

THE PROGNOSTIC VALUE OF PLAIN ABDOMINAL RADIOGRAPHY IN THE DIAGNOSIS OF ACUTE LARGE BOWEL OBSTRUCTION

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An evaluation of plain abdominal radiography's in diagnosis of larger bowel obstruction was performed. The radiography criteria of effectiveness of bowel decompression have been established.

[Key words: radiography of abdominal cavity, large bowel obstruction]

MOLECULAR-GENETIC INVESTIGATION OF HEREDITARY PREDISPOSITION TO DIFFERENT FORMS OF LARGE INTESTINE'S POLYPOSIS

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Familial Adenomatous Polyposis (FAP) is an important inherited CRC syndrome. It is caused by a germline mutation in the adenomatous polyposis coli (APC) gene and it is most often inherited in an autosomal dominant manner. Inherited mutations in MYH gene can also provide these diseases. Biallelic MYH mutations are the genetic reason of an autosomal recessive mode of inheritance but we also observed risk of developing FAP in monoallelic MYH gene mutation carriers of some populations. The object of our research is to investigate germline mutation in specific gene-suppressor APC and MYH genes as well. We study DNA of 15 patients with polyposis and found 4 mutations in APC and 2 in MYH genes. Three of these six mutations have been found for the first time. Most (5 of 6) of these mutations have been found in classic form FAP patient, but the one MYH mutation has been found at attenuated forms in one patient.

[Key words: Familial Adenomatous Polyposis, mutations, gene-suppressors]

THE PROGRAM OF PERIOPERATIVE MANAGEMENT OF PATIENTS AFTER ELECTIVE COLORECTAL SURGERY

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AIM: to compare the course of early postoperative period in patients managed conventionally or in accordance to fast track protocol.

PATIENTS AND METHODS: 298 patients after elective major colorectal surgery were randomized to conventional group (98 patients had a traditional perioperative therapy) and multimodal group (200 patients were managed with application of elements of Fast Track protocol). The following data were analyzed: complications rate, the time of patient's mobilization, time of the drainages and catheters removal, first flatus and defecation, volume of infusion, urine output and postoperative hospital stay.

RESULTS: the groups were similar in terms of age (average age was 63,4 ± 9 years). Septic wound complications and anastomotic leakage rates were the similar in both groups. Paralytic ileus was more common in conventional group. Three patients of conventional group had significant bleeding caused by stress gastric ulceration. First flatus occurred faster in Fast Track group.

CONCLUSION: the application of multimodal optimization program significantly decreased the complications rate and facilitated early hospital discharge.

[Key words: colorectal cancer, fast track protocol]

ABDOMINAL ULTRASOUND IN DIAGNOSTICS OF DIVERTICULAR DISEASE

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Abdominal ultrasound examination was performed in 139 patients affected by diverticular disease. Of them 96 (69.0 %) were operated on for inflammatory complications. Severe clinical manifestation of diverticulosis was detected in 43 (31.0 %) cases. Also, ultrasound examinations of 20 resected specimens were carried out.

Correct diagnosis worked out in 100.0 % cases of chronic diverticulitis; in 87.5 % of chronic inflammatory abdominal mass; in 100.0 % of enteric fistulas; in 100.0 % of sigmoid stenosis. Abdominal ultrasound examination is inaccurate and easily performed diagnostic tool of complicated diverticular disease.

[Key words: diverticulosis, chronic diverticulitis, chronic inflammatory abdominal mass, fistulas, stenosis.]

CONDITION AND PROSPECTS OF PROGRESS OF THE SPECIAL-PURPOSE HELP TO PATIENTS WITH DISEASES OF A COLON IN KRASNOYARSK REGION

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The analysis of a condition of the special-purpose help to patients with colon diseases in Krasnoyarsk region. The organizational-functional model of a regional center of coloproctology is offered.

[Key words: medial care, colon disease, Krasnoyarsk region]

FIRST EXPERIENS OF SILS PORT FOR TRANSANAL SURGERY

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[Key words: SILS port, transanal surgery]

THE METHOD OF FORMING LOOP COLOSTOMY FOR MALIGNANT COLONIC OBSTRUCTION AND IT'S ROLE IN REDUCING OF POSTOPERATIVE COMPLICATIONS

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APPLICATION OF THE NATURAL ORIFICES IN COLORECTAL SURGERY (REVIEW)

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[Key words: laparoscopic procedures, colectomy, specimen extraction, NOTES, transvaginal access, transanal access]

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HIGH INCIDENCE OF HIDDEN MALIGNANCIES IN VILLOUS ADENOMA AS A FACTOR OF CHOICE FOR TRANSANAL ENDOSURGERY

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AIM: transanal endoscopic operations (TEO) is a standard treatment for rectal adenomas. This study presents experience TEO of State Research Center of Coloproctology.

METHODS: only rectal adenomas were chosen for operations. Preoperative work-up included: digital rectal examination, rigid proctoscopy with biopsy, colonoscopy, EUS, pelvic CT (MRI).

RESULTS: sixty-four patients [mean age of $60,5 \pm 11,6$ (35-83) had TEO. The mean size $\pm SD$ of tumors was 3.0 ± 1.1 cm (1.5-8.0). Mean distance from anal verge and dental line was 8.0 ± 1.9 cm (4.0-12.0) and 5.0 ± 2.1 cm (1.5-10.0), respectively. Preoperative biopsy revealed villous adenoma in 64 (100.0 %). The median operating time was 35 (25-160) min. Tumor-free margins were obtained in all operative specimens and in all cases tumors were not fragmented. Morbidity was 4/64 (6.2 %). Pathological investigation revealed: villous adenoma in 41/64 (64.0 %), adenocarcinoma stage Tis, T1 and T2 in 23/64 (36.0 %) cases. Pre-operative biopsy and postoperative pathology did not coincide in 36 % specimen. At median follow-up of 11 (2-16) months one patient with adenocarcinoma T1sm3 had local recurrence.

CONCLUSION: TEO is a feasible method for rectal adenomas and early carcinomas associated with low morbidity. However, discrepancy between preop biopsy, final pathology and stages invasive adenocarcinoma is a serious concern that potentially can impair oncologic outlook.

[Key words: rectal adenoma, rectal adenocarcinoma, transanal endosurgery]

ELECTROSTIMULATION OF OPEN WOUND HEALING IN EXPERIMENT

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An experiment in rodent model was performed with the aim to evaluate parameters of electrostimulation of open wound healing

MATERIAL AND METHODS: electorstimulation was performed using high frequency current produced by electrosurgical device EHVCH-250 «KiK Medimaster».

RESULTS: there was no difference in response of wound induced by high frequency current of 2 or 4 W power. The destructive processes were expressed poorly and the adaptive, compensatory and regeneration reactions appeared at early time. In group which received high frequency current of 6 W, destructive reactions manifested in tissue necrosis.

CONCLUSION: high frequency current of low power (4 W) is theoretically can used as stimulation of metabolic and proliferative processes.

[Key words: stimulation, healing, postoperative wound]

OPTIMIZATION OF PREOPERATIVE CARE IN PATIENTS WITH COMPLICATED COLON CARCINOMAS

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Two hundred and two patients with large bowel obstruction (LBO) caused by cancer were included into study. In accordance to the level of intraabdominal pressure patients with compensated LBO were undergone preoperative decompression, i.e. laser recanalization or insertion of decompression tube through the tumor. Patients with compensated and decompensated LBO were operated on 24 hours. Examination of lactate level in blood demonstrated signs of reperfusion syndrome in patients suffered of prolonged high intraabdominal pressure. Postoperative morbidity in the main group was 16,2 % in control group 20 % ($p < 0,01$). Mortality rate was 8,1 % vs. 14,4 % ($p < 0,01$) respectively. Optimization of surgical management allows to decrease the number of palliative procedures, increase radicalism and improve results of treatment.

[Key words: intraabdominal hypertension, large bowel obstruction, colon cancer, lactate, decompression]

ULTRASONOGRAPHY IN PREOPERATIVE DIAGNOSTICS OF COMPLICATED INTESTINAL CROHN'S DISEASE

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41 patients were included in the study. Ultrasound examination has been performed in B-image using power Doppler. Ultrasound allowed to reveal infiltrates, fistulas and strictures. The accuracy of diagnosis by ultrasonography was 87,8 % for infiltrates, 82,9 % for fistulas, 85,3 % for strictures. Roentgenological exam demonstrated following accuracy: 79,5 %, for infiltrates, 87,2 % for fistula and 82,0 % for strictures. A local narrowing of the lumen of the intestine of different lengths, thickening of the wall, impaired differentiation of the layers or presence of deep ulcers were specific findings for transabdominal ultrasonography.

[Key words: Crohn's Disease, ultrasonography]

ENDOTHELIAL DYSFUNCTION IS A SIGNIFICANT FACTOR IN THE PATHOGENESIS OF HEMORRHOIDS. CURRENT OPTIONS OF PHARMACOLOGICAL CORRECTION

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AIM: to study endothelial dysfunction in term of acute and chronic hemorrhoid pathogenesis and choice of treatment

PATIENTS AND METHODS: 101 patients with hemorrhoid were allocated into three groups: acute hemorrhoid and chronic hemorrhoid treated surgically with postoperative micronized flavonoid fraction (MFF) therapy and group of patients who did not receive MFF after surgery. The evaluation of endothelial dysfunction was performed using standard methods, i.e. investigation of vascular endothelium mobility by direct and indirect methods.

RESULTS: Endothelial dysfunction in hemorrhoid was confirmed by direct methods of assessment. It was also proved by induction of compression, i.e. the physical conditions of endothelium-dependent factor. The most significant changes in endothelial activity observed in

patients with acute form of hemorrhoid. The use of flebotonic agents normalized the functional activity of the endothelium.

CONCLUSION: An active use of pharmacological correction algorithm using flebotonics allows to increase local tissue regeneration and enhance patient recovery.

[Keywords: endothelial dysfunctions, hemorrhoid, micronized flavonoid fraction]

EFFICIENCY OF TIBIAL NEUROMODULATION AT TREATMENT OF DIFFERENT FORMS FAECAL INCONTINENCE

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INTRODUCTION: This study evaluate effectiveness of posterior tibial neuromodulation in treating patients with idiopathic, neurogenic, postpartum or iatrogenic faecal incontinence.

METHODS: Posterior tibial neuromodulation was performed using a needle electrode in 18 patients with different forms of faecal incontinence. Neuromodulation was performed for 30 min, 1-2 times a week.

Course of treatment included 12 sessions of neuromodulation. Faecal incontinence severity, quality of life assessment, anorectal physiological work-up were done before and after treatment.

RESULTS: After course of posterior tibial neuromodulation subjective improvement showed for 14 (77,8 %) from 18 patients. These patients showed improvement in Wexner faecal incontinence score, faecal incontinence quality of life scales. Also were found positive dynamics of several physiological parameters: electrical activity of external anal sphincter, parameters of rectoanal inhibitory reflex and pudendal nerve terminal motor latency.

CONCLUSION: Our experience of using of posterior tibial neuromodulation demonstrated its effectiveness for patients with functional faecal incontinence and for patients with single anatomical defect of anal sphincter less 1/3 of circle. More expressed effect after course of treatment is marked at patients with severe faecal incontinence.

[Key words: Faecal incontinence, posterior tibial neuromodulation]

FIBRIN GLUE AS AN OPTION FOR IMPROVEMENT OF SURGICAL TREATMENT OF FISTULA -IN-ANO

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AIM: to improve results of treatment of fistula-in-ano.

PATIENTS AND METHODS results of treatment of 22 patients with fistula-in-ano were analyzed & Patients with complicated fistulas, i.e. with cavities and abscesses revealed by imaging (contract roentgenography, MRI, ERUS) were excluded. Surgery included closure of internal orifice of fistula by advanced rectal flap, fistula tract curettage and insertion of fibrin glue.

RESULTS in one patient formation of abscess at sight of internal orifice of fistula tract. No recurrence of fistula or anal incontinence developed in all other patients at follow up from 3 to 24 month.

CONCLUSION: complex preoperative work up as well as suggested surgical technique combined with application of fibrin glue allow to improve results of treatment of fistula-in-ano.

[Key words: fistula-in-ano, fibrin glue, advanced rectal flap]

THE USE OF INJECTA BLE GEL FOR FECAL INCONTINENCE IN CHILDREN

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BACKGROUND: low resting anal pressure is one of the cause of organic and neurogenic fecal incontinence in children

AIM: to investigate the ability of bulking agent «DAM+» to increase resting pressure in the anal canal in children with fecal incontinence, and evaluate the results of this treatment.

METHODS: 31 patients with fecal incontinence had undergone 55 procedures of introduction polyacrylamid gel «DAM+» into submucosal layer.

RESULTS: the average resting pressure in the anal canal before operation was 20.98 ± 5.17 cm H₂O, after operation 32.6 ± 6.63 cm H₂O and in long-term period 28.07 ± 6.65 cm H₂O.

CONCLUSION: the clinical efficiency of procedure correlates with values of resting pressure in the anal canal before and after treatment.

[Key words: fecal incontinence, bulking agent, resting anal pressure]

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MRI IS A DIAGNOSTIC TOOL FOR RECTAL CARCINOMA NODAL METASTASES

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AIM to evaluate MRI in detection of lymph node involvement for resectable rectal carcinomas.

MATERIAL AND METHOD: 64 patients operated for rectal carcinomas were divided into 3 groups in accordance to size of perirectal lymph nodes evaluated by preoperative MRI. Group 1 included patients with lymph node < 5 mm, group 2 and 3 incorporated those with lymph node 5-8 mm and > 8 mm respectively. Odd Ratio (OR) of positive lymph node and diagnostic effectiveness of MRI with 95 % CI were studied.

RESULTS: For groups (2+3)/1 OR was 2,1 [CI 0,4-11,6] and for groups 3/(1+2) OR was 5,8 [CI 1,4-25,8]. It suggests significant increase of nodal involvement in Group 3 with sensitiveness of 43 % [CI 29-52 %], specificity of 89 % [CI 78-96 %], positive prognostic value of 75 % [CI 51-91 %] and negative prognostic value of 66 % [CI 58-72 %] for lymph nodes > 8 mm.

CONCLUSION: Presence of lymph nodes with the size of more than 8 mm by data of MRI suggests high risk of metastasis and should be considered as an indication for preoperative radiotherapy.

[Key words: rectal carcinoma, MRI, regional lymphadenopathy]

INFORCEMENT OF SACROCOCYGEAL FASCIA IN THE SURGICAL TREATMENT OF PILONIDAL SINUS DISEASE

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AIM: to improve results of the surgical treatment of pilonidal sinus disease.

MATERIALS AND METHODS: 39 patients with sacrococcygeal pilonidal disease were included into study. They underwent a radical operation of pilonidal sinus with wound defect closure using Donaty adaptive sutures between 2011 to April 2012 at Voronezh Regional Hospital #1.

23 patients had chronic inflammation of pilonidal sinus in the stage of purulent fistula; 6 patients – a recurrent abscess; 3 patients – chronic inflammation in the infiltration stage; 6 patients – an inflammatory remission of pilonidal sinus; 1 patient was admitted by the emergency with acute inflammation in the infiltration stage. The basic group was presented by 18 patients with pilonidal sinus disease. During the excision of their pathologically changed tissues' strengthening of the sacrococcygeal fascia before wound defect closing by oversewing with Donaty adaptive sutures was performed. The control group included 21 patients with pilonidal sinus. Their radical surgical treatment was not

associated with sacrococcygeal fascia strengthening.

RESULTS: the results of the study showed that despite the increase of the operative time (3,5 minutes) the postoperative complication rate is significantly reduced in patients of the basic group (33,3 % against 71,4 %); postoperative hyperthermia and antibacterial therapy duration is also reduced (0,8 days and 7,9 days, respectively). The length of bed regimen in the basic group is shortened up to 2,7 days to compare with the control group in which activation started on the 3,2 day. It allowed to reduce the length of hospital stay in the basic group up to 10,4 days.

CONCLUSIONS: the method of wound defect closing after radical excision of pilonidal sinus with sacrococcygeal fascia strengthening before passing of suture ligatures through it appears to improve the results of the surgical treatment in patients with present pathology.

[Key words: pilonidal sinus, surgical treatment, sacrococcygeal fascia]

UP TO DATE DIAGNOSTIC TOOLS OF BOWEL OBSTRUCTION caused by COLONIC CANCER

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Results of examination and treatment of 140 patients with large bowel obstruction (LBO) caused by colonic cancer are presented in the article.

The most informative diagnostic tools were endoultrasonography, MRI and contract enema. In cases of sub compensated LBO channelization of tumor using colonoscopy is justified. Decompensated LBO is an indication for urgent surgery. Preoperative and intraoperative colonic lavage and suggested colosorption is an effective way to reduce intoxication and inflammation and allows to apply primary anastomosis.

[Key words: large bowel obstruction, colon cancer, diagnosis, decompression]

DIVERTICULAR DISEASE COMPLICATED BY FISTULAS

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Results of examination and treatment of 14 patients with diverticular disease are presented in the article. Fistulas caused by colonic diverticula is just a 0,53 % of all other complications. The most common were sigmoidvesicle fistulas. The most important diagnostic tools were colonoscopy and contrast enema. Surgical treatment included resection of affected colon and organ with closure of defect.

[Key words: diverticular disease, fistulas, diagnostic, surgery]

RESULTS OF CONSERVATIVE TREATMENT FOR THROMBOSED HEMORRHOIDS

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AIM: to improve results of treatment of acute hemorrhoids in outpatient conditions.

PATIENTS AND METHODS: 2256 [male 1124 (49 %)] patients at mean age of $42,3 \pm 5,8$ were treated between 2000 and 2012 at Ulyanovsk outpatient clinic #1 for acute hemorrhoids. In first group patients received conventional treatment while in second suggested method of instillation of drug solutions into rectum were used.

RESULTS: In patients of first group the time of temporary disability was $25,3 \pm 4,3$ days while in second one it was $12,2 \pm 2,3$ ($p < 0,05$).

CONCLUSION: Suggested method is an effective, simple and cheap method of treatment for acute hemorrhoids. It reduce the tome of disability for thrombosed hemorrhoids.

[Key words: thrombosed hemorrhoids, conservative treatment]

SINGLE-INCISION LAPAROSCOPIC SURGERY FOR TWO STAGE TREATMENT OF ULCERATIVE COLITIS

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[Key words: ulcerative colitis, colectomy, ileal pouch, single-incision laparoscopic surgery]

AETIOLOGY AND PATHOGENESIS OF PILONIDAL DISEASE (review article)

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[Key words: pilonidal disease]

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MULTYMODAL TREATMENT OF COLORECTAL CANCER COMPLICATED BY BOWEL OBSTRUCTION

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Results of colonic stent placement for colorectal carcinomas complicated by large bowel obstruction were analyzed. The application of selfexpanding stents allowed to resolve obstruction and can be a bridge procedure to radical surgery. The reduction of hospital stay and elimination of two stage procedure with formation of stoma are cast effective and allow to manage patients in a fast-track recovery way. This approach can be recommended for wide application in surgical practice.

[Key words: colorectal cancer, bowel obstruction, self-expanding stent]

PREPARATION OF RECTAL STUMP AFTER TOTAL COLECTOMY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE FOR RESTORATIVE SURGERY

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The study included 115 patients hospitalized in the Research Center of Coloproctology of the Ministry of Public Health of the Republic Uzbekistan from 2005 to 2013 with severe form of IBD totally affecting bowel. All patients underwent total colectomy with formation of the rectal stump and formation of ileostomy. Patients were divided into 2 groups: study group included 62 patients who received postoperative basic therapy

(sulfasalazine, Salofalk, corticosteroids) and probiotics («Lactobacterin», «Bifidumbacterin», «Colibacterin» and «Bifikol» developed by LLC «Orombiopreparat»); control group included 53 patients who received only the basic therapy. Effectiveness of treatment was classified in three degrees:

1. Good result: disappearance or significant reduction of discharge from rectum (blood, mucus, etc.), complete relief of pain, improvement of general status and endoscopic appearance, quality and quantity of the microbial landscape.
2. Satisfactory result: decrease of discharge, the partial restoration of epithelium, decrease in pain, etc.

3. *Unsatisfactory: no effect.*

Long-term use of probiotics in patients with IBD at pre-and postoperative periods led to a significant clinical and laboratory test improvement and could be recommended also for preparation of rectal stump for reconstructive surgery.

[Key words: IBD, rectal stump, probiotics]

SURGICAL CORRECTION OF RECTOVAGINAL FISTULAS CAUSED BY RADIOTHERAPY FOR CERVICAL CANCER

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Radiotherapy is a treatment of choice for locally advanced cervical cancer. It is used in 40-47 % of cases. Unfortunately, 20-30 % of patients suffer from late recta, vaginal and urinary toxicity. Developing of rectovaginal fistula is the most common complication.

Results of surgical treatment of 51 patients with postirradiation rectovaginal fistula were analyzed. All surgeries were performed between 1996 and 2010 years. Sixty-one surgical colon and rectum procedures were carried out in cases of 51 patients with rectovaginal fistula. Of them 43 definite surgical correction and 8 palliative operations were performed for primary fistula. In 10 cases of recurrent rectovaginal fistulas 7 definite and 3 palliative surgeries has been done.

[Key words: cervical cancer, radiotherapy, rectovaginal fistula]

SPECIAL FEATURES OF BACTERIAL FLORA, ASSOCIATED WITH MALIGNANT COLORECTAL TUMORS

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The AIM of the study is to learn special features of microflora, associated with malignant tumors of colon and rectum. MATERIALS AND

METHODS: 100 patients with various localizations of colorectal cancer were included in the study. During diagnostic flexible colonoscopy the biopsy of healthy mucosa and tumor tissue were performed for microbiological study of the specimens.

RESULTS: It was shown, that specimens from tumors were contaminated with gram- bacteria in 78 % of microbial isolates (potentially pathogenic flora). While normal mucosa biopsies had 72 % of microbial isolates of gram+ bacteria (obligate gut flora). Tumors of colon and rectum are associated with disbalance of microflora: reducing of protective bacteria and increasing of potentially pathogenic flora.

[Key words: colorectal cancer, microflora]

THE ROLE OF INTENSIVE CARE IN IMPROVEMENT OF RESULTS OF SURGICAL TREATMENT OF ULCERATIVE COLITIS

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A complex intensive care program for complicated forms of ulcerative colitis was adopted at SRC of coloproctology and used for treatment of 172 patients between 1990 and 2008. It included infusion, parenteral and enteral feeding through all perioperative period. Suggested program allowed to reduce the volume of infusion and significantly reduce the number of postoperative complications (ileus, infection etc.)

[Key words: ulcerative colitis, complications, homeostasis, intensive care, enteral feeding]

THE SURGICAL TREATMENT ALGORITHM FOR CHRONIC HEMORRHOIDS

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The wide implementation of new treatment methods for chronic hemorrhoids (CH) has been actual for the last decades. Their benefits were ambiguous in patients with different stages of the disease, especially in the remote period.

THE AIM: was to develop the surgical treatment algorithm for patients with chronic hemorrhoids (CH) based on the comparative evaluation of different treatments in a two-year follow-up period.

1030 patients with chronic hemorrhoids (CH): 275 (26,7 %) – with the I stage of CH, 303 (29,4 %) – with the II stage, 310 (30,1 %) – with the III and 142 (13,8 %) – with the IV stage were included into the prospective study in a period of 2001-2010.

The infrared photocoagulation (IRPC) method, the Latex rings, transanal hemorrhoidal dearterialization (THD), Longo hemorrhoidectomy procedure and Milligan-Morgan hemorrhoidectomy were used for patients with CH.

The treatment results were estimated in a postoperative two-year follow-up period.

The new surgical treatment algorithm for CH was developed the surgery priority ranks were determined depending on the CH stage.

[Key words: chronic hemorrhoids, surgical treatment, long-term results]

THE EXPERIENCE OF ANAL PLUGS PERISTEENCOLOPLAST APPLICATION IN PATIENTS WITH ANAL INCONTINENCE

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[Key words: anal incontinence, anal plug]

SUCCESSFUL MULTIVISCERAL SURGERY (COLON, STOMACH, LIVER AND LEFT ADRENAL) OF METHACHRONE MULTIFOCAL CARCINOID AND CARCINOMA OF TRANSVERSUM COLON

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[Key words: multivisceral resection, carcinoid]

SURGICAL TREATMENT OF RECTAL PROLAPSE (review article)

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[Key words: rectal prolapse, rectopexy]