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HƏZM TRAKTININ KƏSKİN QANAXMA OLAN HAMİLƏ QADINLARIN MÜALİCƏSİ

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Xülasə. Məqalədə həzm traktının mənfəzinə kəskin qanaxma olan hamilə qadınların müalicəsinin endoskopik hemostaz aparmaqla yaxşılaşdırılması imkanını araşdırmaq məqsədilə aparılmış tədqiqat işi haqqında məlumat verilmişdir.

Müşahidə qrupuna daxil edilmiş 10 hamilə qadının müalicəsində həzm traktının mənfəzinə qanaxmanın müalicəsi üçün müəlliflərin təklif etdiyi endoskopik müalicə üsulundan istifadə edilmişdir. Alınmış nəticələr 2014-2018-ci illər ərzində ənənəvi üsullarla müalicə edilmiş 1 hamilə qadının retrospektiv göstəriciləri ilə müqayisə edilmişdir.

Müəlliflərin təklif etdiyi metoddan istifadə edildikdə həzm traktının mənfəzinə qanaxma olmuş xəstələrdə aşağıdakılar müşahidə edilmişdir: 1) hamiləliyin gedişi daha sakit keçmişdir; 2) tədqiqatı hər hansı doğum evində aparmaq və müalicədən müsbət nəticə almaq mümkündür; 3) manipulyasiyanın aparılma müddətini əsaslı surətdə – $8,3 \pm 1,5$ dəqiqəyə qədər qısaltmaq mümkündür.

Müşahidə qrupundan olan hamilələrdə həzm traktına kəskin qanaxmaları dayandırmaq üçün operativ müdaxiləyə ehtiyac olmamışdır. Halbuki, müqayisə qrupunda 3 hamiləyə (18,7%) mədə-bağırsaq sisteminin yuxarı şöbəsindəki qanaxma mənbəyinə operativ müdaxilə etməyə ehtiyac yaranmışdır.

Tədqiqata cəlb edilmiş hamilə qadınlarda həzm traktının yuxarı şöbəsinə kəskin qanaxmanın ağırlaşmalarının müalicəsi mama-ginekoloq tərəfindən, cərrahın rəhbərliyi ilə aparılmışdır. Qanaxmaların müalicəsində və residivlərin qarşısının alınmasında tokolitik terapiya ilə birgə endoskopik hemostazın tətbiqi ağırlaşmaları 18,7%-dən 0%-ə endirmişdir. Müəlliflərin təklif etdiyi müalicə metodu sadə və asan olduğuna görə hər hansı bir müalicə müəssisəsində tətbiq edilə bilər.

Açar sözlər: mədə xorası, onikibarmaq bağırsaq xorası, gastroduodenal qanaxma

Ключевые слова: язва желудка, язва двенадцатиперстной кишки, гастроудоденальное кровотечение

Key words: stomach ulcer, duodenal ulcer, gastroduodenal bleeding

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TREATMENT OF PREGNANT WOMEN WITH ACUTE BLEEDING SYNDROME IN THE LUMEN OF THE DIGESTIVE DUCT

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The article presents the results of a study conducted to improve the results of treatment of pregnant women with acute bleeding syndrome in the lumen of the digestive canal by improving the method of endoscopic hemostasis.

The study was performed on the clinical base of the Department of General Surgery "Dnepropetrovsk Medical Academy" in the intensive care unit for the treatment of patients with acute blood loss "Dnipropetrovsk Clinical Association of Emergency Medical Services", Dnipro. The observation group

consisted of 10 pregnant women who had used the method of treatment of acute bleeding syndrome developed by us in the lumen of the digestive canal. Retrospective observation data for the 2014-2018 period were generated by a comparison group of 16 pregnant women. We have developed a method of treating ulcerative bleeding from the upper sections of the digestive tract in pregnant women in order to provide specialized care to pregnant women with acute bleeding syndrome in the lumen of the digestive canal.

As a result of treatment of pregnant women with the syndrome of acute bleeding in the lumen of the digestive canal with the use of this method is achieved: 1. a smoother pregnancy; 2. the opportunity to conduct research and provide assistance in the conditions of each maternity or gynecological ward; 3. a significant reduction in manipulation time to 8.3 ± 1.5 minutes. In pregnant groups, there were no cases of operative stoppage of gastrointestinal bleeding with the use of the specified method in the treatment of acute bleeding syndrome in the lumen of the digestive canal. In the comparison group in 3 (18.7 %) cases there was an operative stop of gastrointestinal bleeding with the subsequent development of severe preeclampsia and preeclampsia. There were no lethal cases in the groups.

Thus, when assisting pregnant women, whose pregnancy is complicated by the development of acute bleeding syndrome in the lumen of the digestive canal, diagnostic and therapeutic measures are performed in conjunction with an obstetrician-gynecologist under the guidance of a surgeon. Conducting local endoscopic hemostasis and endoscopic prevention of recurrent bleeding in pregnant women together with tocolytic therapy has allowed to reduce the number of complications from 18.7% to 0%. Due to the complexity of using the specified set of measures for the treatment of pregnant women with acute bleeding syndrome in the lumen of the digestive canal is possible in any health care facility.

Across the globe, the number of cases of acute bleeding syndrome has been steadily increasing over the last ten years. The incidence of diseases in Ukraine increased by 37 % during this period and increased by 30-40 thousand cases every year [1-3].

The overall mortality rate decreased from 7,0 % to 3,9 %, and postoperative mortality from 30 % to 8,7 % with bleeding gastroduodenal ulcer contributed to the health care reform in Dnipropetrovsk region.

In accordance with the provisions of the reform of the medical sector, the provision of specialized medical care was primarily due to the creation of a specialized center for the treatment of gastrointestinal bleeding [4-6].

For 35 thousand births (0,77 %), the specified pathology in pregnant women is $23,4 \pm 1,3$ cases. In cases of maternal mortality, incorrect treatment of acute bleeding syndrome in the lumen of the digestive canal may result in a small (about 0,8 %) number of pregnant women. Concerning the provision of medical care for pregnant women with acute bleeding syndrome in the lumen of the digestive canal, information in clinical protocols is still missing [7-13].

The aim to improve the results of treatment of pregnant women with acute bleeding syndrome in the lumen of the digestive canal by improving the methodology of endoscopic hemostasis.

Research material and methods. The study was performed on the clinical base of the Department of General Surgery "Dnepropetrovsk Medical Academy" in the intensive care unit for the treatment of patients with acute blood loss "Dnipropetrovsk Clinical Association of Emergency Medical Services", Dnipro.

The design of the study was agreed with the local ethics committee with a conclusion on the compliance with the ethical standards of bioethics in accordance with the rules of ICH / GCP, the Helsinki Declaration of Human Rights (1964), the Council of Europe Convention on Human Rights and Biomedicine (1997), as well as the current Ukrainian legislation.

According to the data obtained by us in pregnancy, the prevalence of the specified pathology is $23,4 \pm 1,3$ cases per 35 thousand births (0,77 %).

The observation group consisted of 10 pregnant women who had used the method of treatment of acute bleeding syndrome developed by us in the lumen of the digestive canal. Retrospective observation data for the 2014-2018 period were generated by a comparison group of 16 pregnant women.

We have developed a method of treating ulcerative bleeding from the upper sections of the digestive tract in pregnant women in order to provide specialized care to pregnant women with acute bleeding syndrome in the lumen of the digestive canal. The essence of the method is as follows: in pregnant women in the 3rd trimester with signs of gastrointestinal bleeding from the upper divisions of the gastrointestinal tract, before the start of esophagogastroduodenoscopy, spend intravenous infusion of 10 mg ginipral, as a prophylaxis. 0.9% sodium chloride solution, at a rate of 5-10 drops per minute, and intramuscular injection of dexamethasone as a prevention of fetal respiratory distress syndrome, at a dose of 6 mg every 12 hours for 48 hours. When performing esophagogastroduodenoscopy and determining the location and nature of the source of bleeding, inject 0.9% sodium chloride solution in an

amount of 20 ml, 1 ml of 0.18% adrenaline solution, directly under the bleeding source of the upper gastrointestinal mucosa [14].

Statistical analysis was performed using Statistica for Windows 13 (StatSoft Inc., No. JPZ8041382130ARCN10-J). The normality of the distribution of quantitative traits was evaluated using the Shapiro – Wilk W-test. Data are represented by relative frequencies (%), and in the form of $M \pm SD$ (arithmetic mean \pm standard deviation). The significance of differences in quantitative variables between two independent groups was evaluated using the Mann – Whitney test. The significance of differences in qualitative variables was evaluated using the χ^2 criterion. The relationship between the two quantitative variables was analyzed by the Pearson pair correlation method. The differences were considered significant at a level of $p < 0.05$ [15].

Results. As a result of treatment of pregnant women with the syndrome of acute bleeding in the lumen of the digestive canal when using this method is achieved:

- smoother pregnancy;
- the ability to conduct research and provide assistance in the conditions of each maternity or gynecological department;
- a significant reduction in manipulation time to $8,3 \pm 1,5$ min.

In pregnant groups, there were no cases of operative stoppage of gastrointestinal bleeding with the use of the specified method in the treatment of acute bleeding syndrome in the lumen of the digestive canal.

In the comparison group in 3 (18,7%) cases there was an operative stop of gastrointestinal bleeding with the subsequent development of severe preeclampsia and preeclampsia.

There were no lethal cases in the groups.

Discussion. In unstable local endoscopic hemostasis or prevention of its recurrence in active bleeding and measures of local endoscopic hemostasis, as well as to establish the source of bleeding, the state of local endoscopic hemostasis by Forrest, its magnitude and localization were performed by esophagogastroduodenoscopy (EGDS) intestinal bleeding.

According to Bruce's classification used in the clinic, the amount of blood loss was determined.

The use of injection therapy at the rate of 0,9% solution of sodium chloride in the amount of 10-20 ml with the addition of

0,18% solution of adrenaline in the amount of 1 ml under the source of bleeding, is the most common method, today, the definitive and temporary stopping of bleeding.

Adrenaline reduces the blood supply to the peri-ulcerative area due to spasm of small and medium-sized arterioles.

10-120 ml of 0,9% solution of sodium chloride introduced directly under the ulcer substrate stops bleeding for some time due to mechanical compression of deeper vessels.

Particularly in the 3rd trimester, the pregnancy course of injection hemostasis with adrenaline solution is adversely affected.

Introduced epinephrine causes the development of preterm birth by stimulating the 2-adrenoreceptors of the myometrium, provokes a significant uterotonic effect in connection with the stimulation of the reduction of smooth muscle. The hypoxic-ischemic lesion of the fetus is led by the uterotonic effect, which causes the vessels of the placenta to contract. Severe complications in pregnancy and the fetus can lead to the above pathological features. It also increases the time of EGDS and has a negative effect on the state of pregnancy administration of more than 50 ml of 0,9 % sodium chloride solution under the bleeding source.

Due to the decrease in injection volume, namely: using the method developed by us to treat pregnant women with acute bleeding syndrome in the lumen of the digestive canal, there is a decrease in the number of severe complications of pregnancy due to the elimination of negative vasoconstrictor and uterotonic effects of the procedure.

Before the onset of EGDS in the 3rd trimester of pregnancy, every 12 hours for 48 hours at a dose of 6 mg / kg, for the prevention of respiratory distress syndrome of the fetus is carried out intramuscular injection of dexamethasone and intravenous infusion of 10 mg hexoprenaline 0,9 mg of hexoprenaline 0,9 % solution of sodium chloride at a rate of 5-10 drops per minute.

For the suppression of uterine contractions before surgery, in acute intrauterine fetal hypoxia, with the threat of preterm birth, significant tocolytic effect is used selective inhibitor of 2 adrenergic receptors - hexoprenaline.

To accelerate the processes of fetal lung maturation to 31 weeks of pregnancy, to restore the synthesis of surfactant in the tissues of the lungs, to prevent the development of respiratory distress syndrome is used - dexamethasone.

The use of the proposed method is as follows:

conducted an intravenous infusion of 10 mg hexoprenaline dissolved in 500 ml of 0,9% sodium chloride solution at a rate of 5-10 drops per minute and intramuscular injection of dexamethasone at a dose of 6 mg every 12 hours for 48 hours in pregnant III trimester with signs from acute bleeding syndrome to the lumen of the digestive canal before conducting EGDS for the prevention of respiratory distress syndrome of the fetus.

The next step is to perform EGDS, determine the presence, location and nature of the source of bleeding, determine the status of endoscopic local hemostasis by Forrest. Introduce 0,9 % sodium chloride solution in

an amount of 10-20 ml and 1 ml of 0,18% epinephrine solution under a bleeding source through an instrument channel in the endoscope.

Conclusions

1. When assisting pregnant women, whose pregnancy is complicated by the development of acute bleeding syndrome in the lumen of the digestive canal, diagnostic and therapeutic measures are performed in conjunction with an obstetrician-gynecologist under the guidance of a surgeon.

2. Conducting local endoscopic hemostasis and endoscopic prevention of recurrent bleeding in pregnant women together with tocolytic therapy has allowed to reduce the number of complications from 18,7 % to 0 %.

3. Due to the complexity of using the specified set of measures for the treatment of pregnant women with acute bleeding syndrome in the lumen of the digestive canal is possible in any medical institution.

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ЛЕЧЕНИЕ БЕРЕМЕННЫХ С СИНДРОМОМ ОСТРОГО КРОВОТЕЧЕНИЯ В ПРОСВЕТ ПИЩЕВАРИТЕЛЬНОГО ТРАКТА

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Резюме. В статье представлены результаты исследования, проведенного с целью улучшения результатов лечения беременных с синдромом острого кровотечения в просвет пищеварительного канала за счет совершенствования методики проведения эндоскопического гемостаза.

Группу наблюдения составили 10 беременных, которым проводили разработанный авторами метод лечения синдрома острого кровотечения в просвет пищеварительного канала. Полученные данные ретроспективного наблюдения за период 2014-2018 годы сформировали группу сравнения – 16 беременных.

В результате лечения беременных с синдромом острого кровотечения в просвет пищеварительного канала при использовании данного метода достигается: 1) более гладкий ход беременности; 2) возможность проводить исследования и оказывать помощь в условиях каждого родильного или гинекологического отделения; 3) существенное уменьшение времени на проведение манипуляции в $8,3 \pm 1,5$ мин. У беременных группы наблюдения случаев оперативной остановки желудочно-кишечного кровотечения при применении указанного метода при лечении синдрома острого кровотечения в просвет пищеварительного канала не было. В группе сравнения у 3 (18,7%) беременных имело место оперативная остановка желудочно-кишечного кровотечения с последующим развитием тяжелого гестоза и преэклампсии. В группах летальных случаев не было.

При оказании помощи беременным, течение беременности которых осложнилось развитием синдрома острого кровотечения в просвет пищеварительного канала, диагностические и лечебные мероприятия выполняются совместно с врачом акушером-гинекологом под руководством хирурга. Проведение местного эндоскопического гемостаза и эндоскопической профилактики рецидива кровотечения у беременных вместе с токолитической терапией позволило снизить число осложнений с 18,7% до 0%. Благодаря несложности использования, применение разработанного комплекса мер лечения беременных с синдромом острого кровотечения в просвет пищеварительного канала возможно в каждом медицинском учреждении.

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