

LONG-TERM QUALITY OF LIFE AND ULCER RECURRENCE AFTER MINIMALLY INVASIVE REPAIR COMBINED WITH ERADICATION THERAPY IN PERFORATED GASTRODUODENAL ULCERS

Davranov Alisher Uktamovich
Samarkand State Medical University

Relevance. The immediate outcomes of perforated gastroduodenal ulcer repair are increasingly favorable with minimally invasive techniques; however, long-term results depend not only on the surgical method but also on adequate anti-ulcer treatment. The role of postoperative *Helicobacter pylori* eradication therapy in determining long-term quality of life and ulcer recurrence after minimally invasive repair remains insufficiently studied.

Material and methods. Long-term outcomes (6–24 months) were analyzed in three groups: minimally invasive repair combined with eradication therapy (Group I, n=68), minimally invasive repair without eradication (Group II, n=56), and laparotomy with eradication therapy (Group III, n=48). Quality of life was assessed using the SF-36 and Visick scales and pain intensity using the VAS scale; eradication efficacy, ulcer recurrence and restoration of working capacity were also evaluated.

Results and discussion. The highest quality-of-life scores were recorded in Group I (SF-36 total 82.4 ± 4.6) compared with Group II (71.8 ± 5.2) and Group III (64.2 ± 6.8 ; $p < 0.05$). Physical functioning followed the same pattern (84.6 ± 4.2 ; 72.4 ± 5.8 ; 58.6 ± 7.4), and pain intensity on the VAS scale was lowest in Group I (1.2 ± 0.4 vs 2.4 ± 0.8 vs 3.8 ± 1.2). *H. pylori* eradication efficacy reached 92.6%. Ulcer recurrence was only 2.9% in Group I, against 14.3% in Group II (a 4.9-fold difference) and 8.3% in Group III. Full restoration of working capacity within 12 months was achieved in 94.1% of Group I patients, and dyspeptic complaints resolved in 91.2%.

Conclusion. The combination of minimally invasive repair with postoperative eradication therapy provides the best long-term quality of life and the lowest ulcer recurrence rate in patients with perforated gastroduodenal ulcers. Eradication therapy is an essential component of comprehensive treatment and should be routinely performed after minimally invasive surgery.