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**OPTIMIZATION OF SURGICAL TACTICS OF COMBINED
MULTIPLE AND COMBINED ABDOMINAL INJURIES IN CHILDREN**

Resume: Injuries rank third in the world among the causes of death, and among young people in the structure of mortality - the first place. The literature data of recent years show that the share of concomitant trauma in the structure of trauma is 30-70%, and in the structure of closed concomitant trauma of the abdominal organs - within 10.2-36.4%.

The combination of abdominal injuries is the most dangerous, since, mutually burdening each other, are accompanied by a large number of complications, a high mortality rate and disability.

Mortality among victims with multiple concomitant trauma of the abdominal organs, according to various sources, reaches 85% and is mainly determined by the severity of anatomical injuries and the volume of blood loss.

Key words: concomitant injury, abdominal cavity, injuries, surgical tactics.

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**ОПТИМИЗАЦИЯ ХИРУРГИЧЕСКОЙ ТАКТИКИ СОЧЕТАННЫХ
МНОЖЕСТВЕННЫХ И СОЧЕТАННЫХ ПОВРЕЖДЕНИЯХ
ОРГАНОВ БРЮШНОЙ ПОЛОСТИ У ДЕТЕЙ**

Резюме: Травмы занимают третье место в мире среди причин смерти, а у людей молодого возраста в структуре летальности – первое

место. Данные литературы последних лет показывают, что доля сочетанной травмы в структуре травматизации составляет 30-70%, а в структуре закрытой сочетанной травмы органов брюшной полости – в пределах 10,2- 36,4%.

Сочетание абдоминальных травм является наиболее опасным, поскольку, взаимно отягощая друг друга, сопровождаются большим числом осложнений, высоким уровнем летальности и инвалидизации.

Летальность среди пострадавших с множественной сочетанной травмой органов брюшной полости по разным данным, достигает до 85% и, главным образом, определяется тяжестью анатомических повреждений и объемом кровопотери.

Ключевые слова: сочетанная травма, брюшная полость, повреждения, хирургическая тактика.

Relevance. The combination of abdominal injuries with craniocerebral injuries is the most dangerous, since, mutually burdening each other, are accompanied by a large number of complications, high mortality and disability [3,6].

Mortality among victims with closed multiple concomitant trauma of the abdominal organs, according to various sources, reaches 85% and is mainly determined by the severity of anatomical injuries and the volume of blood loss [1,4].

In particular, combined abdominal injuries quickly lead to a serious condition of the injured and cause life-threatening complications. At the same time, patients require immediate adequate surgical intervention as in the abdominal cavity [2,5].

In hospitals, the incidence of diagnostic errors is high and ranges from 20 to 45%, and in severe injuries it increases to 73.1%. At the same time, the number of unjustified laparotomies, in which signs of ongoing bleeding were not

detected, and injuries to the abdominal organs are not life-threatening, is 7 - 28.6%, and in severe concomitant injury increases from 50 to 80% [7].

In addition, in 20 - 25% of cases, abdominal injuries are detected, which could not have been eliminated urgently or did not require surgical intervention at all.

Purpose of the study. Optimization of surgical tactics for multiple concomitant injuries of the abdominal organs.

Materials and research methods. The object of the study was 60 patients with pediatric MCTAO. The subjects of the study were patients with concomitant injuries of the abdominal organs.

Research results. Analysis of the incidence rates of concomitant injuries of the abdominal organs for the period from 2010 to 2020 made it possible to determine that the proportion in the city of Andijan is 0.4 per 1000 population.

S100 and NSE scores are the most effective markers for early diagnosis and prognosis of abdominal injuries. The use of the latter allows for careful differentiation in difficult clinical situations, such as determining the need for CT scanning in case of mild trauma, monitoring patients with MCTAO, predicting the result and monitoring the effectiveness of treatment.

The predictive value of emergency CT and video laparoscopy in concomitant injuries of the abdominal organs is 93.0% and 96.1%, respectively.

The optimal tactics of the medical and diagnostic process for the provision of surgical care to victims with concomitant trauma of the abdominal organs, depending on the area of the dominant and the severity of the condition of the victims, is the use of emergency CT and video laparoscopy.

Multiple concomitant injuries of the abdominal organs due to the paucity of anamnesis, the limitation of clinical research methods and the need to determine the dominant organ, present a significant diagnostic complexity. In this regard, related specialists should be involved in the examination of the patient.

Emergency MSCT is considered the optimal method for diagnosing patients with combined injuries of the abdominal organs, which has significant advantages in practical healthcare.

Video laparoscopy in patients with multiple concomitant injuries of the abdominal organs allows for the prevention of "unnecessary" laparotomies, minimally invasive correction of abdominal injuries and thereby reduce the unsatisfactory results of treatment of this difficult contingent of patients.

Conclusion. Optimization of diagnostics and tactics of surgical treatment of patients with concomitant trauma of the abdominal organs will contribute to early diagnosis and prediction of the outcomes of concomitant trauma of the abdominal organs.

The scheme of diagnostics and treatment of patients with concomitant trauma of the abdominal organs has been improved and implemented, which provides more effective care for patients with multiple concomitant abdominal trauma.

The boundaries of the use of 10 endovideosurgical technologies in the treatment of injuries to the abdominal organs in patients with concomitant trauma of the abdominal organs have been determined.

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