ON THE PROBLEM OF DIAGNOSIS AND TREATMENT OF ACUTE "CATARHAL" APPENDICITIS

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Relevance: Despite the progress in urgent abdominal surgery based on the introduction of new advances in medical technology and, as a result, the development of non-invasive and minimally invasive diagnostic and treatment technologies, the problem of diagnosis and treatment of acute appendicitis, in particular the "catarrhal" form remains relevant and is actively discussed in the periodical literature. This fact is associated with the incidence rate, which is 22.8 per 10,000 population, and appendectomies account for about 40% of all operated urgent patients, and it should be noted that 4-42% of patients have complicated appendicitis. Every year in the world from 50 to 70 thousand people die from acute appendicitis and its complications. In addition, according to the chief surgeon of the Ministry of Health of Russia A.Sh. Revishvili, in the Russian Federation, 148,763 patients diagnosed with Acute appendicitis were treated in 2022, and surgical activity in 2020 amounted to 98.1%, mortality – 0.17%, then all these data together emphasize the urgency of the problem.

The aim is to identify the effectiveness of these techniques in the diagnosis and treatment of pathomorphological forms of acute appendicitis, especially "catarrhal" appendicitis, based on the clinical analysis of our own material and the results of non-invasive and minimally invasive methods of diagnosis and treatment of acute appendicitis and its complications.

Materials and methods: The study is based on the analysis of observations of 128 patients with acute appendicitis who underwent appendectomy using

endovideolaparoscopic technique.The age of the patients ranged from 16 to 64 years. Men – 71 (55.5%), women – 57 (44.5%). All patients underwent a comprehensive examination, while the basic ones were anamnesis collection, clinical and laboratory examination, ultrasound examination of the abdominal cavity, diagnostic laparoscopy (DL). Ultrasound examination of the abdominal cavity was performed using a SonoScape – P20 scanner manufactured in Germany. According to the indications, multispiral computed tomography (MSCT). This study was performed on a CT scanner manufactured in the USA, General Electric, model 2022. Diagnostic laparoscopy and surgical interventions were performed with an endovideolaparoscopic complex from COMEG, manufactured in Japan, and a set of tools from KarlStorz, manufactured in Germany. Histological examination was carried out on the basis of the diagnostic center "Attasami Diagnostic Services", Tripoli, Libya. Statistical processing of the material included the calculation of extensive indicators. The diagnosis of acute appendicitis was made on the basis of a set of data obtained.Additionally, 24 patients with a separate abdominal pathology were examined. Surgical correction, which is possible using endovideolapar access, to assess the non-inflamed appendix (according to ultrasound and endovideolaparoscopy).

Results: Of the 128 patients, 22 (17.2%) were diagnosed with catarrhal form, 89 (69.5%) patients with phlegmonous form, and 17 (13.3%) with gangrenous form. The analysis of the clinical material showed that in the group of patients diagnosed with acute "catarrhal" appendicitis, the variability of clinical symptoms made clinical diagnosis difficult.The results of the use of non-invasive and minimally invasive diagnostic methods showed that the sensitivity of ultrasound examination in acute appendicitis was 87.6%, there are certain difficulties in diagnosing the "catarrhal" form of acute appendicitis. The accurate diagnosis of this method is directly proportional to the destructive changes in the appendix. In 123 patients at the stage of diagnostic laparoscopy, the diagnosis was not in doubt, that is, the diagnostic accuracy of endovideolaparoscopy in acute appendicitis was 96%. In the postoperative period,

patients received non-narcotic analgesics, antibiotic therapy, early activation, and were discharged on 4-5-6 days, depending on their general condition. In the early postoperative period, suppuration of the umbilical trocar injection site occurred in 6 (4.7%) patients.

Conclusions: Endovideolaparoscopy is effective and definitive in the diagnosis of the "catarrhal" form of acute appendicitis. The use of endovideolaparoscopy in the complex diagnosis of acute appendicitis will allow, upon confirmation of the diagnosis, to transfer diagnostic endovideolaparoscopy to the therapeutic category, which allows optimizing the diagnosis of acute appendicitis and its pathomorphological forms, and shortening the preoperative diagnostic period. It is fundamentally important that it is possible to simultaneously solve the problem of both diagnosis and treatment, in particular acute "catarrhal" appendicitis. The clinical manifestations of acute appendicitis, together with the results of diagnostic methods, determine the vector of the direction of the patient's management and treatment tactics.