

## ANALYSIS OF THE CAUSES OF RELAPAROTOMY FOLLOWING SURGERY FOR GENERALIZED PURULENT PERITONITIS

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**Relevance of the Topic.** Peritonitis is one of the most severe and frequent complications of acute abdominal diseases, occurring in up to 80% of patients with pathologies of the abdominal organs. The mortality rate for diffuse purulent peritonitis is 15-55%, while for generalized peritonitis it is 65-80%. This persistently high mortality rate demonstrates the continued relevance of this disease in the 21st century.

**Objective of the Study:** To identify the most significant complications of acute purulent peritonitis and to evaluate the role of early surgical intervention in preventing secondary complications.

**Materials and Methods.** Over a 5-year period, secondary complications were identified in 107 patients under observation at the surgical department of the Vobkent District Emergency Medical Hospital in the Bukhara region. These patients were divided into four groups:

Complications originating from the abdominal cavity:

1. "Secondary-progressive" generalized peritonitis,
2. Acute adhesive intestinal obstruction,
3. Intestinal eventration,
4. Abdominal abscesses and purulent infiltrates, inter-bowel abscesses and infiltrates, intestinal fistulas, and wound suppuration.

**Results.** The secondary-progressive form of acute diffuse purulent peritonitis was identified in 22 (6.1%) patients, acute cicatricial intestinal obstruction in 18 (5%) patients, suppuration of the anterior abdominal wall in 17 (4.8%) cases, intestinal eventration in 17 (4.8%), intestinal and pelvic abscesses in 9 (2.5%) patients, and acute cholecystitis in 2 (0.6%) patients. A group of patients was observed who developed recurrent purulent peritonitis after surgery. The rapid intensification of the inflammatory process in the first few days after surgery was termed "secondary-progressive peritonitis."

In cases of diffuse purulent peritonitis, the outcomes are not always consistent.

In most patients, the effect after such stimulation is stable and positive, while in others, meteorism persists for a long time, requiring epidural anesthesia, which yields a good effect. Patients with secondary diffuse peritonitis constitute the most severe group and therefore require intensive therapy. Prior to resuscitation measures, and in some cases, repeated surgical intervention and emergency relaparotomy are required. Experience shows that these complications often present significant difficulties not only diagnostically but also tactically. The complex of therapeutic and resuscitation measures for this category of patients consists of the following:

Conducting intensive infusion-transfusion therapy as part of preoperative preparation, which is necessary to improve the functional state of organs and systems and to eliminate intoxication syndrome, yields good results.

**Conclusions.** To prevent secondary complications of purulent peritonitis, the early diagnosis

of the disease and timely intensive therapy and surgical intervention to eliminate the primary source of the developed peritonitis are of great importance.

#### References

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