

BOLALARDA CHOV VA CHOV-YORG‘OQ CHURRALARINI ENDOVIDEOLAPAROSKOPIK DAVOLASH USULLARI

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Annotatsiya: Maqolada Respublika Bolalar kam invaziv va endovizual xirurgiya ilmiy amaliy markazida 2018 yildan 2021 yillar davomida chov va chov-yorg‘oq churrallari tashxisi bilan 60 nafar bolalar davolanishda bo‘lgan bo‘lib, ularda yangi zamonaviy endovideolaparoskopik usullarda churrallarni bartaraf etish, an’anaviy davolash usuli bilan taqqoslaganda operatsiyaga sarflangan vaqt va churrallarni qaytalanish soni kamligi, zamonaviy endolaparoskopiya texnologiyalarni afzalliklari keng yoritib berilgan.

Kalit so‘zlar: chov churralar, chov-yorg‘oq churrallari, gernioplastika, bolalar, laparoskopiya

METHODS OF ENDOVIDEOLAPAROSCOPIC TREATMENT OF INGUINAL AND INGUINAL HERNIAS IN CHILDREN

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Abstract: In the article, 60 children diagnosed with inguinal and inguinal hernias were treated at the Republic Children’s Scientific Practical Center of Minimally Invasive and Endovisual Surgery from 2018 to 2021. The advantages of modern endolaparoscopy technologies, the time spent on the operation and the number of recurrences of hernias are low compared to the method.

Key words: inguinal hernias, hernioplasty, children, laparoscopy

Muammoning dolzarbligi: Bolalarda uchraydigan tashqi churralarni jarrohlik yordamida davolash muammaosi bugungi kungacha dolzarbligicha qolib, yakuniy echimlaridan yiroqdadir. Bolalarda uchraydigan churralarni davolashda jarrohlik usullarning ko‘pligi (400 dan ortiq) bunga dalil bo‘lib, ularning xech biri bemorni operatsiyadan keyingi davrda churraning qaytalanishini himoya qilmaydi. Turli mualliflarning fikriga ko‘ra, ochiq gernioplastika keyingi asoratlar soni (churra qaytalanishi, jarrohlik yarasining yiringlashi, erkaklik urug‘ yo‘lining shikastlanishi va boshqalar) 5-7% ga, takroriy aralashuvlar esa 30% va undan ko‘pga etadi. Zamonaviy endoskopik texnologiyalar ushbu kasallikning jarrohlik tuzatishida tub o‘zgarishlarga imkon berdi.

Ishning maqsadi: bolalarda uchraydigan churralarni minimal invaziv usullar bilan davolash va o‘z tajribalarini baholashdan iborat.

Material va usullar: Respublika Bolalar kam invaziv va endovizual xirurgiya ilmiy amaliy markazida 2018 yildan 2021 yillar davomida invaginal churralar tashxisi bilan 60 nafar bolalar davolanishda bo‘lishgan.

Jadval №1

ЖИНСИ	yoshi			jami
	1-oylik 1 yosh	1-3 yosh	4-7yosh	
O‘g‘il bolalar	8	24	11	43
Qiz bolalar	3	11	3	17
jami	11	35	14	60

Bemorlarning barchasi rejali ravishda vrach-pediatr, anesteziolog ko‘rigidan so‘ng, umumiy qon, siydik, qon bioximiyasi, qon guruhi, HbSAg to‘liq tekshiruvlardan o‘tkazilganidan so‘ng umumiy og‘riqsizlanitirish ostida jarrohlik amaliyotiga olindi. Jarrohlik amaliyoti «Karl Ztorz» (Germaniya) endoxirurgik texnologiyalardan foydalanilib olib borildi.

NATIJALAR

60 nafar bolalarda 62 operatsiya o‘tkazildi. 43 nafari o‘g‘il bolalar va 17 nafari qiz bolalar. Shulardan 38 (63,3%) o‘ng tomonlama invaginal churra, 20(33,4%) chap tomonlama churra va 2(3,3%) ikki tomonlama churrasi borligi aniqlangan. 35nafari bemor bolalarda endovideolaparoskopik usulda gernioplastika jarrohlik amaliyoti bajarildi. 25nafari esa an’anaviy usulda jarrohlik amaliyoti bajarildi. Endovideolaparoskopik gernioplastika bajarishning o‘rtacha vaqti 26,4-12,0 daqiqani tashkil etsa, an’anaviy ochiq operatsiya esa 31,5-16,6 daqiqani tashkil etdi (R-0.01). Endolaparoskopik davolashdan keyin shifoxonada o‘rtacha davolanish yotig‘i 4,7+1,2, sutkani, ochiq an’anaviy usuldan keyin esa 4,9+1,5 sutkani tashkil etgan. Jarrohlik amaliyotidan keyingi davrda hech qanday holatda asoratlar kuzatilmadi. Faqat 1 nafar ochiq an’anaviy usulda bajarilgan bemorda operatsiyadan keyingi jarohat sohasida qo‘pol kelloqli chandiq kuzatildi, bemorga rejali fizioterpevtik davo muolajalari buyurildi.

XULOSA

Endovideolaparoskopik gernioplastika an’anaviy davolash usuli bilan taqqoslaganda operatsiyaga sarflangan vaqt va residivlar soni kabi mezonlar bo‘yicha afzalliklarga ega, bu bizga ushbu aralashuvni bolalardagi invaginal churra davolashda tanlash usuli sifatida ko‘rib chiqishga imkon beradi.

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