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Laparoskopske i klasične holecistektomije
Laparoscopic and classical cholecystectomies

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Apstrakt

Uvod: Akutni holecistitis je akutno zapaljenje zida žučne kesice praćeno abdominalnim bolom i febrilnošću, u 90% slučajeva udruženo sa bilijarnom kalkulozom (žučni kamenci). Primarni faktor u razvoju akutnog holecistitisa je opstrukcija vrata žučne kesice ili cistikusa impaktiranim kalkulusom. Opstrukcija dovodi do mehaničke prepreke, porasta intraluminalnog pritiska, ishemije zida žučne kesice i staze žuči. Bakterijska infekcija je sekundarna, najčešće gram-negativnim bakterijama porekla iz digestivnog trakta. U manje od 10% bolesnika akutni holecistitis je izazvan drugim uzročnicima – direktna trauma bilijarnog trakta, torzija žučne kesice i uvrtanje vaskularne petlje, posle hirurških zahvata na abdominalnm organima, infekcija Sallmonelom typhi, infekcije u bazenu portne vene, poliarteritis, infestacija askarisom, kompresija ili okluzija cistikusa limfnim čvorovima, edematozni pankreatitis.

Cilj rada: Radom smo obuhvatili kalkuloze žučne kese sa raznim nivoima upale zida žučne kese i uporedili odnos broja klasičnih (CCH) i laparoskopskih holecistektomija (LCH), i utvrdili prednosti LCH u odnosu na CCH.

Materijal i metode rada: Retrospektivno smo obradili period od 2016. do 2019. godine. U tom periodu je 35,74% intervencija urađeno klasičnom metodom (CCH), dok je laparoskopskom metodom (LCH) urađeno 64,74% holecistektomija. Uvidom u histo-patološki nalaz utvrdili smo da je klasičnom metodom operisano više akutnih upala zida žučne kese (52%), nego laparoskopskom metodom (oko 30%). Kod laparoskopske holecistektomije su dominirale hronične upale zida žučne kese. Opšte stanje pacijenta preoperativno smo procenjivali na osnovu ASA-skora od I–IV. Laparoskopskom metodom je operisano 105 pacijenata (15%) ASA-skora III i IV, dok su klasičnom metodom operisana 53 pacijenta (7%) istog ASA-skora. Starosna dob pacijenata se kretala od 16 do 82 godine, gde je kod LCH metode bilo 10 pacijenata, dok je kod CCH bilo samo 4 pacijenta. Svi pacijenti su imali standardne laboratorijske analize, EKG, skopiju ili grafiju pluća.

Rezultati rada: U našoj seriji nismo imali nekih značajnih intraoperativnih komplikacija. Postoperativni dvadesetčetvoročasovni nadzor u Odeljenju intezivne nege sproveden je kod svih operisanih pacijenata klasičnom metodom (100%), dok su pacijenti operisani laparoskopskom metodom zahtevali takav nadzor u samo 7%. Postoperativni oporavak kod CCH je trajao u proseku 7 dana, dok je kod LCH trajao dva dana.

U *zaključku* možemo reći da je LCH metoda u odnosu na CCH metodu mnogo komfornija i mnogo povoljnija kako za pacijenta, tako i za ceo operativni tim.

Abstract

Introduction: Acute cholecystitis is an acute inflammation of the gallbladder wall accompanied by abdominal pain and fever, in 90% of cases associated with biliary calculosis (gallstones). The primary factor in the development of acute cholecystitis is obstruction of the neck of the gallbladder or cystic by impacted calculus. Obstruction leads to a mechanical obstruction, an increase in intraluminal pressure, ischemia of the gallbladder wall and bile duct. Bacterial infection is secondary, most often to gram-negative bacteria originating from the digestive tract. In less than 10% of patients, acute cholecystitis is caused by other causes - direct biliary tract trauma, gallbladder torsion, and vascular loop twisting, after abdominal surgery, Salmonella typhi infection, portal vein pool infections, polyarteritis, ascariasis infection lymph node cystic occlusion, edematous pancreatitis.

Aim of the study: We included gallbladder calculi with different levels of gallbladder wall inflammation and compared the ratio of classical (CCH) and laparoscopic cholecystectomies (LCH), and determined the advantages of LCH over CCH.

Material and methods of work: We retrospectively covered the period from 2016 to 2019. In that period, 35.74% of interventions were performed by the classical method (CCH), while 64.74% of cholecystectomies were performed by the laparoscopic method (LCH). Insight into the histopathological finding revealed that the classical method operated on more acute gallbladder wall inflammations (52%) than the laparoscopic method (about 30%). Laparoscopic cholecystectomy was dominated by chronic inflammation of the gallbladder wall. The general condition of the patient was assessed preoperatively on the basis of ASA scores from I-IV. 105 patients (15%) of ASA-scores III and IV were operated by the laparoscopic method, while 53 patients (7%) of the same ASA-score were operated by the classical method. The age of the patients ranged from 16 to 82 years, where there were 10 patients with the LCH method, while with the CCH there were only 4 patients. All patients had standard laboratory tests, ECG, bronchoscopy or lung graph.

Results: We did not have any significant intraoperative complications in our series. Postoperative twenty-four-hour supervision in the Intensive Care Unit was performed in all operated patients by the classical method (100%), while patients operated by the laparoscopic method required such supervision in only 7%. Postoperative recovery in CCH lasted an average of 7 days, while in LCH it lasted two days.

In *conclusion*, we can say that the LCH method is much more comfortable and much more favorable for the CCH method, both for the patient and for the entire operating team.