



Study of Complications of Acute Appendicitis in Combination with Pathology in Female Internal Genitalia

Rakhmatullayev Jurabek Dilmurotovich ¹, Rakhimov Azizjon Yakhyoyevich ²

^{1,2} Bukhara State Medical Institute

Abstract: It occasionally lasts long to identify the cases because of the fact that appendicitis is located in the small pelvic cavity, and the symptoms are similar to inflammation of the uterus or ectopic pregnancy. The current study aims to clarify the inaccuracy of the diagnosis on the ways of differential diagnosis and the rationale for the simultaneous treatment. A group of anamnesis that were examined according to a single algorithm applies clinical and instrumental-laboratory examination methods. The article mainly addresses the complications co-existing with primary or secondary inflammation of appendicitis.

Keywords: female internal genitalia, acute appendicitis, inflammation, ectopic pregnancy, differential diagnosis.

Actuality: the simultaneous occurrence of the pathological process of the appendix and the internal genital organs of women is 14.50-62.14% according to different authors (Puylaert JBCV, 1986, Morgan RJ, 1991, Kottman LM, 1995, Newkirk GR, 199) IL Rotkov (1988) 90% of such cases occur in young women. In this case, the source of damage to the appendix is pathological inflammation in the internal genital organs (Minkevich KB and others, 2001, Mikolauskas VP, 2004, Mirzabalaeva VK, 2005)

Due to physiological and anatomical changes during pregnancy, clinical symptoms of acute appendicitis are weak, surgeons underestimate the clinical course of acute appendicitis during pregnancy, matching symptoms of acute surgical diseases and obstetric pathology, incorrect and late diagnosis, irrational choice of surgery leads to a significant percentage of complications. According to a number of authors (Qorkan IP, 1991; Ayub J., 1992; Halverson AS and others, 1992), obstetric and surgical complications after appendectomy in pregnant women occur in 17% of cases.

Acute appendicitis in pregnant women significantly worsens the development of the fetus. Uncomplicated appendicitis and perinatal losses are approximately 2-17%, and with a delay in diagnosis, this figure increases to 19-50%. The most unfavorable perinatal complications are observed with the development of appendicitis in the II and III trimesters of pregnancy.

In modern obstetrics, the practice of cesarean section varies from 17% to 40.3% (Strizhakov AN et al., 2000). At the same time, many authors believe that in the presence of acute appendicitis, appendectomy can be performed as a vital indication; the volume of surgical intervention expands to extirpation of the uterus with tubes (Persianinov LS, 1971, etc.).

Thus, a comprehensive approach to the diagnosis of acute appendicitis, the development of a screening algorithm will reduce obstetric and surgical complications, as well as perinatal losses in pregnant women suspected of acute appendicitis.

70% of patients brought in an ambulance with a diagnosis of acute appendicitis are women (Baraev TM, 1999; Jeffrey). RB Jr., 1988; Peterson HB et al., 1990). Half of them have genital diseases. A

retrospective analysis shows that inflammatory diseases of the uterus are the cause of errors in 33.3% of cases (Savel'eva GM, 2000; Sazhin VP et al., 2004).

It often takes a long time to clarify the diagnosis due to the fact that appendicitis is located in the small pelvic cavity, and the symptoms are similar to inflammation of the uterus or ectopic pregnancy. (Goda IB et al., 1999; Lin MC et al., 1992; Baker A., 1999). The question of the extent of surgical treatment in cases where a secondary changed appendix is detected during surgery has not been resolved (Atanov Yu.P., 1981). A number of authors believe that there is no need for appendectomy, because the inflammatory process does not spread deeper than the serous membrane and it can be stopped with antibacterial drugs (Kharaberyush VA and others, 1992; Nechay AI, 1999; Quan M. ., 1994). Others, on the contrary, require a one-stage operation (Aleksandrov LS et al., 2003; Butsenko VN et al., 2004).

The basis for our study was the inconsistency of the data on the methods of differential diagnosis and the rationale for the simultaneous treatment of diseases.

The purpose of the study is to improve the results of differential diagnosis and treatment of patients with acute appendicitis combined with gynecological pathology.

Materials and methods: The results of the work in this regard were introduced into the practice of the emergency medical hospital of the Vobkent district of Bukhara region, the surgery and gynecology departments of the regional clinical hospital, and the general surgery department of the Bukhara State Medical Institute named after Abu Ali Ibn Sina . The anamnesis data of the patients were examined according to a single algorithm using clinical and instrumental-laboratory examination methods.

Results: We considered the complications depending on whether the appendicitis was primary or secondary. At the same time, it was found that complications, appendicitis, were $31.5 \pm 2.5\%$ in the first group of patients, and $1.4 \pm 0.7\%$ in the second group ($p < 0.001$). Local and diffuse peritonitis prevailed in the structure of complications in patients of the first group - $14.0 \pm 1.6\%$ and $6.3 \pm 1.1\%$, respectively ($p < 0.001$). Complications in the second group are represented by appendicular infiltrate - $1.5 \pm 0.6\%$ ($p < 0.05$).

Complications of acute gynecological pathology together with acute appendicitis were found in $16.6 \pm 2.1\%$ of patients in the first group, and in $45.8 \pm 2.5\%$ in the second group ($p < 0.001$). Complications in patients of the first group included parametritis and hemoperitoneum in $8.3.4\%$ ($p < 0.05$), and in the second group, hemoperitoneum ($24 \pm 2.6\%$, $p < 0.001$) and pelvioperitonitis ($18.7 \pm 2.5\%$, $p < 0.001$)) dominated.

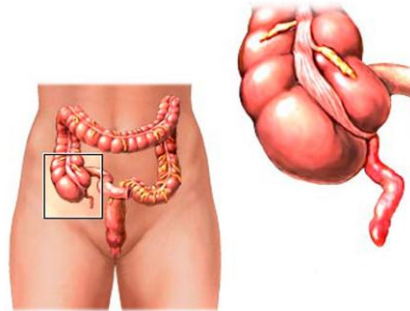
When comparing complications arising from appendicitis and acute gynecological pathology, it was found that patients with the first group of complications had slightly more complications than the second group (51.8% and 50.5% , respectively). In addition, complications related to appendicitis prevailed in the first group of patients, and those related to gynecological diseases prevailed in the second group.

Thus, in acute appendicitis, gynecological pathology develops as a complication of primary appendicitis, and in secondary appendicitis, acute appendicitis occurs mainly due to gynecological pathology.

In the postoperative period, complications were observed in $10.5 \pm 1.5\%$ of patients in the main group, and in $18.2 \pm 1.6\%$ in the comparison group ($p < 0.001$). Postoperative complications of the main group included postoperative wound infiltrate ($4.6 \pm 1.0\%$, $p < 0.05$) and paralytic intestinal obstruction ($2.5 \pm 0.6\%$, $p < 0.05$); and in the comparison group, postoperative wound infiltrate ($6.4 \pm 1.2\%$, $p < 0.05$) and postoperative wound suppuration prevailed ($4.2 \pm 1.1\%$, $p < 0.05$). In the postoperative period, diffuse peritonitis was observed in $0.9 \pm 0.5\%$ in the main group and $2.2 \pm 0.6\%$ in the comparison group ($p < 0.05$). Thus, the frequency of postoperative complications in the comparison group is 1.5 times higher than in the main group.

We also compared the average duration of inpatient treatment according to complications of appendicitis in all examined patients. At the same time, the average bed time in the main group was 5.5 ± 0.5 , and in the comparison group it was 10.4 ± 1.2 bed-days. In the structure of complications, chronic pain dominates - $2.1 \pm 0.8\%$ in the main group, $7.3 \pm 1.4\%$ in the comparison group ($r = 0.001$).

Thus, in acute appendicitis, combined with gynecological pathology, there are 2.2 times more late postoperative complications in the comparison group than in the main group.



Conclusion: The results of the study of the microflora causing appendicitis help to choose antibiotic therapy and prevent further spread of the inflammatory process in acute appendicitis in combination with gynecological pathology. Determining the leukocyte index of intoxication together with gynecological pathology allows to clarify the diagnosis in acute appendicitis. The patient management algorithm developed by us helps to reduce the number of unnecessary appendectomies.

List of Literature:

1. Safoev B.B., Yariqulov Sh.Sh. Yumshoq to'qimalarning yiringli-jarrohlik kasalliklarini davolashda dimetil sulfoksid eritmasi ta'sirida mikrofloraning qarshiligini bostirish // *Biologiya va tibbiyot muammolari - Samarqand*, 2021. - No 2 (127). - S. - 125-130. (14.00.00; №19)
2. Б.Б.Сафоев, А.Я.Рахимов Критическая ишемия нижних конечностей и диабетическая стопа. Бухара 2018г
3. G.F.Makhmudova Colposcopic analysis of cervical pathology in women with uterine fibroids//*Scientific progress*// 3(1), 289-296,2022
4. А.У. Нурбобоев, МС Шаропова, А.Ф. Махмудова Турли этиологияли механик сарикликни даволашда замонавий минилапаратом усуллар// *Scientific progress*// 3(1), 713-721, 2022
5. MG Fazliddinovna, NA Uygunovich, ND Faxriddinovna The modern way of diagnosis of cervical pathology in women with uterine fibroids via the colposcopy//*Web of scientist: international scientific research journal*.-3(02), 1017-1027, 2022.
6. Nurboboyev A.U., Makhmudova G.F. Miniinvazive approach in the complex treatment of tumor and stone etiology of mechanical jaundice// *International journal on Orange technology*// Vol 3. Issue 9. Sep.2021.-P. 85-90
7. Guljamol Fazliddinovna Makhmudova, Adkhambek Uygunovich Nurboboyev.Treatment of mechanical jaundice via the modern way// *Scientific progress*, 2021.-№6.-P.530-537
8. Makhmudova G.F. Age-related clinical,anatomical and morphological features of malignant tumors of the cervix// *Journal of science and technology*//2021.-P.-475-480
9. А.У. Нурбобоев, Г.Ф. Махмудова, А.Ф.Махмудова.Обсуждение Результатов Лечения Больных С Желчнокаменной Болезнью, Осложненной Механической Желтухой //*Central Asian journal of medical and natural sciences*//-2022.- 3 (3), 273-280.
10. NA Uygunovich, MG Fazliddinovna, SZ Rakhmonovna. Laparoscopic Methods in the Diagnosis and Treatment of Emergency Surgical Diseases of the Abdominal Cavity // *European Multidisciplinary Journal of Modern Science*//-2022.- 4, 196-202.

11. GF Makhmudova. Colposcopic analysis of cervical pathology in women with uterine fibroids// Scientific progress.-2022.-3 (1), 289-296.
12. NA Uygunovich, MG Fazliddinonvna. Miniinvasive Approach in the Complex Treatment of Tumor and Stone Etiology of Mechanical Jaundice // International Journal on Orange Technologies.-2021.-3 (9), 85-90.
13. NA Uygunovich, MO Mirzonazarovich. Laparoscopy in the diagnosis and treatment of diseases of the abdominal cavity// Galaxy International Interdisciplinary Research Journal.-2021.- 9 (10), 651-657.
14. MS Sharopova. Improvements in the treatment of patients with purulent wounds onn abcombined background of diabetes mellitus and diffuse toxiv goiter//pioneer: journal of advanced research and scientific progress.-2022.-1 (4).-P. 35-41.
15. Nurboboyev Adhambek Uygunovich. Modern Laparoscopic Methods of Diagnosis and Treatment of Acute Abdominal Diseases// Research journal of the trauma and disability studies// Volume: 01Issue: 10|Oct–2022 ISSN: 2720-6866.P.62-69
16. Г. Ф, М. ., & А. У, Н. . (2022). Выбор Современного Метода Лечения При Опухолях Билиопанкреотической Области, Осложненных Механической Желтухой. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 1(6), 45–51. Retrieved from <https://sciencebox.uz/index.php/amaltibbiyot/article/view/4322>
17. Uygunovich, N. A. . (2022). Effectiveness Mininvasive Laparoscopic Cholecystectomy during the Complication of Acute Cholecystitis. *Research Journal of Trauma and Disability Studies*, 1(11), 20–28. Retrieved from <http://journals.academiczone.net/index.php/rjtds/article/view/421>
18. Алекберзаде А.В., Липницкий Е.М. Острый аппендицит: Учебно-методическое пособие для студентов медицинских вузов. – М.: Изд-во ФГБОУ ВО Первый Московский государственный университет имени И.М. Сеченова. –2017. – 38 с.
19. Б.Б.Сафоев, А.Я.Рахимов. Монография. Острый аппендицит Бухара 2018г, стр 182.
20. В.В.Safoyev, А. Ya. Raximov. Monograp/Surgical aspects of acute appendicitis Bukhara- 2019, p-173.
21. Rakhimov A.Ya. The Effectiveness of Traditional the Method of Amputation and Treatment at the Lower Leg Level of Patients with Diabetic Foot Syndrome with Critical Lower Limb Ischemia. *European Journal of Life Safety and Stability (EJLSS)* ISSN2660-9630. www.ejlss.indexedresearch.org Volume 19, July-2022
22. Rakhimov A.Ya. Studying The Activity Of In Vitro Antiseptics Decasan, Furacillin and Chlorhexidine Bigluconate Against Hospital Strains of S. Aureus, E. Coli, Klebsiella Spp., P. Melaninogenica Separated from the Bed of the Soleus Muscle *Texas Journal of Medical Science* ISSN NO: 2770-2936, <https://zienjournals.com> Date of Publication:26-07-2022
23. А.Я.Рахимов. Острый аппендицит//Учебное пособие/Бухара 2022г.