

# MODERN ASPECTS OF GALLBLADDER'S EMPYEMA SURGICAL TREATMENT

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**Introduction.** Empyema of the gallbladder (GB) is the most severe complication of acute cholecystitis (AC) [1, 2]. It is usually the result of the progression of AC in a background of bile stasis and cystic duct obstruction by gallstones [2]. Among the complications of AC, empyema of the GB is quite common (up to 15% of cases) [1].

**Aim of the study.** Analysis of the results of diagnosis and treatment of GB empyema over the past 2 years (2023-2024) outlining the options for surgical tactics in this category of patients.

**Materials and methods.** Over the past 2 years (2023-2024), 427 patients were operated on for gallstone disease in the General Surgery clinic at the Grodno City Clinical Hospital №4. 298 (69,7%) patients from 427 had chronic calculous cholecystitis, and another 129 (30,3%) had a clinical picture of acute calculous cholecystitis. The main surgical operation ("gold standard") was laparoscopic cholecystectomy (LCE), performed in 418 (97,8%) people, open cholecystectomy was performed less often – 9 (2,2%) patients. A more thorough analysis was made of the diagnostic and treatment results of 36 patients (8,4%) 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 15 men (41,6%) and 21 women (58,4%) aged 34 to 77 years.

**Results and discussion.** Patients' complaints before surgery: most of them (29 people, 80,5%) had no problems during the last month, the remaining 7 (19,5%) patients noted a periodic feeling of heaviness in the right hypochondrium. There were not noted no any other characteristic complaints. Body temperature was normal. The majority of patients had attacks of AC (13 people – 36,1%) or hepatic colic (11-30,5%) over the past year, but the remaining 12 (33,4%) had asymptomatic disease. In laboratory parameters (general and biochemical blood tests) no any characteristic changes of the inflammatory process were found, only 3 (8,3%) patients had an increased ESR (more than 19 mm/hour). The results of ultrasound of the hepatobiliary system showed that all patients had no any signs of chronic empyema of the gallbladder, although in 5 (13,8%) people the gallbladder was moderately enlarged in size (100-135 mm), the thickness of it's wall was normal (2-3,5 mm). All patients underwent surgical treatment using laparoscopic access: it was found that in 9 (25%) patients the

gallbladder was in a «loose» infiltrate, in 22 (61,1%) patients there were some degree of adhesion of the omentum with the gallbladder. In 14 (38,8%) patients the gallbladder was enlarged, its wall was edematous, infiltrated and thick. 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 7 (19,4%) cases. 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 3 cases (8,3%). The postoperative period in all patients was uneventful and there were no differences compared to other patients.

**Conclusion.** Gallbladder empyema is quite common (up to 8,4% 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.

#### ЛИТЕРАТУРА

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## EVALUATION OF RENAL FUNCTION IN NEONATES WITH CONGENITAL PNEUMONIA

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**Introduction.** Congenital pneumonia, an inflammatory pulmonary process acquired in utero or during delivery significantly contributes to neonatal morbidity and mortality worldwide. Prematurity and low birth weight are two major risk factors that exacerbate this disease, potentially leading to impaired renal function.

**Aim of the study.** This research paper aims to address the renal involvement in neonates with congenital pneumonia by assessing the kidney function in premature and low birth weight neonates.