

PRIORITY USE OF MINIMALLY INVASIVE DECOMPRESSION IN THE COMPLEX SURGICAL TREATMENT OF BENIGN ACUTE CHOLANGITIS: COMPARATIVE OUTCOMES

Abdikadirov Ulugbek Kaxramonovich
Samarkand State Medical University

Relevance. Despite advances in antibacterial therapy and imaging, benign acute cholangitis is still associated with high postoperative morbidity and mortality, largely related to forced single-stage radical operations performed in severely ill patients. Evidence is needed on whether a complex strategy prioritizing minimally invasive decompression, combined with pathogenetically based perioperative therapy, improves outcomes compared with the traditional approach.

Material and methods. Outcomes were compared between a main group (n=74, 2020–2023) treated with an optimized two-stage strategy prioritizing minimally invasive decompression and antihypoxant/antioxidant detoxification, and a control group (n=64, 2016–2019) treated with the traditional single-stage open approach. Postoperative complications and in-hospital mortality were analyzed.

Results and discussion. In the main group, optimization of the surgical strategy — prioritizing minimally invasive interventions together with complex perioperative pathogenetically based therapy — reduced complications to 14.9% and mortality to 4.1%, compared with 26.6% complications and 6.25% mortality in the control group treated with traditional open surgery. Following the introduction of modern technologies, early postoperative complications decreased from 23.4% to 14.8% and mortality from 6.3% to 4.1%. Among minimally invasive interventions (n=57), transpapillary endoscopic procedures (n=52) were accompanied by local complications in 9.6% and general complications in 5.8%, whereas laparoscopic cholecystectomy with choledochal drainage was free of complications.

Conclusion. A complex surgical strategy that prioritizes minimally invasive decompression and incorporates pathogenetically based perioperative therapy significantly reduces septic and cholemic complications and mortality in benign acute cholangitis compared with the traditional single-stage open approach, and is recommended for wider clinical implementation.