THE USE OF ANTERIOR AND POSTERIOR COLON GASTROJUNOANASTOMOSES IN GASTROPANCREATODUODENAL RESECTION

Yakubov Y. K.
Tuyev H. N.
Bobozhonov E.T.
Rakhimov S. S.
Republican Specialized Scientific and Practical
Medical Center of Oncology and Radiology, Uzbekistan, Tashkent
Contact e-mail: coipovbobur@mail.ru

The purpose of the study: By studying the results of anterior and posterior colon gastrojunoanastomoses, to determine a useful reconstruction method to minimize the frequency of delayed gastric emptying (DGE) and other complications after GPDR.

Materials and methods: In our work, we analyzed the results of treatment of 49 patients with cancer of the GRBZ who received treatment in the department of tumors of the GPBZ of the oncological center of Uzbekistan. Depending on the operations performed, the patients were divided into 2 groups: 1-group – 15 (30.6%) patients who underwent GPDR with posterolateral GEA according to Ru, 2-group - 34 (69.4%) patients with GPDR with superimposition of anterolateral GEA with Brown joint according to Billroth 2. According to the results of multi-spiral computed tomography (MSCT), no tumor germination into the main vessels was detected. Regional lymph node metastases were detected in 5 (10.2%) patients. Preoperative histological confirmation of the diagnosis was noted in 75.5% (37 patients) of patients. Of these, various types of adenocarcinoma were diagnosed in 33 (67.3%) patients, malignant carcinoid in 10 (20.4%) patients, undifferentiated and squamous cell carcinoma were detected in 6 (12.3%) patients each.

Results: Internal drainage was performed in patients only in the second group: so virsung-enteral in 32 patients. The duration of surgery in the second group was longer than in the first group, but the volume of blood loss did not differ between the two groups. In the first group, pancreatic fistula of grade A and B developed in 2 and 1 patients, respectively, in the second group, 4 and 1 patients, respectively, who were treated conservatively. Insufficiency of biliodigestive anastomosis was noted in 1 patient in each group. Delayed gastric emptying was most observed in group 1, in 9 (60%) patients, in group 2 in 4 (11.8%) patients. Of the 49 patients, mortality was noted in 2 patients from complications.

Conclusions: A comparison of the results of our study showed that forward-rim reconstruction with Brown anastomosis according to Billroth 2 on a disconnected loop, compared with post-rim reconstruction according to Ru, reduces the incidence of complications of healthy lifestyle after GPDR. The "retromesenteric" passage of the jejunum adductor loop can cause venous stasis and intestinal edema, which, in turn, can slow down the restoration of jejunum peristalsis, at the site of the GEA, which leads to a violation of the passage of food.

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