SOME FEATURES OF TREATMENT OF DIAPHRAGM HERNIAS WITH THE USE OF LAPAROSCOPIC ANTI-REFLUX METHODS

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https://doi.org/10.5281/zenodo.11147672

Abstract: Large centrally located cysts and massive cystic lesions can lead to compression of the vascular-secretory elements of the liver with the development of symptoms of obstructive jaundice and portal hypertension. There is no consensus on the origin of non-parasitic liver cysts. Some authors are of the opinion that cysts form as a result of inflammatory hyperplasia of the biliary tract during embryogenesis and their subsequent obstruction.

Keywords: hepatocytes, zoonotic foci, echinococcus, liver.

НЕКОТОРЫЕ ОСОБЕННОСТИ ЛЕЧЕНИЯ ГРЫЖ ДИАФРАГМЫ С ПРИМЕНЕНИЕМ ЛАПАРОСКОПИЧЕСКИХ АНТИРЕФЛЮКСНЫХ МЕТОДОВ

Аннотация: Крупные центрально расположенные кисты и массивные кистозные поражения могут привести к сдавлению сосудисто-секреторных элементов печени с развитием симптомов механической желтухи и портальной гипертензии. Единого мнения о происхождении непаразитарных кист печени нет. Некоторые авторы придерживаются мнения, что кисты образуются в результате воспалительной гиперплазии желчевыводящих путей в период эмбриогенеза и последующей их обструкции.

Ключевые слова: гепатоциты, зоонозные очаги, эхинококк, печень.

INTRODUCTION

Diaphragmatic hernias, characterized by the protrusion of abdominal contents into the thoracic cavity through a defect in the diaphragm, pose a complex clinical challenge requiring surgical intervention. Among the various types of diaphragmatic hernias, those associated with gastroesophageal reflux disease (GERD) present additional therapeutic considerations. Laparoscopic anti-reflux methods have emerged as a promising approach for the treatment of diaphragmatic hernias, offering advantages such as reduced postoperative pain, shorter hospital stays, and faster recovery compared to traditional open techniques.

This review aims to explore the features and outcomes of laparoscopic anti-reflux methods in the treatment of diaphragmatic hernias, with a focus on addressing GERD-related symptoms and preventing hernia recurrence. By examining the current literature and clinical experiences, this study seeks to elucidate the effectiveness, safety, and comparative advantages of laparoscopic anti-reflux procedures in this patient population.

Understanding the nuances of laparoscopic anti-reflux techniques in the context of diaphragmatic hernia management is crucial for optimizing patient outcomes and advancing the field of minimally invasive surgery. Therefore, this review aims to provide insights into the evolving landscape of surgical strategies for diaphragmatic hernias, highlighting the role of laparoscopic anti-reflux methods in achieving favorable treatment outcomes.

The implementation of the most atraumatic antireflux interventions for the correction of HHH is currently considered the most adequate approach in antireflux surgery. Despite the presence of certain disadvantages. According to a number of literary sources, the most common

antireflux operations are various types of fundoplications, performed both from the traditional and from the laparoscopic approaches.

Purpose of work. To evaluate the effectiveness of using various methods of fundoplications when performing laparoscopic antireflux corrections.

MATERIAL AND METHODS

During the period from 2010 to 2020, we performed 87 laparoscopic antireflux operations. The structure of surgical corrections is presented as follows: 43 (49%) patients underwent Nisson LF, in 44 (51%) bilateral Toupe LF. All patients in the preoperative period underwent compulsory examination, including: ultrasound examination of the OBP, FEGDS with biopsy of the esophageal mucosa, X-ray examination of the esophagus and stomach, daily pH monitoring. All operations were performed by one surgical team.

RESULTS

The average time of surgical intervention currently does not exceed 40 minutes. There were several intraoperative complications: in the 1st case, there was damage to the spleen capsule, stopped by hemostatics and coagulation. In 23% of cases (21 operations), simultaneous surgical interventions were performed on the organs of the abdominal cavity and small pelvis about ZhKB,gynecological and urological diseases. In the early postoperative period, early postoperative dysphagia was detected in 20% of cases (10 patients) who underwent Nisson LF and in 11% of cases (21 patients) after Toupe LF. There were no open conversion conversions.

Findings. Patients for surgery are selected only for strict indications (pronounced clinical picture, presence of esophagitis and lack of effect from conservative therapy). Both laparoscopic Toupe t surgery and Nissen fundoplication allow adequate and effective antireflux correction of the hiatal hernia, which significantly improves the quality of life of patients in the postoperative period.

CONCLUSION

Laparoscopic anti-reflux methods have demonstrated significant utility in the treatment of diaphragmatic hernias, particularly those complicated by gastroesophageal reflux disease (GERD). The adoption of minimally invasive techniques in this context offers several notable advantages, including reduced morbidity, shorter hospital stays, and improved patient satisfaction compared to traditional open approaches.

Through the synthesis of current literature and clinical experiences, it is evident that laparoscopic anti-reflux procedures effectively address both the anatomical defect of the diaphragmatic hernia and the underlying GERD pathology. By providing durable repair of the hernia defect and restoring the integrity of the gastroesophageal junction, these methods contribute to symptom resolution and prevent hernia recurrence.

Furthermore, the minimally invasive nature of laparoscopic surgery minimizes surgical trauma, resulting in faster postoperative recovery and earlier return to normal activities for patients. This not only enhances patient quality of life but also reduces healthcare costs associated with prolonged hospitalization and convalescence.

However, it is essential to acknowledge that the success of laparoscopic anti-reflux methods in treating diaphragmatic hernias depends on careful patient selection, surgical expertise, and postoperative management. Complications such as paraesophageal hernia recurrence or persistent reflux symptoms may necessitate further intervention or long-term medical therapy.

In conclusion, laparoscopic anti-reflux methods represent a valuable therapeutic option for diaphragmatic hernias, offering effective symptom relief and durable hernia repair with the

advantages of minimally invasive surgery. Continued research and refinement of surgical techniques, coupled with comprehensive patient care, will further enhance the outcomes and broaden the applicability of laparoscopic anti-reflux methods in the treatment of diaphragmatic hernias.

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