МЕДИЦИНА, ПЕДАГОГИКА И ТЕХНОЛОГИЯ:
ТЕОРИЯ И ПРАКТИКА
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ETIOLOGY, CLASSIFICATION, PATHOGENETIC FORMS OF ACUTE INTESTINAL OBSTRUCTION.

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Annotation: This article is devoted to the etiology and pathogenetic forms of acute intestinal obstruction, as well as its classification.

Key words: nosological group, adhesive process, volvulus, nodule formation, strangulated hernia, intussusception, glycogen-forming and protein-forming

ЭТИОЛОГИЯ, КЛАССИФИКАЦИЯ, ПАТОГЕНЕТИЧЕСКИЕ ФОРМЫ ОСТРОЙ КИШЕЧНОЙ НЕПРОХОДИМОСТИ.

Аннотация: Статья посвящена этиологии и патогенетическим формам острой кишечной непроходимости, а также ее классификации.

Ключевые слова: нозологическая группа, спаечный процесс, заворот кишок, узлообразование, ущемленная грыжа, инвагинация, гликогенобразующая и протеинобразующая

Intestinal obstruction is a pathological condition based on a violation of the natural movement of intestinal contents through the intestinal tube, as a result of an obstacle caused by various reasons and manifested by abdominal pain, vomiting, bloating, failure to pass gases and stools with the development of severe endotoxic damage to organs and systems . Due to the exceptional severity of the course and prognosis, this symptom complex, which unites many diseases of the abdominal organs with different etiologies, is allocated to a separate nosological group.

Despite the fact that acute intestinal obstruction accounts for only 3.5-9% of all acute surgical diseases of the abdominal organs, it causes almost 30% of deaths in the entire group of urgent patients. Another fundamental feature of the disease is the time factor, which determines the outcome of the disease: only early diagnosis and timely surgery ensure the patient’s recovery. Acute intestinal obstruction still remains a pressing and far from completely resolved problem of urgent surgery.

Classification of the prevalence of the adhesive process (Blinnikov O.I., 1993):

I degree: local adhesive process limited to the scar area;

II degree: local adhesions in combination with single adhesions in other areas;

II degree: the adhesive process occupies the floor of the abdominal cavity;

IV degree: the adhesive process occupies 2/3 of the abdominal cavity or more.

Some clinical manifestations of the adhesive process in different parts of the abdominal cavity are as follows. Adhesive perigastritis and periduodenitis → constant aching pain in the epigastrium, intensifying with increased intra-abdominal pressure, Knoch's symptom (epigastric pain due to adhesions in the area of the stomach). Adhesive perienteritis → Bondarenko's symptom (pain on superficial sliding palpation of the abdomen); Knoch's symptom (pain when hyperextending the body due to fixation of the omentum in the lower abdomen).

2. Obstructive and constrictive acute intestinal obstruction of non-adhesive origin (rare - 3.3%):

1) tumors - 9%;

2) inflammatory diseases - Crohn's disease (3.7%);

3) gallstone obstruction (0.28–3.3%; recurrence rate after removal of the stone from the intestine - 5–9%);

4) foreign body, a ball of roundworms;

5) nutritional;

6) rare.

3. Destructive Acute intestinal obstruction of non-adhesive origin (volvulus, nodule formation, strangulated hernia, intussusception). The following nine types of intussusception can be distinguished:

1) small intestine;

2) colon;

3) blind-colic;

4) ileocolic;

5) jejunogastric;

6) diverticulo-intestinal;

7) appendico-cecal;

8) complex (intussusception consists of several cylinders);

9) multiple (invagination in several places of the gastrointestinal tract). Intussusception occurs in approximately 75% of cases in the first year of life, more

often between the 4th and 10th months, when children switch from milk to thicker foods, less often in childhood and middle-aged adults.

Pathogenesis.

The first and most obvious manifestation of acute intestinal obstruction is a violation of intestinal motor function. In all forms. Acute intestinal obstruction other than paralytic - these disorders are of a hypermotor nature. Periods of increased motor activity coincide with painful attacks. As muscle tone depletes, paresis and stretching of the intestinal loops develop, which coincides with the appearance of constant pain and vomiting. In distended intestinal loops, the accumulating liquid consists of food masses, digestive juices, transudate, and plasma.

Under conditions of impaired blood circulation and absorption, the intestinal contents begin to decompose and rot. The absorption process in the afferent intestine progressively weakens. It is especially severely disrupted in cases of high acute intestinal obstruction. With low obstruction, absorption is little affected. In general, insufficiency of intestinal function (secretion, digestion, absorption) develops. The accumulation (deposition and sequestration) of fluid in the intestinal loops and in the stomach, its eruption with vomit, leads to the development of severe pathophysiological and biochemical changes.

All types of metabolism are disrupted: protein, carbohydrate, mineral, water-electrolyte balance and acid-base state change. This, in turn, leads to disorders in the regulation of the functions of all organs and systems. The antitoxic, glycogen-forming and protein-forming functions of the liver suffer. The excretory function of the kidneys is impaired, and the hormonal activity of the adrenal glands is reduced.

PATHOGENETIC FORMS

I. Dynamic (4–10%): spastic and paralytic.

II. Mechanical (surgical).

1. Due to an obstacle (obstructio) a) obturatio - blockage of the intestinal lumen;

b) compressio - compression of the intestinal lumen from the outside (malignant intra- or retroperitoneal tumors);

c) angulatio - a bend in the intestine that blocks its lumen;

d) constriktio - circular stricture of the intestine.

2. Combined with impaired blood supply (destructio) - necrosis after 3-4 hours, hemorrhagic effusion in the abdomen:

a) strangulatio - congenital or postoperative intraperitoneal ligaments - strangs; strangulated hernia;

b) volvulus - inversion (around the axis of the mesentery);

c) torquatio - torsion around the longitudinal axis of the intestine;

d) invaginatio - intussusception;

e) nodulation

LIST OF REFERENCES:

1. *«Неотложная абдоминальная хирургия»: Артикул: NF0027274 ISBN: 978-5-9704-7970-4 Год издания: 2024*
2. *https://studfile.net/preview/7580309/*
3. *https://www.medicina.ru/patsientam/zabolevanija/kishechnaya-neprohodimost/*
4. https://www.geotar.ru/cgi-bin/unishell?hide_Cookie=yes&usr_data=open(lots,NF0027274,attaches,,2,f1,,00000000,)
5. Спаечная непроходимость кишечника у детей. (учебно-методическое пособие) Краснодар 2009