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ANNOTATION

Abdominal injury remains one of the most urgent problems in surgery, traumatology and resuscitation. At present, abdominal wounds make up 1.5-4.4% of all injuries. The structure of injuries varies due to accidents, falls from a height, and natural disasters. But in recent years, criminalization of society has taken an important place in this structure. Given the presence of complex cases that still lead to some complications in diagnosis and treatment, this problem remains very relevant.

Keywords: children: blunt trauma, free fluid in the abdominal cavity, abdominal injury.

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QORINNING TO'MTOQ JAROHATI BO'LGAN BOLALARDA QORIN BO'SHLIG'IDA ERKIN SUYUQLIKNING DAVOLASH USULINI TANLASHGA TA'SIRI

ANNOTATSIYA

Qorin bo'shlig'ining shikastlanishi jarrohlik, travmatologiya va reanimatologiyada eng dolzarb muammolardan biri bo'lib qolmoqda. Hozirgi davrida qorin yaralari barcha jarohatlarning 1,5-4,4% ni tashkil qiladi. Jarohatlarning tuzilishi baxtsiz hodisalar, balandlikdan tushish, tabiiy ofatlar tufayli o'zgarib turadi. Ammo so'nggi yillarda jamiyatning jinoiy javobgarlikka tortilishi ushbu

tuzilishda muhim o'rin egallaydi. Diagnostika va davolashda hali ham ba'zi asoratlarga olib keladigan murakkab holatlar mavjudligini hisobga olsak, bu muammo juda dolzarb bo'lib qolmoqda.

Kalit so'zlar: bolalar; to'mtoq shikastlanish, qorin bo'shlig'ida erkin suyuqlik, qorin bo'shlig'i shikastlanishi.

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ВЛИЯНИЕ СВОБОДНОЙ БРЮШНОЙ ЖИДКОСТИ НА ВЫБОР ЛЕЧЕНИЯ У ДЕТЕЙ С ТУПОЙ ТРАВМОЙ БРЮШНОЙ ЖИДКОСТИ

АННОТАЦИЯ

Травма живота остается одной из актуальнейших проблем в хирургии, травматологии и реаниматологии. В настоящее время ранения живота составляют 1,5-4,4% всех ранений. Структура травм различна вследствие несчастных случаев, падений с высоты, стихийных бедствий. Но в последние годы важное место в этой структуре занимает криминализация общества. Учитывая наличие сложных случаев, которые до сих пор приводят к некоторым осложнениям в диагностике и лечении, данная проблема остается весьма актуальной.

Ключевые слова: дети, тупая травма, свободная жидкость в брюшной полости, травма живота.

Kirish. Qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bolalarni baholash va davolashda diagnostik tasvirlar, ayniqsa, kompyuter tomografiyasi (KT) muhim rol o'ynaydi. Qorin bo'shlig'ida erkin suyuqlik mavjudligi (QBES) va parenximatoz organlarning shikastlanish belgilari bo'lgan, gemodinamik jihatdan barqaror bolalarni davolashning standart usuli konservativ davo hisoblanadi [1]. Ammo, agar kovak organlarning shikastlanish belgilari aniqlansa (masalan, pnevmoperitoneum yoki KT tekshiruvda kontrast moddaning ekstravazatsiyasi), shoshilinch jarrohlik aralashuvi talab etiladi [2]. Shu bilan birga, qorinning to'mtoq shikastlanishi bo'lgan ba'zi bolalarda KT tekshiruv faqat ichki organlarning shikastlanish belgilarisiz QBES mavjudligini ko'rsatadi. Erkin suyuqlik manbai noma'lum bo'lgan bu bemorlarga alohida diagnostic tekshiruvlar kerak [3]. QBESning to'planishi aniqlanmagan hollarda, qorin bo'shlig'i shikastlanishi tufayli gemoperitoneumning natijasi bo'lishi mumkin yoki diagnostik ahamiyatga ega bo'lmagan nospesifik reaksiya suyuqligining to'planishi natijasi bo'lishi mumkin.

Maqsad. Ushbu tadqiqotning maqsadi QBES to'planishining tarqalishini aniqlash va davolash taktikasini tahlil qilish uchun bemorlarning ushbu kichik guruhini o'rganish edi.

Materiallar va uslublar. Tadqiqotga 2015-yil iyul oyidan 2020-yil dekabr oyigacha bo'lgan davrda qorin bo'shlig'i kompyuter tomografiyasidan o'tkazilgan qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan 14 yoshgacha bo'lgan bolalar ishtirok etdi. Qabul qilingandan so'ng, barcha bemorlarga bir vaqtning o'zida birinchi tez tibbiy yordam ko'rsatildi va diagnostika tadbirlari, shu jumladan gemodinamik holatni baholash (sistolik qon bosimini o'lchash) va qorin bo'shlig'ini klinik tekshirish; qorinni palpatsiya qilishda og'riqlarga alohida e'tibor berildi. Bemorning ahvoli barqarorlashgandan so'ng, KT 16 bo'lakli Siemens SOMATOM Emotion 16 bo'lakli kompyuter tomografi yordamida amalga oshirildi. Triambrast 1,5 ml / kg dozada kontrast modda sifatida ishlatilgan, u tomir ichiga 2 ml / s tezlikda yuborilgan. Kontrast moddaning dozasi bolaning yoshi va vazniga qarab belgilandi. Qorin bo'shlig'ining KT tekshiruv (o'pkaning pastki qismidan tos suyagigacha) 6 mm / s tezlikda 5 mm qalinlikdagi bo'laklar bilan amalga oshirildi (1, 2-bosqich). QBES mavjudligi o'ng diafragma osti (parahepatik) va chap subdiafragma osti (parasplenik) bo'shliqlarda, hepatorenal cho'ntakda (Morrison sumkasi), qorin bo'shlig'ining chap va o'ng lateral

kanallarida, shuningdek, kichik tosta tekshirildi. Kichik tosta bo'shlig'idan tashqari har qanday bo'shliqda erkin suyuqlikning ozgina to'planishi QBES mavjudligi sifatida qabul qilindi. Har qanday bo'shliqda, shu jumladan tosta bo'shlig'ida erkin suyuqlikning o'rtacha va sezilarli darajada to'planishi QBES mavjudligi deb hisoblanadi.

O'n yoshgacha bo'lgan bemor bolalarda sistolik bosim (70 + yosh. 2) mm s. us. dan kam deb hisoblangan. 11-14 yoshdagi bolalarda 90 mm s. us dan past bo'lgan qon bosimi past deb hisoblangan. Barcha bolalar shifoxonada bo'lishlari davomida, shuningdek, konservativ davo jarayonida klinik kuzatuv ostida bo'lishdi (masalan, qon quyish soni va peritonit bilan kasallanish holatlari qayd etilgan). Tadqiqotda qorin bo'shlig'ining to'mtoq shikastlanishi mavjud 14 yoshgacha bo'lgan bolalar ishtirok etdi, ularda KT QBES mavjudligi aniqlangan (visseral shikastlanish belgilarisiz). Boshqa jarohatlar (shu jumladan visseral), shuningdek pnevmoperitoneum belgilari bo'lgan bemorlar chiqarib tashlandi.

Tadqiqot davrida qorin bo'shlig'ining to'mtoq shikastlanishi uchun qorin bo'shlig'i KT tekshiruvidan o'tgan 108 nafar bolalardan 26 nafari (24%) ichki a'zolar shikastlanishi belgilarisiz QBESga ega va tadqiqotga kiritildi. Ishtirokchilarning o'rtacha yoshi $7,82 \pm 3,04$ yil tashkil etgan. Tadqiqot guruhi 5 qiz bola (19,3%) va 21 o'g'il bolalarni (80,7%) (nisbati 4,2:1) o'z ichiga olgan. Ko'pchilik bemorlar (n = 20, 77%) avtohalokatda jarohatlangan. Keyingi eng keng tarqalgan jarohatlar balandlikdan yiqilish ekanligi aniqlangan (n = 3; 11,5%). 4 nafar bemor bolada (15,3%) sistolik qon bosimi pasaygan, 30,7% hollarda (n=8) qorinni paypaslaganda og'riq kuzatilgan. Yigirma ikki nafar bemorda QBES darajasi past, 2 nafarida o'rtacha, 2 nafarida esa sezilarli darajada edi. Ko'pincha QBESning to'planishi gepatorenal cho'ntagida topilgan (22 bemorning 18 nafarida) (1-jadval). O'rtacha miqdorda QBES bo'lgan bolalar orasida bir bemorda gepatorenal cho'ntagida va kichik tosta, boshqa bemorda qorin bo'shlig'ining o'ng lateral kanalida va kichik tosta to'planish sodir bo'lgan. QBES sezilarli darajada to'plangan taqdirda, u bir bolada naloq atrofi va kichik chanoq bo'shliqda, boshqa bolada qorin bo'shlig'ining o'ng lateral kanalida va kichik tosta topilgan. Kam miqdordagi QBES bo'lgan tadqiqot ishtirokchilarining hech biri shifoxonaga yotqizilganida gemodinamik beqarorlikni boshdan kechirmagan. To'rt nafar gemodinamik jihatdan beqaror bemorlar QBESning o'rtacha va sezilarli darajada to'planishi bo'lgan guruhlariga tegishli edi. Birinchi yordamdan so'ng barcha bemorlar gemodinamik jihatdan barqaror bo'lib, davolanishni boshladilar, ularning hech biri shoshilinch laparotomiyani talab qilmadi.

Qorin palpatsiyasida og'riq bilan kasalxonaga yotqizilgan 8 nafar bemordan 4 nafari QBES biroz to'plangan guruhga, 4 nafari esa o'rtacha va sezilarli darajada to'plangan guruhlariga (ya'ni, o'rtacha va barcha bolalarda) tegishli. Sezilarli miqdordagi QBES qorin bo'shlig'ida sezuvchanlikka ega edi. Ikki bemor (biri QBESning o'rtacha to'planishi bo'lgan guruhdan, ikkinchisi QBES sezilarli darajada to'plangan guruhdan) og'riqning kuchayishini boshdan kechirdi; keyinchalik ular peritonit rivojlanishi tufayli laparotomiyani talab qilishdi (birinchi holatda, shifoxonaga yotqizilganidan 3 kun o'tgach, ikkinchi holatda, 2 kundan keyin). Bu ikki bolaga tutqich tomirlarining shikastlanishi tashxisi qo'yildi, bu esa yonbosh ichakning gangrenasini rivojlanishiga olib kelgan va oxir oxir anastamoz qo'yilgan.

Qorin bo'shlig'ida erkin suyuqlik miqdoriga qarab turli guruhlardagi bemorlarning ko'rsatkichlari

Ko'rsatkichlar	Kichik QBESning to'planishi (n = 22)	O'rtacha QBESning to'planishi (n=2)	Muhim QBESning to'planishi (n=2)
Qabul qilinganda gemodinamik beqarorlik	0	2	2
Qabul qilinganda qorin palpatsiyasida og'riq	4	2	2
Konservativ davo	22 (10)	1 (1)	1 (1)
Jarrohlik	0	1	1
Shifoxonada qolish o'rtacha davomiyligi (kunlar)	4.2	9	10

Eslatma: QBES qorin bo'shlig'idagi erkin suyuqlik.

Ikkala bemor bola ham tuzalib, shifoxonadan chiqarildi.

Shunday qilib, qorin palpatsiyasida og'riq bilan kasalxonaga yotqizilgan 8 nafar bemordan ikkitasi (25%) laparotomiyani talab qildi. Shu bilan birga, o'rtacha va sezilarli darajada QBES va qorin palpatsiyasida og'riq bo'lgan 4 nafar bemorning 2 nafari (50%) laparotomiyani talab qildi. Shuni ta'kidlash kerakki, ushbu bemorlarda QBES bir nechta bo'shliqlarda topilgan. Laparotomiyaga muhtoj bo'lgan ikkala bolada ham kichik chanoq bo'shlig'idagi suyuqlikdan tashqari qorin bo'shlig'ining o'ng lateral kanalida QBES to'planishi ham muhimdir. Tadqiqot ishtirokchilarining qolgan qismi laparotomiyaga muhtoj bo'lmagan.

Shifoxonada eng uzoq muddat laparotomiya qilingan (o'rtacha 12 kun) o'rtacha va sezilarli miqdorda QBES bo'lgan bolalar guruhida qayd etilgan; bir oz kamroq shifoxonada operatsiya o'tkazmagan ushbu guruhdagi yana ikkita bemor (o'rtacha 7 kun). QBES ning ahamiyatsiz to'planishi bo'lgan bemorlarni statsionar davolashning o'rtacha davomiyligi qorin og'rig'i bo'lgan kichik guruhda 4,4 kun va qorin og'rig'i bo'lmagan kichik guruhda 3,6 kunni tashkil etdi.

Muhokama. Yuqori aniqlikdagi ko'p qismli KT paydo bo'lishi qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bemorlarni tashxislash va davolashda katta o'zgarishlar olib keldi. KT tekshiruv shifokorlarning bolalarda qorin bo'shlig'ining to'mtoq shikastlanishi haqidagi fikrini o'zgartirishda hamda keraksiz bo'lgan operativ aralashuvlarni oldini olishda muhim ro'l o'ynadi [5]. Biroq, bu usul o'sib borayotgan bolalar organizimiga radiatsiya ta'siri va yuqori narx kabi muhim kamchiliklarga ega, bu ayniqsa noto'g'ri ishlatilganda muhimdir [6]. Bundan tashqari, KT tekshiruv ko'pincha qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bemorlarda ortiqcha tashxis qo'yish va natijada ortiqcha davolanishga olib keladi [7]. Tadqiqot natijasi shuni ko'rsatadiki, qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bolalarning 24% (n = 26) QBESga ega, ammo ulardan faqat 7,7% jarrohlik davolashni talab qilgan, 92,3% uchun konservativ davo yetarli bo'lgan. Adabiyot ma'lumotlariga ko'ra, QBES to'planish chastotasi o'zgarishi mumkin [3, 8]. Qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bemorlarda QBESning bir nechta mumkin bo'lgan manbalari mavjud. Parenximatoz va ichki kovak organlarning aniq shikastlanishi holatlariga qo'shimcha ravishda, QBES intraparenximal kontuziya (organ kapsulasini buzmasdan, lekin suyuqlik chiqishi bilan birga), parenximal organning engil shikastlanishi (KTda tasvirlanmagan) natijasida to'planishi), gemodinamik barqarorlikni faol tiklash intraperitoneal va retroperitoneal suyuqlikning ekstravazatsiyasiga olib kelishi mumkin bo'lsa, tos suyagi sinishi yoki gipovolemik shokka sabab bo'lishi mumkin. Og'iz orqali kontrast bilan tekshirilgan bemorlarda ichak qovuzloqlarining xira bo'lmagan joylari QBES deb noto'g'ri tashxis qo'yilishi mumkin [8-10].

Parenximatoz organlarning shikastlanishi bo'lmasa, to'mtoq shikastlanishning aniq belgilari qorin bo'shlig'i va tutqich tomirlarining shikastlanishi (qorin bo'shlig'ida erkin gaz, ichak devorining qalinlashishi, tutqichning buralishi kabi), boshqa belgilarga alohida e'tibor berish kerak. Ichak qovuzloqlari o'rtasida QBES mavjudligi parenximatoz organlarning, ichki a'zolarining shikastlanishini emas, balki to'mtoq shikastlanish yoki tutqich tomirlarining shikastlanishini ko'rsatadi. Bunday holda, QBES tutqich va ichak burmalari orasidagi ko'p burchak shakllanishi sifatida ko'rinadi [11].

Bunday jarohatlarning nisbatan kam tarqalganligiga qaramay, kech tashxis qo'yish va kovak a'zolarga shikast yetkazmaslik jiddiy muammo bo'lib, o'lim hafini oshishuga sabab bo'ladi. Tadqiqotda QBES bilan og'rigan bemorlarda kovak organlar shikastlanishining tarqalishi 7,7% ni tashkil etdi. Shunga o'xshash tadqiqotlarda qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bolalarda kovak organlarning shikastlanishi va QBES mavjudligi 9% dan 66% gacha [3, 10, 12].

Tadqiqotda QBESning to'planish darajasi tekshiruv va davolanish vaqtida ichki organlarning shikastlanishini aniqlash ehtimoli bilan bog'liq ko'rinadi. O'rtacha va sezilarli miqdordagi QBESga ega bo'lgan guruhlardagi bolalarning yarmida keyinchalik jarohati borligi aniqlandi, kichik miqdordagi QBES bo'lgan bolalar esa qo'shimcha tekshiruvni talab qilmadi. Ba'zi tadqiqotlar shuni ko'rsatdiki, QBESning o'rtacha va sezilarli darajada to'planishi bo'lgan bemorlarda qorin bo'shlig'i shikastlanishi ko'proq aniqlanadi [3, 4, 13]. Qorin og'rig'i bilan kasalxonaga yotqizilgan 8 nafar bemorning ikkitasi (25%) oxir-oqibat laparotomiyani talab qildi.

Darhaqiqat, qayta tekshiruvda og'riq kuchaygan ($n = 2$) barcha bolalarni tekshirish kerak edi. Shunday qilib, shifoxonaga yotqizilgan barcha bolalarga qorin bo'shlig'ini qayta tekshirish tavsiya etiladi. Pediatriya amaliyotida qorin bo'shlig'i shikastlanishini tekshirish ko'pincha qo'zg'aluvchan yoki noadekvat holatda bolani tekshirish zarurati bilan murakkab bo'lgan bosh miyya jarohati tufayli yetarli emas. Shuning uchun bu holatda tekshiruv natijalari ehtiyotkorlik bilan baholanishi kerak va bolani qo'shimcha tekshiruvga yuborish to'g'risidagi qaror nafaqat KT natijalariga, balki klinik ko'rinishning xususiyatlariga ham asoslanishi kerak. Qorin palpatsiyasida og'riqlar va KTda QBES mavjudligi bilan og'riqan bemorlarni qayta tekshirish kerak. Ba'zi ixtisoslashtirilgan bolalar travma markazlari normal kompyuter tomografiyasi natijalari bilan shikastlangan bolalarni shifoxonaga yotqizish imkonini beradi [14-16]. Kichik miqdordagi QBES bilan og'riqan bemorlar faqat konservativ davo oldilar; ularning hech biri jarrohlik amaliyotini talab qilmadi.

Shu bilan birga, ushbu guruhda 10 ta qon quyish amalga oshirildi ($n = 22$). Avvalgi vaqtlarda, qon quyish soni parenximatoz organlarning to'mtoq jarohati bo'lgan bemorlarning o'lim darajasi va kasalxonada qolish muddatining mustaqil ko'rsatkichi ekanligi aniqlangan edi [17]. Statsionar davolanishning eng uzoq davomiyligi laparotomiyadan o'tgan bolalarda, eng qisqasi esa kichik miqdordagi QBES bo'lgan bolalarda qayd etilgan.

Xulosa. Qorin bo'shlig'ining to'mtoq shikastlanishi bo'lgan bolalarda kovak organlarning shikastlanishi kam uchradi. KT tekshiruvda oz miqdordagi QBESning aniqlanishi qorinning to'mtoq shikastlanishi bo'lgan bolalarni davolashda optimal deb hisoblangan terapevtik yondashuvni o'zgartirish uchun sabab bo'lmasligi kerak. Shu bilan birga, QBESning o'rtacha yoki sezilarli darajada to'planishi bo'lgan bemorlar ichki organlarning mumkin bo'lgan shikastlanishini o'tkazib yubormaslik uchun qorin bo'shlig'ini qo'shimcha tekshirishni (klinik va instrumental) o'z ichiga olishiga alohida e'tibor talab qiladi.

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