Thus, in the destructive forms of acute appendicitis, the sum of scores had higher indications than the catarrhal form. Given the erased clinical course of acute appendicitis during pregnancy in most cases, the scale can only be used in conjunction with other diagnostic methods.

## **ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ БИЛИАРНЫХ ПАНКРЕАТИТОВ**

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Введение: Причиной билиарных панкреатитов часто считается миграция камней (при холедохолитиазе) через большой сосочек 12 перстной кишки (БСДПК) приводящий к микротравму и рефлекторному спазму сфинктерного аппарата БСДПК, которые приводят к воспалению, и в конечном итоге рубцовой стриктуре, желчной и панкреатической гипертензии, при этом