2017 to June 2020, 458 patients with acute pancreatitis were treated at the clinic. Pancreatic necrosis was diagnosed in 30 people (6.6%). Out of 30 patients with pancreatic necrosis, death was observed in 6 patients (20%). Of these, only 1 person died of pancreatogenic shock in the enzymatic phase of the disease. In other cases, death occurred as a result of purulent intoxication in the phase of septic sequestration. In total, purulent complications were observed in 24 patients. Mortality in case of purulent complications of pancreatic necrosis was 20.8%. In 6 people, septic sequestration was accompanied by destruction of the colon, in 4 of them with arrosive bleeding. An unfavorable combination of sepsis, destruction of the colon, arrosive about bleeding and alimentarywasting was accompanied by a mortality rate of 99%. For the timely diagnosis of purulent complications of acute pancreatitis, along with laboratory tests, dynamic ultrasound examination and magnetic resonance imaging, precision endoscopic thermometry was used with the Greisinger GMH 3700 device (Germany). For this purpose, the sensor of the device was introduced through the biopsy channel of the gastroscope. Thermometry was performed when the measuring head of the sensor was in contact with the posterior wall of the stomach. Measurement time 30 seconds. The presence of local hyperthermia was considered justified when the difference with axillary temperature was more than 0.5 degrees.

Results. Despite the success of the treatment of the enzymatic phase of acute pancreatitis, it cannot be completely prevented its further course with the development of the phaseseptic sequestration. The most important factor determining the prognosis of the course of the disease is the timely diagnosis of purulent complications with possibly early and radical surgical treatment. The addition of destruction of the colon or duodenum, arrosive bleeding, alimentary exhaustion makes the surgical situation unmanageable. In 6 patients, the operation was performed with a delay with severe complications, which was accompanied by a mortality rate of 99%. Etc and this mistakes aside Overdiagnosis of purulent-necrotic pancreatitis was not allowed in any patient. All this testifies to the insufficient persistence of surgeons in determining the indications for surgical treatment of purulent complications of pancreatic necrosis. In 18 patients with infected pancreatic necrosis, the development of purulent complications was observed within 1421 days from the onset of the disease. In 6 patients, purulent complications were recorded earlier. Ultrasound examination did not allow to recognize purulent complications of pancreatic necrosis in any case. Magnetic resonance imaging did not make it possible to fully diagnose retroperitoneal phlegmon in 8 out of 24 patients, although its indirect signs were established during retrospective image analysis. Endoscopic thermometry showed isolated hyperthermia of the posterior gastric wall in 22 of 24 patients. It should also be noted that local hyperthermia was registered in 890 out of 30 patients without purulent complications. Consequently, the sensitivity of endoscopic precision thermometry for the diagnosis of its purulent complications was 91.6%; specificity - 73.3%.

Conclusions. Despite the severity of the clinical course of infected pancreatic necrosis, timely diagnosis of purulent complications with immediate operation can optimize treatment **Results.** Along with ultrasound and magnetic resonance imaging, endoscopic precision thermometry of the posterior wall of the stomach can be used to diagnose abscesses in pancreatic necrosis. A delay in surgical treatment with the appearance of destruction of the colon, arrosive bleeding, sepsis significantly worsens the results of treatment.

OBJECTIVE ASSESSMENT OF POSTOPERATIVE RESULTS IN PATIENTS WITH CHRONIC PANCREATITIS

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Introduction. Patients with complicated forms of chronic pancreatitis (CP) require surgical intervention. One of the proven objective methods for assessing the results of surgical treatment is the assessment of the quality of life (QOL).

Materials and methods. An analysis of the QoL was carried out in 31 patients operated on for a complicated course of CP. Most of the patients were males - 21 patients. The average age was 49 (44; 53) years. BMI 22.4 (20.4; 24). All patients underwent partial resection of the pancreatic head with longitudinal pancreatojejunostomy. QL was assessed using general questionnaires QLQ EORTS C30, SF 36, VASh. Patients were questioned more than 6 months after the operation. The median follow-up was 11.5 months. The data were statistically processed using nonparametric methods. Quantitative data are presented as a median with an indication of the interquartile range. Differences between quantitative characteristics were determined using the Mann-Whitney test.

Results. The integral indicator of general QOL (in accordance with QLQ C30) increased from 29.17 (0; 50.0) units to 75.0 (54.2; 83.3). The level of physical condition of patients (in accordance with SF 36) before surgery was 30.5 (24.8; 37.5) points, after surgery - 50.8 (46.7; 56.5) points. Psychological status before surgery 30.2 (26.7; 36.4), after surgery - 53.8 (48.7; 57.3). The pain level according to the VAS before surgery was 8 (8; 10) points, after surgery - 3 (2; 5) points. The revealed differences before and after surgery are statistically significant.

Conclusions. Partial resection of the head of the pancreas with longitudinal pancreatojejunostomy contributes to a significant reduction in pain and improvement of QoL. However, it is necessary to continue monitoring this group of patients in order to identify possible recurrence of CP symptoms.