

COMPARATIVE ANALYSIS OF THE RESULTS OF LINEAR PROSTHETICS AND EXOPROSTHETICS OF THE ASCENDING AORTA IN COMBINATION WITH AORTIC VALVE REPLACEMENT

Aliyev Sh. M.,

Kayumov A. R., Sultanov N. H.

State Institution "Republican Specialized Scientific and Practical Medical Center of Surgery" named after Academician V. Vakhidov

Objective: to evaluate the effectiveness of supracoronary and exoprosthesis of the ascending aorta in patients with aortic heart defects.

Material and methods: In the department of surgery of combined pathology of the heart of the State Institution "RSNMPTSKH" named after From 2017 to the present, 90 surgical interventions with pathology of the ascending aorta in combination with aortic malformation have been performed in Vakhidov. The patients were divided into 2 groups: 50 patients underwent prosthetics of the aortic valve and replacement of the ascending aorta (group I, SP + PAK), and 40 patients underwent prosthetics of the aortic valve in combination with exoprosthesis of the ascending aorta (group II EP + PAK). The majority of patients were 69% men. The average age of the patients was 42.2 ± 17 years. According to the etiology of the AK defect, the patients were distributed as follows: degenerative defect was detected in 27.5% (11 out of 40) cases in the group of patients with SP + PAK and 36% (18 out of 50) in the group of EP + PAK. Slightly more than half of the cases in both the SP+PAK group (52.5%; 21 out of 40) and the EP+PAK group (52%; 26 out of 50) were represented by bivalve AK. In other cases, rheumatic AK defect was diagnosed: 20% in the SP+PAK group and 12% in the EP+PAK group. AK stenosis was detected in the majority of 60% (24 out of 40) cases in the SP+PAK group and 64% (32 out of 50) in the EP+PAK group ($p=0.827$). According to EchoCG data, the end-diastolic volume of the left ventricle in the SP+ group The PAC was on average equal to 152.72 ± 49.4 , and in the EP+PAC group – 153.12 ± 42.98 ml, the size of the FC AK in group I was 24.4 ± 3.4 mm and 23.9 ± 1.7 mm in group II. Results: The duration of IC averaged 152.68 ± 48.87 minutes in the SP+PAK group, which was significantly longer than in the EP+PAK group, where this indicator averaged 96.62 ± 32.49 minutes. Accordingly, the duration of aortic occlusion averaged 114.33 ± 29.26 minutes in the SP+PAK group, which was also statistically significantly longer than in the EP+PAK group, where the duration of OA averaged 72.28 ± 24.34 minutes. The duration of artificial lung ventilation averaged 20.58 ± 8.05 hours in the SP+PAK group and 15.7 ± 9.65 hours in the EP+PAK group. At the same time, the frequency of cases with the need for prolonged ventilation was also lower in the EP+PAK group than in the SP+PAK group (20% vs. 55%). The total volume of postoperative blood loss was 252.5 ± 68.83 ml in the SP+PAK group and 305.4 ± 81.12 ml in the EP+PAK group. The

frequency of performing reoperations in the SP+PAK group was higher than in the EP+PAK group – 8% (3 out of 40) versus 2% (1 out of 50). There were 15% of fatal cases in the SP+PAK group (6 out of 40 patients), which was more than in the EP+PAK group – 4% (2 out of 50 cases).

Conclusions:

A comparative analysis of the results of surgical treatment of patients with AC defects and aneurysm of the VO showed that performing the operation of prosthetics of the AC in combination with external wrapping of the VO with a synthetic vascular prosthesis allowed to obtain good early postoperative results, in particular, to reduce the duration of IC, the time of occlusion of the aorta, the frequency of cases of the need for prolonged ventilation, as well as to reduce postoperative mortality 3.5 times.