esophagoplasty. Only 1 (1.9%) patient did not undergo reconstruction due to a deficiency of visceral reserve after multivisceral resection for recurrent cancer in the area of esophagojejunostomy. who had previously undergone gastric bypass surgery, the tumor-affected small stomach and the thoracic esophagus were extirpated, and the “off” part of the stomach was used as an isoperistaltic tube for subtotal esophagoplasty. Only 1 (1.9%) patient did not undergo reconstruction due to a deficiency of visceral reserve after multivisceral resection for recurrent cancer in the area of esophagojejunostomy. who had previously undergone gastric bypass surgery, the tumor-affected small stomach and the thoracic esophagus were extirpated, and the “off” part of the stomach was used as an isoperistaltic tube for subtotal esophagoplasty. Only 1 (1.9%) patient did not undergo reconstruction due to a deficiency of visceral reserve after multivisceral resection for recurrent cancer in the area of esophagojejunostomy.

Results. Postoperative complications occurred in 5 (9.6%) patients. Partial failure of esophagojejunoanastomosis developed at2 (3.8%), duodenojejunostomy in 1 (1.9%) patient. All of them are arrested by adequate drainage and vacuum aspiration. Only 1 (1.9%) hurt I needed a relaparotomy due to necrosis of the colonic graft, which was resected with the removal of the nutritive colo and esophagostomy. There was one death on the 1st day after surgery from the progression of multiple organ failure. Hospital mortality was 1.9%. An important criterion for assessing the immediate result of re-reconstruction was its completeness, achieved in 96.2% of cases. In 2 patients (3.8%), the reconstruction remained incomplete. The long-term result of reconstructive surgery was assessed using a three-point modified Visick scale, taking into account the patient's well-being, the dynamics of his nutritional status, and the presence of certain digestive disorders. At the time of the end of the study, there were 44 (86.2%) out of 51the patient. Examination of the patients revealed that 26 (59.9%) good, y12 (27.4%) satisfactory result. Only 6 (13.7%) patients received relief from the repeated operation.

Conclusions. Evaluation of the results obtained demonstrates the relief of pathological syndromes of the operated stomach in most cases, which indicates the advisability of repeated operations with gastroplasty and restoration of the duodenal passage.

DIAGNOSTICS AND THERAPEUTIC TACTICS FOR ACUTE HOLANGITIS AND BILIAR SEPSIS

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Introduction. Despite the developed medical technologies and the developed methods of early prevention and diagnosis, the frequency of inflammatory diseases of the biliary tract is growing steadily in the world. The problem of acute cholangitis and biliary sepsis in recent years not only has not lost its relevance, but also began to concern an increasing number of clinicians. The development of diagnostic criteria for patients with inflammatory diseases of the biliary tract is one of the unsolved and most controversial issues of hepatopancreatobiliary surgery.

Aim: to improve the results of treatment of patients with hyperbilirubinemia, biliary hypertension and systemic inflammatory response syndrome by stratifying them into groups and forming diagnostic criteria for each of them.

Materials and methods. In the period from 2016 to 2020, 208 patients with biliary obstruction were treated. According to the classification of generalized forms of infections (Sepsis), diagnostic criteria were developed for patients with hyperbilirubinemia, biliary hypertension and systemic inflammatory reaction syndrome, according to which they were divided into groups: obstructive jaundice, acute cholangitis and biliary sepsis. For each category of patients, a routing algorithm in the inpatient emergency department and treatment tactics were determined. Based on the results of the treatment, the following indicators were analyzed in each group of patients: time from admission to the start of surgery, duration of surgery, frequency of postoperative complications, mortality, length of hospital stay, and economic costs, and proposed criteriadiagnostics and treatment algorithm, a comparative analysis of treatment results with a retrospective group, which included 182 patients with hyperbilirubinemia, biliary hypertension, and systemic inflammatory response syndrome, hospitalized from 2015 to 2020 was carried out. Statistical analysis of the data obtained was carried out in Microsoft Excel 2020; to determine the statistical significance of the difference, Student's t-test was used.

Results. As a result of the analysis of the obtained data, patients with obstructive jaundice in the prospective group had a shorter time before the operation (18.2 ± 4.1 versus 38.9± 5.2), lower complication rate (4.4% versus 7.3%) and mortality (0 versus 2.6%), as well as a lower bed-day (8.5 ± 2.8 versus 18.2 ± 3, 9) and economic costs (66 382 ± 2 670 versus 74 844 ± 3 101). There was no significant difference in the duration of the operation. In the group of patients with cholangitis, based on the data obtained, there was a shorter time to the start of surgery (5.2 ± 0.6 versus 8.5 ± 0.8), a lower incidence of postoperative complications (6.7% versus 11.4%) lower mortality (2.7% versus 9.8%), lower bed-days