

GALLBLADDER EMPYEMA

Dziashuk A.N., Garelik P.V., Dovnar I.S., Yogarathnam L.
Grodno State Medical University

Relevance. Gallstone disease (GSD) accounts for up to 60% of all hepatobiliary diseases today, and is the main cause of mortality in 8% of patients [1, 2]. GSD and its numerous complications, one of which is acute cholecystitis (AC), remain among the most common pathological conditions, both therapeutic and surgical profiles. Among the complications of AC, empyema of the GB is quite common (up to 15% of cases) [1].

Research objectives. Retrospective analysis of the results of diagnosis and treatment of chronic empyema of the gallbladder over the past 5 years (2020–2024) outlining the options for surgical tactics in this category of patients.

Research methods. Over the past 5 years (2020–2024), 1063 patients were operated on for gallstone disease in the General Surgery clinic at the Grodno City Clinical Hospital №4. 839 (78,9%) patients from 1063 had chronic calculous cholecystitis, and another 224 (21,1%) had a clinical picture of acute calculous cholecystitis. A more thorough analysis was made of the diagnostic and treatment results of 81 patients (7,6%) who underwent elective surgery for chronic calculous cholecystitis, and intraoperative laparoscopic changes in the abdominal cavity were characteristic of chronic empyema of the gallbladder. There were 29 men (35,8%) and 52 women (64,2%) aged 31 to 79 years.

Results and its discussion. All patients underwent surgical treatment using laparoscopic access: it was found that in 15 (18,5%) patients the gallbladder was in a loose infiltrate, in 43 (53,0%) patients there were some degree of adhesion of the omentum with the gallbladder. In 1/3 of patients the gallbladder was enlarged, its wall was edematous, infiltrated, thickened. In the remaining patients the gallbladder was of normal size, and in some of them it was small, like a wrinkled one, and it was technically more difficult to remove it than an enlarged one. Problems with differentiation of tubular structures forced us to switch to CEC from the bottom in 13 cases. Severe sclerosis of the bladder wall (1 patient) or, conversely, its destruction (1 patient) were indications for performing surgery in the volume of gallbladder resection by Pribram. Even the extensive experience of the operating surgeon does not exclude conversion and switching to an open version of the surgery, which we did in 5 cases (6,1%). The postoperative period in all patients was uneventful and there were no differences compared to other patients.

Conclusions. Chronic empyema of the gallbladder is quite common (up to 13% of all operations for cholecystitis), in almost 80% of cases – after an attack of acute cholecystitis or hepatic colic. Characteristic clinical manifestations of chronic empyema of the gallbladder have not been identified: laboratory test data and ultrasound also do not allow us to suspect this complication. Chronic empyema of the gallbladder should be expected after a recent (1–2 months) attack of acute cholecystitis.

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GENDER DIFFERENCES IN PATIENTS WITH CHRONIC HEART FAILURE WITH REDUCED VENTRICULAR EJECTION FRACTION

Kolocey L.V., Jayasinghege D.D. Irandi, Mavella K.V. Prasadi

Grodno State Medical University

Relevance. Heart failure (HF) is one of the major health threats to women and men, particularly at old age. HF is classified into HF with reduced ejection fraction (HFrEF) and HF with preserved ejection fraction (HFpEF) [1]. In western populations, HFpEF has a greater prevalence in women and HFrEF in men. However, most HF studies worldwide were conducted on men, and information collected about men with HF cannot be assumed to apply equally to women [2].

Research objective. Aim of study was to evaluate gender differences in patients with chronic heart failure with reduced ventricular ejection fraction

Research methods. The study included 85 patients with HF with reduced LVEF (<50%). Group 1 included 45 (52.9%) male patients, while group 2 consisted of 40 (47.1%) female patients. The inclusion criteria were patients with HFrEF diagnosed based on ESC (2021) guidelines [2], age > 18 years and agreement to participate in the study. The exclusion criteria were patients with congenital heart disease, primary valve disease, massive pericardial effusion, patients with acute coronary syndrome, or who had pacemakers. All patients underwent a comprehensive clinical examination, as well as standard echocardiography. Statistical analysis was performed using the STATISTICA 12.0 software.

Results and its discussion. Male patients were generally younger than females (65 [60; 73] vs 70 [66; 74] years, $p=0.013$). Patients of both groups were comparable in body mass index (30 [25; 33] vs 32 [27; 36], $p=0.503$), and almost a half of patients in each group had obesity (46.6% vs 47.5%, $p=0.939$). Also patients of both groups were comparable in prevalence of coronary artery disease (38 (84.4%) vs 33 (82.5%), $p=0.81$), as well as hypertension (40 (88.9%) vs 31 (77.5%), $p=0.258$) and diabetes mellitus (9 (20%) vs 7 (17.5%), $p=0.58$).

9 (20%) of male patients a history of myocardial infarction (MI) while in female group it was registered in 4 (10%) of patients, $p=0.052$). It should be noted that female patients were more likely to have anemia (11 (27.5%) vs 4 (8.9%), $p=0.025$). 31 (77.5%) of women had atrial fibrillation vs 32 (71.1%) in men ($p=0.503$).