

THE CORRELATION BETWEEN THE ONSET OF APPENDICULAR PERITONITIS AND THE TIMING OF APPENDECTOMY

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Background Acute appendicitis accounts for 59-79% of surgical diseases, with 8-13% of these cases presenting in complicated forms. The mortality rate in post-appendectomy peritonitis is 8-22.5%. The high mortality rate associated with appendicular peritonitis underscores the urgency of addressing this condition.

Objective: To study the characteristics of the disease progression and improve treatment efficacy in order to prevent the development of appendicular peritonitis.

Materials and Methods A retrospective analysis was conducted on the medical histories of 329 patients who underwent an appendectomy in 2022-2023 at the Bukhara City Medical Association and the Vobkent District Interdistrict Center for Concomitant Injuries and Acute Vascular Diseases.

Results. Patients were divided into the following subgroups based on the time elapsed from the onset of clinical signs of acute appendicitis to the time of appendectomy. Subgroup 1A (n=123) consisted of patients who were hospitalized and underwent an appendectomy within 10 hours of symptom onset. Subgroup 1B (n=175) included cases where patients were hospitalized and underwent an appendectomy within 24 hours of disease onset. Subgroup 1C (n=31) comprised patients who were hospitalized within 72 hours of disease onset and underwent an appendectomy, sanitation of the abdominal cavity, and drainage. To ensure group homogeneity, the study selected patients aged 20 to 65 with no comorbidities. As a result of early presentation, the majority (98.4%) of the 123 patients in subgroup 1A developed localized appendicular peritonitis, while 1.6% developed diffuse peritonitis. Among patients in subgroup 1B, who presented for admission within 24 hours, localized peritonitis was observed in 149 (85.2%), diffuse peritonitis in 24 (13.7%), and generalized peritonitis in 2 (1.7%). The group with the highest incidence of peritonitis consisted of patients who presented 72 hours or more after the onset of pain and



underwent an appendectomy; in this group, localized peritonitis was noted in 15 (48.4%) patients, diffuse peritonitis in 12 (38.7%), and generalized peritonitis in 4 (12.9%).

Conclusions. The data indicates that the development of appendicular peritonitis, in the context of morphological changes in the vermiform appendix, is directly correlated with the time elapsed between the onset of pain in patients and the performance of the appendectomy. In most cases, the progression of appendicular peritonitis is a result of a relatively delayed surgical intervention.

References

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