



STRATEGY OF TREATMENT OF PURULENT-INFLAMMATORY PROCESSES IN RETROPERITONEAL TISSUE IN THE PRESENCE OF DIABETES MELLITUS.

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ABSTRACT

Purulent-inflammatory diseases may develop in the retroperitoneal space, accompanied by purulent-destructive changes and manifested by specific clinical and laboratory symptoms. Among the key factors contributing to their appearance, there are: errors in treatment, missed primary diseases or problems of neighboring organs, as well as incomplete removal of the infection during the primary operation.

Relevance: Purulent-inflammatory diseases may develop in the retroperitoneal space, accompanied by purulent-destructive changes and manifested by specific clinical and laboratory symptoms. Among the key factors contributing to their appearance, there are: errors in treatment, missed primary diseases or problems of neighboring organs, as well as incomplete removal of the infection during the primary operation.

Material and methods: A retrospective analysis of the clinical data of 450 patients who underwent inpatient treatment in the department of purulent surgery of the multidisciplinary clinic of the Tashkent Medical Academy in the period from 2018 to 2023 was conducted, with an emphasis on purulent-inflammatory diseases of the retroperitoneal space. The sample included 115 patients with this pathology. The average age of women was 37.7 years (range 19-84 years), and that of men was 42.5 years (range 28-74 years). 387 (77.7%) patients had a concomitant disease-diabetes mellitus, which required consultation with an endocrinologist and the appointment of appropriate therapy to correct the glycemic profile. To determine the optimal surgical strategy, all patients underwent comprehensive diagnostic tests, including multispiral computed tomography (MSCT), magnetic resonance imaging (MRI), and ultrasound (ultrasound) in addition to standard laboratory tests.

Results: "Most patients underwent revision of the retroperitoneal space with opening and sanation of the purulent-inflammatory focus. Drainage of abscesses and phlegmon, sanation of the lesion site, and local administration of antibiotics were used as minimally invasive methods. The main surgical intervention was autopsy and rehabilitation of the pathological focus, followed by drainage of the retroperitoneal space. All patients with concomitant diabetes mellitus showed signs of inflammation of the parietal fascia of the retroperitoneal space (fasciitis), which led to the need for additional drainage of the subfascial space for isolated sanitation of this area.

Discussion: Features of the course of purulent-inflammatory diseases in patients with diabetes mellitus are manifested in a tendency to latent development. This circumstance

reduces the diagnostic value of standard laboratory parameters in determining surgical tactics. In this regard, an extended preoperative examination is required to make an informed decision about treatment. Detection of limited fluid accumulations in the retroperitoneal region is an indication for surgical intervention. Given the specifics of the clinical picture of purulent processes in this category of patients, it is critically important to comprehensively investigate the complex of factors that affect the long-term results of treatment in the postoperative period.

Conclusions: Considering that purulent-inflammatory pathologies of retroperitoneal areas that develop in diabetes mellitus mainly manifest themselves in a latent form, and the results of laboratory studies cannot be considered as an exhaustive criterion for prescribing surgical treatment.

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