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# TACTICS AND TREATMENT FOR ACUTE ANAEROBIC PARAPROCTITIS

**Sherkulov K.U.**

**Bobokulov A.U.**

**Usmonkulov M.K.**

**Babakulova F.U.**

Samarkand State Medical University, Republic of Uzbekistan, Samarkand

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**Abstract:** Acute paraproctitis is the most complex form of purulent inflammatory processes. When local clinical manifestations of the disease are mild, such patients are often misdiagnosed, which often leads to untimely and sometimes incorrect surgical treatment. Acute horseshoe-shaped paraproctitis, despite treatment, often ends in the formation of a complex horseshoe-shaped fistula and purulent cavities and leaks.

**Keywords**: Acute paraproctitis, incorrect surgical treatment, Acute horseshoe-shaped paraproctitis.

## INTRODUCTION

**Purpose of the study.** Evaluate your own treatment results, study the experience of surgeons in other clinics in the republic and develop optimal treatment tactics for acute anaerobic paraproctitis.

**Material and methods.** We analyzed 550 case histories of patients with acute paraproctitis who were treated at Clinic No. 1 of SamMU Proctology Department from 2015 to 2023. Of the patients treated, 415 (75.5%) were men and 135 (24.5%) were women. By age, patients were distributed as follows:

| Age | 18-30 years | 31-50 years | 51-70 years | Over 71 years |
|---|---|---|---|---|
| Men | 124 | 167 | 82 | 42 |
| Women | 41 | 49 | 25 | 20 |

The duration of the disease ranged from 36 hours to 12 days. 35% of patients were admitted in severe or extremely serious condition. It should be noted that the majority of patients were treated independently and did not seek medical help for a long time. Previously, 66 (12%) patients had undergone surgical treatment for acute paraproctitis. During examination in the hospital, the following forms of acute paraproctitis were identified: subcutaneous in 157 (28.6%) patients, ischiorectal in 324 (58.9%) patients, pelviorectal in 69 (12.5%) patients. Acute paraproctitis was complicated by anaerobic and putrefactive phlegmon of the perineum in 35

(6.3%) patients, in 4 (0.7%) patients there was the development of Fournier phlegmon, in 6 (1.9%) patients there was acute horseshoe-shaped paraproctitis.

The examination included a clinical examination, digital examination of the rectum and sigmoidoscopy, transabdominal and transrectal ultrasound examination, bacteriological examination of wound discharge and morphological examination of the affected areas of perirectal tissue. For the purpose of differential diagnosis, ultrasound examination in a number of patients was supplemented with computed tomography.

**Results and discussion.** All patients urgently underwent surgical treatment under general anesthesia. Opening and drainage of abscesses was performed in 472 (85.8%) patients. Repeated opening of the leaks was performed in 12 (2.2%) patients, a septic condition was noted in 2 (0.36%) patients. In horseshoe-shaped paraproctitis, the primary purulent tracts, as a rule, were located medially from the sphincter, less often passing through the sphincter, so the sphincter was rarely damaged during radical operations. With subcutaneous horseshoe-shaped paraproctitis it was possible eliminate ulcers along with the primary burrows. In case of ischiorectal and pelvic-rectal paraproctitis, when it is impossible to immediately excise the abscesses along with the primary tract at the same time, skin incisions were also made, purulent contents were evacuated, after which the cavities collapsed, the primary tract was excised, and then, if possible, necrotic tissue. One patient died, the postoperative mortality rate was 0.18%. The average length of stay of patients in the hospital was 12.5 +2.5 bed days.

**Conclusions.** Thus, the success of treatment of patients with acute anaerobic paraproctitis largely depends on the early diagnosis of the inflammatory process, the earliest possible implementation of emergency surgery with the necessary, fairly extensive excision of necrotic tissue and adequate intensive care. In case of acute paraproctitis, regardless of the depth of spread and duration of the disease, it is advisable to carry out a radical operation, which consists of eliminating purulent cavities, excision of the primary purulent tract and necrotic tissue. Radical surgery for paraproctitis, as a rule, provides recovery and does not lead to dysfunction of the anal sphincter.

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