

# БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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## QO'SHMA ABDOMINAL SHIKASTLANISHLARIDA "DAMAGE CONTROL" QO'YISH TAKTIKASI

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### ANNOTATSIYA

So'nggi yillarda qorin bo'shlig'ining ko'plab va qo'shma shikastlanishi bo'lgan bemorlarni jarrohlik davolash taktikasi o'zgarishi va 20-asr ning 80-yillarda mavjud bo'lgan umumiy parvarish (early total care) konseptsiyasining qayta ko'rib chiqilishi bilan ajralib turdi. Ko'pchilik jarrohlar "damage control" taktikasiga muvofiq dasturlashtirilgan ko'p bosqichli jarrohlik davolashga ustuvor ahamiyatga ega ekanligiga etibor bera boshladilar. Ushbu usulning mohiyati jarrohlik aralashuvining ko'lamini maksimal darajada cheklash va uni amalga oshirish uchun zarur bo'lgan vaqtni bemorlarning hayotini saqlab qolish uchun zarur bo'lgan minimal darajaga qisqartirish orqali birlamchi jarrohlik aralashuvining shikastlanishini minimallashtirishdan iborat, yoki bo'lmasam dastlabki rekonstruktiv aralashuvning mumkin emasligini ko'rsatib beradi.

**Kalit so'zlar:** damage control., qo'shma shikastlanishi., qorin bo'shlig'i shikastlanishlari.

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## ТАКТИКА «DAMAGE CONTROL» В ХИРУРГИИ СОЧЕТАННОЙ АБДОМИНАЛЬНОЙ ТРАВМЫ

### АННОТАЦИЯ

В последние годы стратегия и тактика хирургического лечения больных с множественными и сочетанными повреждениями живота ознаменовались изменением парадигмы и пересмотром

существовавшей в 80-е годы XX века концепции тотальной помощи (early total care), при которой предполагалась одномоментная хирургическая коррекция всех имеющихся повреждений независимо от их локализации и тяжести. Многие хирурги стали отдавать приоритет запрограммированному многоэтапному хирургическому лечению в соответствии с концепцией «контроль повреждения» («Damage control»). Тактика «Damage control» реализуется путем строгого регламентированного взаимодействия специалистов разного профиля. Эффективность тактики «Damage control» зависит от правильного определения показаний к ее применению с учетом вида, характера и тяжести доминирующих и конкурирующих повреждений, хотя до настоящего времени не сформулированы четкие рекомендации по применению тактики запрограммированного многоэтапного хирургического лечения, основанных на объективной оценке тяжести повреждений и общего состояния больных.

**Ключевые слова:** Damage control., абдоминальной травмы., сочетанным травмы

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## «DAMAGE CONTROL» TACTICS IN SURGERY OF COMBINED ABDOMINAL TRAUMA

### ANNOTATION

In recent years, the strategy and tactics of surgical treatment of patients with multiple and combined injuries of the abdomen were marked by a change in the paradigm and a revision of the concept of total care (early total care) that existed in the 80s of the twentieth century, which assumed simultaneous surgical correction of all existing injuries, regardless of their location. and gravity. Many surgeons [1,2,3,4,5,] began to give priority to programmed multi-stage surgical treatment in accordance with the concept of "damage control".

**Key words:** closed abdominal trauma, liver injury, "damage control".

**Kirish.** So'nggi yillarda qorin bo'shlig'ining ko'plab va qo'shma shikastlanishi bo'lgan bemorlarni jarrohlik davolash taktikasi o'zgarishi va 20-asr ning 80-yillarda mavjud bo'lgan umumiy parvarish (early total care) konseptsiyasining qayta ko'rib chiqilishi bilan ajralib turdi. Ko'pchilik jarrohlar [1,2,3,4,5,] "demage control" taktikasiga muvofiq dasturlashtirilgan ko'p bosqichli jarrohlik davolashga ustuvor ahamiyatga ega ekanligiga etibor bera boshladilar. Ushbu usulning mohiyati jarrohlik aralashuvining ko'lamini yuqori darajada cheklash va uni amalga oshirish uchun zarur bo'lgan vaqtni bemorlarning hayotini saqlab qolish uchun zarur bo'lgan minimal darajaga qisqartirish orqali birlamchi jarrohlik aralashuvining shikastlanishini minimallashtirishdan iborat, yoki bo'lmasam dastlabki rekonstruktiv aralashuvning mumkin emasligini ko'rsatib beradi.

Shu bilan birga bemorlarning ahvolini yanada maqbul sharoitlarda ishonchli barqarorlashtirgandan so'ng, jarohatlarni yakuniy tiklash uchun radikal jarrohlik aralashuvlar kechiktirilgan asosda amalga oshirildi. "Damage control" taktikasi turli profildagi mutaxassislarining qat'iy tartibga solinadigan o'zaro ta'siri orqali amalga oshiriladi. "Demage control" taktikasining samaradorligi dominant va raqobatdosh jarohatlarning turi, tabiati va og'irligini hisobga olgan holda uni qo'llash ko'rsatkichlarini to'g'ri belgilashga bog'liq. Ammo dasturlashtirilgan ko'p qirrali vositalardan foydalanish bo'yicha aniq tavsiyalar hali ishlab chiqilmagan. Jarohatlarning og'irligini va bemorlarning umumiy holatini ob'ektiv baholashga asoslangan jarrohlik davolash taktikasi bosqichli usuli qo'llanilyapdi. Aksariyat jarrohlar [7,20,] "demage control" taktikadan foydalanishga rozi, chunki an'anaviy ravishda barcha jarohatlarni bir vaqtning o'zida tuzatish maqsadida amalga oshiriladigan bir bosqichli radikal operatsiyalarning umumiy salbiy ta'sirini istisno qilishga imkon

beradi va o'lim darajasi va asoratlarning darajasini sezilarli darajada kamaytirishi mumkin. 80-90-yillar oxirida ishlab chiqilgan. 20-asrda Gannover politravma maktabi mutaxassislari tomonidan "damage control" taktikasi normal anatomiyani tiklashdan ko'ra normal fiziologiyani tiklashning ustuvor yo'nalishi sifatida dastlab politravmaning noqulay oqibatlarini oldini olish uchun ishlatilgan. "Damage control" taktikasi 2021 yilda Jun Soma tomonidan ishlab chiqilgan. [28]. Mualliflar tomonidan dasturlashtirilgan ko'p bosqichli jarrohlik davolashning taktikasini amalga oshirish uchun 3 bosqichni aniqladilar: I bosqich – kovak a'zolaridan qon ketishini to'xtatish bilan bog'liq asoratlarni oldini olish uchun gemodinamik jihatdan beqaror bemorlarda qisqargan hajmda shoshilinch jarrohlik aralashuvlarni o'tkazish. Qorin bo'shlig'ini tamponlash, drenajlash moslamalari, ichi bo'sh organlarning yara nuqsonlarini bartaraf qilishni soddalashtirilgan usullaridan foydalangan holda erkin qorin bo'shlig'iga va mikroblarning ko'payishiga qarshi chora ko'rish. Ushbu taktika operatsiya va anestetik xavfi yuqori bo'lgan (ASA III yoki undan yuqori) o'ta og'ir holatda bo'lgan bemorlarda og'ir kombinatsiyalangan va ko'p shikastlanishlar uchun qo'llaniladi. Birlamchi jarrohlik aralashuvning tejankor hajmi keyinchalik reanimatsiya kompleksini o'tkazish orqali bemorlarning hayotini saqlab qolish imkoniyatini oshiradi. I bosqich 90 daqiqadan ko'proq vaqt ichida jabrlanuvchining hayotini saqlab qolish uchun favqulodda operatsiyani bajarishni o'z ichiga oladi. II bosqich - reanimatsiya va intensiv terapiyaning murakkab yuqori texnologiyali tizimini o'tkazish, shokga qarshi choralar, gomeostaz tizimini hayotiy muhim organlarning faoliyatini maksimal darajada tiklash va barqarorlashtirish uchun etarli darajada tuzatish. II bosqichning o'rtacha davomiyligi 24-36 dan 96 soatgacha o'zgarib turadi. III bosqich - barcha jarohatlarni yakuniy va to'liq tuzatishga qaratilgan rejalashtirilgan kechiktirilgan takroriy jarrohlik aralashuvni (relaparotomiyani) o'tkazish. Relaparotomiyadagi jarrohlik aralashuvning hajmi va usuli zararning tabiati va og'irligi bilan belgilanadi. Qon ketishining yakuniy to'xtashi (aylana tomir choklarini qo'yish, splenektomiya, jigarning atipik rezektsiyasi va boshqalar), birlamchi anastomoz qo'yish bilan ichakning shikastlangan segmentlarini rezektsiya qilish (mayda bo'laklarga zarar yetgan taqdirda) amalga oshiriladi. Ichak yoki kolostoma shakllantirish (yo'g'on ichak shikastlanganda). "Damage control" taktikasining uchinchi bosqichining vazifasi nafaqat rekonstruktiv operatsiyalarni, balki qorin bo'shlig'i asoratlari paydo bo'lganda amalga oshiriladigan dasturlashtirilgan relaparotomiyalarni ham o'z ichiga oladi. "Damage control" taktikasining yana Jon A. Xarvin va boshqalar tomonidan ishlab chiqilgan. [27], u 2001 yilda qo'shimcha ravishda IV bosqichni ("asosiy nol") ajratib ko'rsatdi, bu kasalxonadan oldingi va operatsiyadan oldingi tibbiy yordam ko'rsatish zarurligini anglatadi. [24,25,26] "Damage control" taktikasi har safar ichki organlarga bunday hajmdagi zarar bilan qo'llanilishi kerak, deb hisoblaydi, bunda radikal operatsiya tananing fiziologik zaxiralardan oshib ketadi. "Damage control" taktikasining har bir bosqichi zararning tabiati (turi) va og'irligi, shuningdek ularning oqibatlari bilan belgilanadigan o'ziga xos xususiyatlarga ega. "Damage control" taktikasining birinchi bosqichini yakunlash bo'yicha jarrohlar o'rtasida qarama-qarshi fikrlar mavjud. Ko'pgina mualliflar [30,33,35,37,39,] laparostomiyani shakllantirishni afzal ko'radilar va uning quyidagi afzalliklarini ta'kidlaydilar: jiddiy intraabdominal asoratlar. "Ochiq qorin" qorin bo'shlig'ining dekompressiyasini ta'minlaydi, qorin bo'shlig'ida yiringli-yallig'lanish asoratlarini rivojlanish xavfini kamaytiradi va "qorin bo'shlig'i gipertenziya sindromi" va "qorin kompartment sindromi" [31,32,] shakllanishining oldini oladi. Texnik xususiyatlariga ko'ra laparostomiyaning 2 turi mavjud: ochiq va yopiq [36,43,]. Ochiq laparostomiya bilan qorin bo'shlig'i tashqi muhit bilan aloqa qiladi. Ichak qovuzloqlarining aerogenik qurishi va qorin bo'shlig'ining infeksiyasini oldini olish uchun organlarni yopish uchun turli xil sintetik materiallar (teshilgan plitalar va polietilen plyonkalar) qo'llaniladi. Shu maqsadda o'tkazuvchan va infeksiyaga chidamli sintetik (Vipro I, Vipro II, Gore-tex, Marlex) va kompozit yarim so'riladigan materiallar (Vicryl yoki Dexon) ham keng qo'llaniladi. Qorin bo'shlig'ini ochiq qoldirish qorin bo'shlig'idagi bosimni 15 kungacha jiddiy asoratlarsiz va og'riqsiz saqlashga imkon beradi. Yopiq laparostomiya qorin bo'shlig'i hajmini o'zgartirmasdan va qorin bo'shlig'i bosimini oshirmasdan laparotomiyali yarani vaqtincha yopishni o'z ichiga oladi. Qorin bo'shlig'i devori yarasini vaqtincha yopish usullari diapazoni teri yarasining chetlarini oddiy qisqartirishdan tortib, "ildiruvchi choklari", "Bogati sumka" kabi turli xil yara himoya vositalarini qo'llashgacha o'zgaradi [11,12,13]. Kombinatsiyalangan usullar, shuningdek, qorin devorining doimiy dozalangan fassial-

aponevrotik tortish tizimi bilan birgalikda salbiy bosim usuli bilan yarani davolash uchun asbobdan foydalanish bilan ham qo'llaniladi. Yopiq texnologiyadan foydalangan holda laparostomiya "Damage control" taktikasining yakuniy bosqichini tezlashtirishga, qorin bo'shlig'i sepsisi va "intraabdominal gipertenziya sindromi" rivojlanish xavfini kamaytirishga, shu bilan o'lim darajasini pasaytirishga, statsionar davolanish va rehabilitatsiya muddatini qisqartirishga imkon beradi. "Damage control" taktikasining III bosqichining murakkab vazifalaridan biri qorin old devorining yarasini laparotomiyadan keyin davolashning o'ziga xos xususiyatlari bilan bog'liq bo'lgan qorin devorini qayta tiklashdir [15]. Qorin bo'shlig'ini laparotomiyadan so'ng 5 kundan so'ng ochiq davolash aponevrozning o'zgarishiga va deformatsiyasiga yordam beradi, bu esa qorin bo'shlig'i devorini qavatma-qavat tikish orqali yarani yopish imkoniyatini istisno qiladi. Qorin bo'shlig'ining teri qopqoqlari bilan yopilishi qorin bo'shlig'i churrasining shakllanishiga olib keladi [18]. Ba'zi mualliflarning fikriga ko'ra [22], qorin devorining yakuniy rekonstruksiyasi bir necha oyga kechiktirilishi mumkin. Monika Vargas [34] laparotomiyani yakunlash usullari va laparotomiyali yarani yopish usullariga qarab yo'g'on ichak shikastlangan 247 bemorni davolash natijalarini tahlil qildi. Mualliflar shuni ko'rsatdiki, birlamchi reoperatsiya paytida fastsiyaning yopilishiga erishish mumkin emasligi 31 va 50% ga nisbatan bir martalik laparotomiya bilan qorin bo'shlig'idagi yiringli-yallig'lanish asoratlari (qorin bo'shlig'i absessi) sezilarli darajada oshishi bilan bog'liq. "Damage control" laparotomiya-1 va "Damage control"-laparotomiya-2 bilan bog'liq.

Laparotomiya bilan yo'g'on ichak anastomozda choklar etishmovchigi bemorlarning 2% da DCL-1 va DCL-2 bilan mos ravishda 1,2 va 2,19% da qayd etilgan. [17,19,] laparostomiyadan so'ng qorin devorining yarasini erta (4-7 kundan keyin) to'liq yopish kechiktirilgandan ko'ra afzalliklarga ega deb hisoblaydi. Coccolini F, Catena F, [18] jigar shikastlanishi bilan yopiq qorin travmasi bo'lgan 447 bemorni davolash natijalarini tahlil qildi. "Damage control" taktikasi doirasidagi asosiy jarrohlik texnikasi sifatida lezyonlarni qadoqlash mualliflar tomonidan V darajali jigar shikastlanishi bo'lgan 83 bemorda qo'llanilgan, bu jigar og'ir shikastlangan bemorlarning umumiy sonining 18,6% ni tashkil qiladi.

ILC-MT shkalasi bo'yicha qorin bo'shlig'i organlarining o'ta og'ir shikastlanishi bo'lsa, gemodinamik jihatdan beqaror bemorlarda (29,4 - 65,8%), har qanday darajadagi jigar shikastlanishi bo'lsa, mualliflar birinchi bosqich sifatida shikastlangan hududni yopish uchun ko'rsatmalarni belgilaydilar. Jigar shikastlanishi bilan og'ir yopiq qorin travmasi bo'lgan bemorlarda "Damage control" taktikasini qo'llash mualliflarga operatsiyadan keyingi o'limni 32,3 dan 17,1% gacha kamaytirishga imkon berdi. [8,9,] jigar shikastlanishi bilan og'ir yopiq qorin travmasi bo'lgan 248 bemorni jarrohlik davolash natijalarini tahlil qildi, 18 yilda bundan oldin qo'llanilgan atipik rezektsiyadan farqli o'laroq, mualliflar "Damage control" taktikasi doirasida birlamchi gemostaza erishish uchun shikastlangan hududni tamponlashni amalga oshirdilar. Mualliflarning fikriga ko'ra, jigar jiddiy shikastlanganda birlamchi jigar tamponlash o'lim darajasini 75% dan (atipik rezektsiya bilan) 46% gacha kamaytirishga imkon berdi. Olingan natijalarga asoslanib, mualliflarning fikricha, qorin bo'shlig'i a'zolarining ko'plab shikastlanishlari bilan og'ir yopiq qorin travmasida dasturlashtirilgan ko'p bosqichli jarrohlik davolashning birinchi bosqichi sifatida amalga oshiriladigan jigar tiqilib qolishi atipik organlar rezektsiyasiga muqobil bo'lishi mumkin. Mualliflarning fikriga ko'ra, qorin bo'shlig'ini TSRT bilan, birinchi darajali travmatologiya sharoitida to'g'ri intensiv monitoring bilan, parenximali organlarning engil shikastlanishlarini konservativ davolash taktikasi shikastlanish jarrohligining istiqbolli yo'nalishi bo'lib ko'rinadi. [14,16,23,] ARC bilan kasallangan 100 nafar bemorni davolash natijalari retrospektiv tahlildan o'tkazildi, ular shrapnel yaralari bilan mina-portlash shikastlanishining ustunligi (93%) va qorin bo'shlig'i a'zolarining ko'plab shikastlanishlari (54 da) bilan tavsiflanadi. (%). Mualliflar operatsiyadan oldingi diagnostika va terapevtik tadbirlar hajmini va ikki bosqichli jarrohlik davolash taktikasini tartibga soluvchi davolash algoritmini ishlab chiqdilar (qisqartirilgan birlamchi operatsiya va yaradorlarning holatini barqarorlashtirish uchun yakuniy restorativ aralashuv). Yaradorlarning 93 foizida "Damage control" taktikadan foydalanish mualliflarga uning quyidagi afzalliklarini aniqlashga imkon berdi: "Damage control" taktikasi birlamchi operatsiya vaqtini 30-40 daqiqagacha qisqartiradi va shu bilan jarrohning vaqtini tejaydi. yaradorlarning ommaviy oqimi hodisasi. Operatsiyalar orasidagi vaqt oralig'ida

zonada demarkatsiya chizig'i bilan nekroz o'chog'i hosil bo'ladi. Qayta aralashuv paytida to'qimalarning hayotiyiligini etarli darajada baholash imkonini beruvchi o'q otish jarohatining "molekulyar kontuziyasi". Yakuniy operatsiya, dasturlashtirilgan ko'p bosqichli jarrohlik davolashning yakuniy bosqichi sifatida, kompensatsiyalangan va barqaror bemorlarda kechiktirilgan holda, yanada maqbul sharoitlarda amalga oshiriladi, operatsiyadan keyingi va operatsiyadan keyingi asoratlar xavfining pastligi bilan birga keladi va darhol yaxshi natijalarga erishishga imkon beradi. va uzoq muddatli natijalar. Laparotomiya uchun ko'rsatmalar - gemorragik shok, peritonit, qorin bo'shlig'ining ultratovush tekshiruvi va rentgenografiya va KT natijalariga ko'ra qorin bo'shlig'ida erkin suyuqlik mavjudligi, yaraning penetratsion xususiyati va to'g'ri ichakdan qonning chiqishi. "Damage control" taktikasini qo'llash mualliflarga o'lim darajasini 19% gacha kamaytirishga imkon berdi. Samoxvalov I.M., [6] 70 nafar penetratsion o'tkir respiratorli infektsiyalari bilan og'rigan bemorlarni davolash natijalarini retrospektiv tahlil qildi, bu turli lokalizatsiyadagi o'q jarohatlari bilan og'rigan bemorlarning umumiy sonining (336) 20,8% ni tashkil etdi. 70 bemordan 32 tasida qorin bo'shlig'i shikastlanishi shikastlanishlarning etakchi lokalizatsiyasi bo'lib, IPH-P shkalasi bo'yicha shikastlanishning og'irligi  $4,3 \pm 0,3$  ballni tashkil etdi. "Damage control" kontseptsiyasi doirasida 32 yaradorning 11 tasida (34,4%) mualliflar peritonitni dasturlashtirilgan davolash uchun dasturlashtirilgan ko'p bosqichli jarrohlik davolash taktikasini qo'llagan, bunda tizimlar nazorat ostida salbiy bosim (NPWT) faol foydalanilgan. Mualliflarning fikricha, 2-3-darajali travmatologiya punktida turli xil anatomik mintaqalarning ko'plab o'q jarohatlari bilan jabrlanganlarga shoshilinch tibbiy yordam ko'rsatish tizimi "Damage control" taktikasini qo'llashga asoslangan bo'lishi kerak va hayotni saqlab qolish uchun amalga oshirilishi mumkin. biri (vaziyatning og'irligi sababli bir bosqichli to'liq miqyosli jarrohlik aralashuvni rad etish) va taktik va uslubiy (jarrohlik aralashuvini to'liq hajmda bajarish uchun texnik imkoniyatlarning yo'qligi) ko'rsatmalar 6. 9 bemorda « Damage control » taktikasi qo'llanilgan. Birlamchi tiklash operatsiyalari 40 bemorning 16 tasida (40%) yo'g'on ichak anastomozlarining etishmovchiligi (6 tasida), yaraning yiringlashi va sepsis (11 tasida) bilan murakkablashdi. Mualliflarning fikriga ko'ra, gemodinamik jihatdan beqaror bemorlarda yo'g'on ichakning bir nechta o'q jarohatlari uchun jarrohlik taktikasining optimal varianti "Damage control" taktikasidir.

## XULOSA

1. Zamonaviy adabiyotlar ma'lumotlarining taqdim etilgan tahlili shuni ko'rsatadiki, "Damage control" kontseptsiyasiga muvofiq qo'llaniladigan dasturlashtirilgan ko'p bosqichli jarrohlik davolash taktikasi qorin bo'shlig'ining og'ir kombinatsiyalangan shikastlanishi bilan og'rigan bemorlarni davolashda ustuvor yondashuv hisoblanadi va shubhasizdir. an'anaviy taktikadan ustunlik qiladi.
2. Birlamchi jarrohlik aralashuvning shikastlanishini minimallashtirish, gomeostaz tizimini to'g'ri tuzatish va tananing hayotiy funksiyalarini barqarorlashtirish va yakuniy operatsiya uchun ikkinchi operatsiyani bajarish uchun keyingi ko'p komponentli intensiv terapiya bilan birga keladigan og'ir qorin travmasida jarrohlik taktikasiga yondashuvni standartlashtirish. va barcha mavjud jarohatlarni to'liq tuzatish ushbu toifadagi bemorlarni davolash natijalarini yaxshilashning muhim real va istiqbolli zaxiralardan biridir

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