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A short communication

THE FACTOR ANALYSIS OF THE RESULTS OF MODERN TREATMENT OF PATIENTS WITH LIVER CIRRHOSIS WITH PORTAL HYPERTENSION

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Abstract

The purpose of this study *is to study and evaluate the results of conventional methods of endovascular and endoscopic treatment of patients with complicated portal hypertension.*

Methods. *In our study until 2021, 56 patients were included for analysis. In the course of the research, in 12 cases the endovascular method of percutaneous hepatic embolization of esophagus and gastric varicose vein in combination with splenic artery embolization, endoscopic sclerotherapy method in 23 cases, and endoscopic ligation according to the traditional method in 21 cases were used.*

The result of research *work has showed that isolated use of endovascular methods (left gastric vein embolization, splenic artery embolization) in patients with liver cirrhosis is characterized by a low 2-year survival rate - 14.2%, with frequent anatomical and technical complications of this procedure - up to 64.7%, unstable primary hemostasis – 40.4%, esophagus and gastric varicose vein are explained by a high rate of recurrence of bleeding from varicose veins – 67.4%, risk of death – 21.8%.*

Conclusions*. The clinical advantages of EL compared to different methods of ES have been achieved in terms of the rate of ineffective primary hemostasis, the risk of recurrence of bleeding from EGVV, short-term and long-term results, as well as improved 2-year survival rates. However, in general, their isolated use is associated with a relatively low chance of complete prevention of exacerbation of hemorrhagic syndrome relapses, which makes it possible to choose a combined approach to the treatment of patients with LC with PH and risk of bleeding from EGVV requires the development of tactical algorithms.*

In endovascular transhepatic embolization of esophageal and gastric varices, good results of treatment in the follow-up period of up to 2 years were very low, while unsatisfactory results of ES prevailed over good results, in turn, the best results were observed in the EL group. The results of endovascular transhepatic embolization in EGVV remain unknown in 1/3 of the studies.

Key words: *liver cirrhosis, portal hypertension, endoscopic ligation, endovascular, esophagus and gastric variceal bleeding.*

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Introduction

Globally, the development of surgery in general, and endoscopic surgery in particular, depends on striving to minimize the amount of intervention, regardless of the severity of the patient's clinical condition [1-5]. Evaluating the effectiveness of treatment of patients with portal hypertension (PH) and liver cirrhosis (LC) after endovascular and endoscopic interventions and patient survival are very important tasks [6-8]. Esophagus and Gastric Varicose Vein (EGVV) patients with LC complicated by bleeding, by improving the tactical and technical aspects of various minimally invasive interventions, the aspects of minimally invasive diagnostic and treatment methods remain one of the most relevant today. In this group of patients, the issues of developing treatment-tactical algorithms, as well as evaluating the clinical effect of minimally invasive interventions in the near and long term, remain [9,10].

Currently, worldwide research is ongoing to improve the diagnosis and treatment of bleeding recurrences due to PH, including: development of new less invasive, less invasive methods of PH correction; Early diagnosis of LC formation, its prognosis and optimal tactics of treatment; Evaluation of treatment efficacy and survival after endovascular and endoscopic interventions in patients with LC with PH [11,12].

Analysis of the data presented in the literature has significantly improved the results of surgical treatment of patients with LC with PH. In this case, the use of minimally invasive endovascular, endoscopic and traditional methods of treatment in turn, in stages, is the main current and determining problem, which means that the need for further improvement of treatment-diagnostic tactics has not lost its relevance[1,10].

The purpose of this study is to study and evaluate the results of conventional methods of endovascular and endoscopic treatment of patients with complicated portal hypertension.

Material and methods

In order to study and evaluate the fundamental analysis of the results of traditional methods of endovascular and endoscopic treatment of patients with complicated PH, studies based on the analysis of the results of treatment of 56 patients with PH and LC were conducted in the department of the 1st Faculty and Hospital Surgery of Tashkent Medical Academy and in the multidisciplinary medical center of Khorezm region in 2018-2021. In the course of the research, in 12 cases the endovascular method of percutaneous hepatic embolization of EGVV in combination with Splenic Artery Embolization, endoscopic sclerotherapy (ES) method in 23 cases, and endoscopic ligation (EL) according to the traditional method in 21 cases were used. The main criteria for evaluating the effectiveness of endovascular and endoscopic interventions were: the effectiveness of stopping bleeding, the possibility of preventing recurrences of bleeding in the near and long term, the reduction of complications and mortality. Long-term results were evaluated as good, satisfactory and unsatisfactory.

Results

In the near term (hospital phase), the overall effectiveness of the methods in the prevention of recurrence of hemorrhagic syndrome after endovascular transhepatic embolization of EGVV was 66.7% (8 out of 12 patients), 73.9% (17 out of 23) after ES and 90.5% (19 of 21) after EL. It should be noted that anatomical or technical complications were observed in endovascular intervention (54.3%) (which explains such a low level of efficiency), as well as the highest rate of the closest recurrence of bleeding.

Based on the results of the treatment, it is possible to determine the indications for inter-hepatic intervention, which can achieve the best result with minimal risk. The annotated material shows that in the group of patients with liver failure of class A, the mortality rate during liver intervention was 7.1%, 92.9% of patients were discharged from the hospital with positive dynamics and satisfactory condition.

Thus, isolated use of endovascular methods (left gastric vein embolization, splenic artery embolization) in patients with LC is characterized by a low 2-year survival rate - 14.2%, with frequent anatomical and technical complications of this procedure - up to 64.7% , unstable primary hemostasis – 40.4%, EGVV are explained by a high rate of recurrence of bleeding from varicose veins – 67.4%, risk of death – 21.8%.

Discussion

Indications and prediction of positive results in the use of interhepatic endovascular interventions in this case indicate that the initial state of liver failure in class A is considered. During the development of endoscopic interventions, this method can be considered as an alternative method for esophagus varicose veins, and for gastric varicose veins as a choice method.

The use of EL and ES in acute esophageal-gastric bleeding of portal genesis allows to stop bleeding in high-risk cases, improve the two-year survival of patients, and improve the results compared to patients who underwent interhepatic intervention. In this case, the most important prognostic factors influencing the survival of patients who experienced portal genesis bleeding are their functional class according to Child-Pugh and increased recurrence of bleeding. The main factor associated with increased recurrence of variceal bleeding after the endoscopic treatment program was the inability to achieve endoscopic eradication of gastric cardial varicose veins, which in our observations was 44.9% and 20.2% after ES and EL, respectively. The use of EL of varicose veins, in comparison with the isolated use of ES, occurs with an increase in the percentage of patients with eradication, which undoubtedly reduces the rate of relapses and deaths. Reducing the risk of recurrence of bleeding from EGVV by carrying out an endoscopic program of treatment allows improving the quality of life of patients with LC.

However, due to the persistence of PH and Liver Failure, the long-term results of the use of endoscopic interventions are not encouraging. This situation indicates the need to include endovascular interventions aimed at reducing liver failure in the complex of treatment measures.

Conclusions

The clinical advantages of EL compared to different methods of ES have been achieved in terms of the rate of ineffective primary hemostasis, the risk of recurrence of bleeding from EGVV, short-term and long-term results, as well as improved 2-year survival rates. However, in general, their isolated use is associated with a relatively low chance of complete prevention of exacerbation of hemorrhagic syndrome relapses, which makes it possible to choose a combined approach to the treatment of patients with LC with PH and risk of bleeding from EGVV requires the development of tactical algorithms.

In endovascular transhepatic embolization of esophageal and gastric varices, good results of treatment in the follow-up period of up to 2 years were very low, while unsatisfactory results of ES prevailed over good results, in turn, the best results were observed in the EL group. The results of endovascular transhepatic embolization in EGVV remain unknown in 1/3 of the studies.

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ПОРТАЛДЫҚ ГИПЕРТЕНЗИЯМЕН АСҚЫНҒАН БАУЫР ЦИРРОЗЫМЕН АУЫРАТЫН НАУҚАСТАРДЫ ҚАЗІРГІ ЗАМАНҒЫ ЕМДЕЛУ НӘТИЖЕЛЕРІНІҢ ФАКТОРЛЫҚ ТАЛДАУЫ

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Түйіндеме

Зерттеудің мақсаты - асқынған порталдық гипертензиясы бар науқастарды эндоваскулярлық және эндоскопиялық емдеудің дәстүрлі әдістерінің нәтижелерін зерттеу және бағалау болды.

Әдістері. 2021 жылға дейінгі зерттеуіміз талдауға 56 пациентті қамтыды. Зерттеу барысында өңеш пен асқазанның варикозды веналарының тері арқылы бауыр эмболизациясының эндоваскулярлық әдісі 12 жағдайда көкбауыр артериясының эмболизациясы, эндоскопиялық склеротерапия 23 жағдайда және 21 жағдайда дәстүрлі әдіс бойынша эндоскопиялық байлау қолданылды.

Зерттеу нәтижелері көрсеткендей, бауыр циррозы бар науқастарда эндоваскулярлық әдістерді (асқазанның сол жақ венасының эмболизациясы, көкбауыр артериясының эмболизациясы) оқшауланған қолдану 2 жылдық өмір сүрудің төмен деңгейімен 14,2%, жиі анатомиялық және осы операцияның техникалық асқынулары. операциялар - 64,7% дейін, тұрақсыз біріншілік гемостаз - 40,4%, өңеш пен асқазанның варикозды веналары варикозды тамырлардан қан кетудің қайталану жиілігімен түсіндіріледі - 67,4%, өлім қаупі - 21,8%.

Қорытынды. Тиімсіз біріншілік гемостаздың жиілігі, варикозды кеңейген венаның эмболиясынан соң қайталанатын қан кету қаупі, жедел және ұзақ мерзімді нәтижелер және 2 жылдық өмір сүру көрсеткіштерінің жақсаруы бойынша ЭС әртүрлі әдістерімен салыстырғанда ЭП клиникалық артықшылықтарына қол жеткізілді. Алайда, тұтастай алғанда, оларды оқшауланған қолдану геморрагиялық синдромның қайталануының толық алдын алудың салыстырмалы түрде төмен ықтималдығымен байланысты, бұл портальды гипертензиясы бар науқастарды емдеуге біріктірілген тәсілді таңдауға мүмкіндік береді және варикозды кеңейген венаның эмболиясынан соң қан кету қаупін жоятын тактикалық алгоритмдерді құрастыру.

Өңеш пен асқазанның варикозды кеңеюінің эндоваскулярлық трансбауыр эмболизациясында 2 жылға дейінгі бақылау кезеңінде жақсы емдеу нәтижелері өте төмен болды, ал ЭС қанағаттанарлықсыз нәтижелері жақсыдан басым болды, өз кезегінде ең жақсы нәтижелер ЭП тобында. байқалды. Эндоваскулярлық трансбауырлық эмболизациясының нәтижелері зерттеулердің 1/3 бөлігінде белгісіз болып қалады.

Түйін сөздер: бауыр циррозы, порталдық гипертензия, эндоскопиялық байлау, варикозды веналардың эндоваскулярлық эмболиясы, өңештен және асқазаннан қан кету.

ФАКТОРНЫЙ АНАЛИЗ РЕЗУЛЬТАТОВ СОВРЕМЕННОГО ЛЕЧЕНИЯ БОЛЬНЫХ ЦИРРОЗОМ ПЕЧЕНИ ОСЛОЖНЕННЫМ ПОРТАЛЬНОЙ ГИПЕРТЕНЗИЕЙ

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Резюме

Цель исследования - изучить и оценить результаты общепринятых методов эндоваскулярного и эндоскопического лечения больных с осложненной портальной гипертензией.

Методы. В наше исследование до 2021 года для анализа были включены 56 пациентов. В ходе исследования в 12 случаях использовали эндоваскулярный метод чрескожной печеночной эмболизации варикозно расширенных вен пищевода и желудка в сочетании с эмболизацией селезеночной артерии, метод эндоскопической склеротерапии в 23 случаях и эндоскопическое лигирование по традиционной методике в 21 случае.

Результаты исследования показали, что изолированное применение эндоваскулярных методов (эмболизация левой желудочной вены, эмболизация селезеночной артерии) у больных циррозом печени характеризуется низкой 2-летней выживаемостью - 14,2%, с частыми анатомо-техническими осложнениями этой операции - до 64,7%, нестабильный первичный гемостаз - 40,4%, варикозное расширение вен пищевода и желудка объясняются высокой частотой рецидивов кровотечений из варикозно расширенных вен - 67,4%, риском летального исхода - 21,8%.

Выводы. Достигнуты клинические преимущества ЭЛ по сравнению с различными методами ЭС по частоте неэффективного первичного гемостаза, риска рецидива кровотечения из ЭГВВ, непосредственных и отдаленных результатов, а также улучшены 2-х годовые показатели выживаемости. Однако в целом их изолированное применение связано с относительно низкой вероятностью полной профилактики обострения рецидивов геморрагического синдрома, что позволяет выбрать комбинированный подход к лечению больных РЛ с ЛГ, а риск кровотечения из ЭГВВ требует разработка тактических алгоритмов.

При эндоваскулярной чреспеченочной эмболизации варикозно расширенных вен пищевода и желудка хорошие результаты лечения в сроки наблюдения до 2 лет были очень низкими, при этом неудовлетворительные результаты ЭС преобладали над хорошими, в свою очередь, лучшие результаты наблюдались при группа ЭЛ. Результаты эндоваскулярной чреспеченочной эмболизации при ЭГВВ остаются неизвестными в 1/3 исследований.

Ключевые слова: цирроз печени, портальная гипертензия, эндоскопическое лигирование, эндоваскулярное, пищеводное и желудочное кровотечение из варикозно расширенных вен.