

УДК 616.69-008.1

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RISK FACTORS FOR THE DEVELOPMENT OF LATE COMPLICATIONS AFTER OPEN ADENOMECTOMY

Resume: Benign prostatic hyperplasia (BPH) is a disease whose occurrence is associated with the proliferation of the periurethral zone of the prostate gland.

The incidence of BPH increases with age: 11.3% in men aged 40-49 years, by the age of 90 it reaches 90% and in almost 40% of cases surgical treatment is required. Surgical intervention is performed in an open way or endoscopically.

Key words: open adenomectomy, risk factors, late complications.

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ФАКТОРЫ РИСКА РАЗВИТИЯ ПОЗДНИХ ОСЛОЖНЕНИЙ ПОСЛЕ ОТКРЫТОЙ АДЕНОМЭКТОМИИ

Резюме: Добропроизводственная гиперплазия предстательной железы (ДГПЖ) – заболевание, возникновение которого связано с разрастанием периуретральной зоны предстательной железы.

Частота возникновения ДГПЖ увеличивается с возрастом: 11,3% у мужчин в возрасте 40-49 лет, к 90 годам жизни она достигает 90% и почти в 40% случаев требуется оперативное лечение. Хирургическое вмешательство осуществляется открытым способом или эндоскопически.

Ключевые слова: открытая аденомэктомия, факторы риска, поздняя осложнения.

Relevance. The presence of benign prostatic hyperplasia (BPH) is one of the most common causes of lower urinary tract symptoms in older men[5]. In turn, infravesical obstruction (IVO), which is defined as obstruction of the neck of the bladder, is most often a consequence of benign prostatic hyperplasia. Conservative treatment of BPH includes the appointment and further administration of α -blockers and 5-areductase inhibitors. However, when drug therapy does not cope with its task, doctors proceed to surgical treatment methods[3].

Currently, there is a wide range of different methods of transurethral surgery and, accordingly, equipment for their performance [1,2]. Transurethral resection of the prostate is not the "newest operation", as it is presented by many domestic urologists, and, returning to the origins of endourology, it is important to note that the first resectoscope and transurethral resection of the prostate gland (TURP) were introduced by Maximilian Stern in 1926. Since then, TURP has proven itself well, although it has undergone various modifications, but despite a decrease in the frequency of treatment compared to other types of treatment (81% in 1999, 39% in 2005), mainly due to effective pharmacotherapy and minimally invasive laser procedures, it still remains the "gold standard" surgical treatment of BPH due to its well-documented and long-term effectiveness [3, 4].

The need for repeated surgery after TURP is about 1-2% per year [5]. According to research data, repeated interventions (repeated TURP, urethrotomy, incision of bladder neck sclerosis) after 1, 5 and 8 years were required in 5.8%, 12.3% and 14.7% of cases, respectively. With an increase in the volume of prostatic hyperplasia, the radicality of resection becomes more

difficult, since more tissue needs to be resected, and this, in turn, increases the risk of repeated surgery.

The purpose of the study. To conduct a comparative analysis of the frequency of complications in the postoperative period in patients after open or endoscopic surgery; to evaluate the effectiveness of the treatment and the risks of complications in patients after open adenomectomy and transurethral resection.

Materials and methods of research. A retrospective analysis of 60 case histories of patients who were treated in the urological department at the ASMI clinic with a diagnosis of BPH in 2019-2022 was carried out.

The results of the study. The number of observations was 241. The type of surgical intervention was chosen for grouping. 2 groups of patients were received: patients who underwent open adenomectomy and patients who underwent transurethral resection. Group 1 consisted of 102 patients. Transurethral resection was performed in 139 patients. According to the presence of urinary retention preceding surgery and the method of its elimination, each group was divided into 3 subgroups (a-patients without prior urinary retention; b-patients with cystostoma; c-patients with a urethral catheter). Acute pyelonephritis or acute epididymitis became the most frequent complications in patients of this sample after surgery. In patients after open adenomectomy, acute pyelonephritis developed from 4.3% to 27.2% of cases (the largest in subgroup 1b); acute epididymitis developed in 5.7%-36.4% cases (more than all in subgroup 1b). In group 2, only acute epididymitis developed - in 9 patients (subgroup 2b-66.7%).

Conclusion. Thus, after analyzing the literature data of PubMed and Embase databases, works were found on the risk factors of postoperative complications (TURP and open adenomectomy).

One of the main factors is undoubtedly concomitant inflammatory diseases of the genitourinary system, which need to be corrected with the help of

antibiotic therapy, but other risk factors deserve no less attention from researchers and the fight against risk factors continues to be an urgent goal not only for researchers, but especially for practitioners.

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