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MEDICAL SCIENCES AND PUBLIC HEALTH

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ACUTE CHOLECYSTITIS IN ELDERLY AND SENILE PEOPLE

Aim: to analyze the results of surgical treatment of elderly and senile patients in emergency abdominal surgery with acute cholecystitis on the background of gallstone disease.

Materials and methods: analysis of the results of treatment of elderly and senile patients, as urgently hospitalized with a diagnosis of gallstone disease, acute cholecystitis to "City Hospital of Emergency and Ambulance" for 2019, during this period, 206 (100,0 %) people aged 18 to 89 years were hospitalized. The main group consisted of elderly and senile patients (60 - 89 years) - 90 (43,7 %) patients, the comparison group included hospitalized people aged 18 to 59 years - 116 (56,3 %).

Results and discussion: According to the structure of surgical interventions, laparoscopic cholecystectomy with drainage of the abdominal cavity in the main group was performed in 70 (77,8 %) patients, in the comparison group - in 107 (92,2 %), U = 549,5; p = 0,1286. Laparotomy, cholecystectomy and drainage of the abdominal cavity in the main group were performed in 14 (15,5 %), in the comparison group - in 7 (6,1 %) patients, U = 789,0; p = 0,0482. Laparotomy, cholecystectomy with drainage of the choledochus in the main group was performed in 6 (7,6 %) patients, in the comparison group - 2 (1,7 %), U = 755,0; p = 0,0310.

The average duration of surgery and anesthesia in both groups did not differ and amounted to, respectively 60,0 (50,0; 80,0) and 80,00 (70,00; 120,00) minutes.

16 (17,8 %) patients were transferred to the intensive care unit for prolonged artificial lung ventilation in the main group, while 4 (3,4 %) were transferred to the comparison group, U = 83,0; p < 0,0001.

Concomitant pathology in the main group was found in 82 (91,0 %) hospitalized, while in the comparison group - in 38 (32,8 %), U = 762,5; p = 0,0386.

The percentage of postoperative complications in the main group was 18,9 %, while in the comparison group – 7,8 %, U = 691,0; p = 0,0482. The average duration of inpatient treatment of patients in both groups was 10,0 (8,0; 13,0) days.

Postoperative mortality in the main group was 1,1 %, while in the comparison group – 0,0 %, U = 466,00; p = 0,7456.

Conclusions: We believe that the indication for immediate surgery in the first 2 hours after hospitalization of elderly and senile patients is only diffuse peritonitis.

In the first day from the moment of hospitalization, it is possible to carry out surgical intervention in patients with the absence of the expressed accompanying pathology that needs special correction.

The choice of surgical intervention should be laparoscopic cholecystectomy. If there are contraindications to this method, it is necessary to consider additional modifications, such as laparolifting.

Today, the presence and severity of Frailty in elderly and senile patients remains underestimated, which may affect the tactics of perioperative treatment of this age group and the development of a new algorithm.