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The use of minimally invasive interventions in the treatment of cysts and abscesses of the abdominal cavity

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Relevance. There has been a widespread tendency to use minimally invasive techniques of drainage of delimited fluid accumulations of the abdominal cavity. Most of safety, as well as the comparability of the results of treatment with open interventions allows to use minimally invasive technologies as an alternative to "major surgery".

Materials and Methods. In the Kharkov Regional Hospital from 2010 to 2012 there were 46 patients in which treatment used minimally invasive techniques under ultrasound guidance (of these, 35 patients with liquid collectors with acute pancreatitis, 2 – with cysts, 5 - with abscesses of the liver, 4 - with subdiaphragmatic abscess).

Results. Operations were always performed under local anesthesia after premedication. Promotion of a needle is constantly monitored on the screen. Before the puncture determined distance from the skin surface to the cavity, as well as the volume which was from 100 to 3500 cm³. If necessary, a puncture was performed through the left lobe of the liver or stomach. The presence of the intestine, spleen, and pleural sinus in the way of the needle path is an absolute contraindication for the manipulation. After aspiration of the contents of the cavity it was washed with antiseptic solutions for sanitation and the prevention of infection. Only small and medium-size formations with aseptic content were punctated. In the presence of a large volume liquid accumulations (500-4000 ml) and purulent cavities we gave preference to percutaneous drainage.

Of the 46 patients, in 39 minimally invasive technologies in the treatment of fluid complications of acute pancreatitis led to elimination of the cavity in terms of 3 to 9 weeks.

Conclusion. Puncture-draining intervention in patients with abdominal liquid formations are both diagnostic and therapeutic in nature. They allow you to avoid the negative aspects of open interventions, to eliminate the toxic effects of fluid reservoirs in the acute stage of disease, to prevent the generalization of the pathological process in the festering, as well as to achieve the elimination of cavity formation in 84.8% of patients with minimal operational risk.