

SEVERITY-BASED CRITERIA FOR STAGED MINIMALLY INVASIVE SURGICAL MANAGEMENT OF BENIGN ACUTE CHOLANGITIS

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Relevance. The optimal surgical strategy for benign acute cholangitis remains debated, particularly regarding the choice between single-stage radical operations and staged minimally invasive decompression. The lack of objective, severity-based selection criteria contributes to high rates of septic and cholemic complications. Defining criteria that link the severity of cholangitis, its etiology and the degree of liver failure to the type and staging of intervention is therefore highly relevant.

Material and methods. Treatment outcomes were analyzed in 138 patients with benign acute cholangitis. In the main group (n=74), cholangitis severity was graded according to the Tokyo 2013 criteria (mild 25.4%, moderate 20.3%, severe 7.9%), and the choice between one-stage and two-stage minimally invasive or combined interventions was based on disease duration, etiology and the degree of liver failure. Endoscopic transpapillary, percutaneous transhepatic and laparoscopic techniques were used.

Results and discussion. A severity-based staged algorithm was developed. In mild cholangitis, single-stage radical endoscopic papillosphincterotomy with subsequent laparoscopic cholecystectomy was considered safe. In moderate and severe cholangitis, the first stage consisted of minimally invasive decompression (endoscopic papillosphincterotomy or percutaneous cholangiostomy with nasobiliary or external drainage) until clinical and biochemical parameters improved to a milder grade, followed by radical elimination of the cause at the second stage. Minimally invasive interventions were feasible in 57 of 74 patients (77.1%); single-stage minimally invasive procedures were performed in 41.9% and two-stage minimally invasive correction in 18.9%, with decompression by papillosphincterotomy plus nasobiliary drainage being the most effective first step.

Conclusion. Grading cholangitis severity by the Tokyo criteria and selecting the type and staging of intervention according to severity, etiology and liver failure allows a differentiated, patient-tailored surgical strategy. Prioritizing staged minimally invasive decompression in moderate and severe cholangitis improves the safety and effectiveness of treatment.