

Short Communication

Surgical Correction of Chronic Disorder Duodenal Passage in Patients with Stopped Ulcer Bleeding

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Abstract

In 49 patients with gastric ulcer and 12 duodenal ulcer with repaired bleeding, chronic impairment of duodenal patency was diagnosed. All underwent bauginoplasty for the failure of the bauhinia valve and correction of the violation of duodenal patency: 10 - dissection of Treitz's ligament, 39 - duodenojejunostomy.

Keywords: Peptic ulcer; Bleeding; Chronic violation of duodenal patency; Bauginoplasty; Surgery

Introduction

The incidence of gastric ulcer and 12 duodenal ulcer in the Russian Federation is 160 to 200 cases per 100,000 population, and the frequency of ulcerative bleeding reaches 10% to 30% [1]. And the issues of vagotomy, gastric resection, their shortcomings in planned, and even more so in urgent surgery, determine the relevance of further research in this direction. Understanding the etiopathogenesis of gastric ulcer and duodenal ulcer from the position of refluxes, as a consequence of a chronic violation of duodenal patency, does not contradict the existing theories of ulceration, but only assigns them a certain place. In practice, no attention is paid to this approach.

Objective

To evaluate surgical correction of chronic duodenal obstruction in patients with gastric and duodenal ulcer complicated by stopped bleeding.

Materials and Methods

The study involved 49 patients aged from 27 years to 51 years, suffering from gastric ulcer and 12 duodenal ulcer, complicated by bleeding. All underwent fibro gastroduodenoscopy before surgery, before discharge from the hospital and within 1 year to 4 years after surgery. To determine arterio mesenteric compression, the distance between the aorta and the superior mesenteric artery was performed at the level of the inferior-horizontal part of the duodenum using ultrasound and computed tomography. The indication for the correction of chronic impairment of duodenal patency, according to our studies, was arterio mesenteric compression of less than 20 mm. All underwent irrigoscopy to identify the insufficiency of the Bauhinia valve.

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All 49 patients with gastric ulcer and 12 duodenal ulcer with revealed arterio mesenteric compression were operated on to eliminate chronic duodenal obstruction (RF Patent No. 2261052): in 10 Treitz's ligament was dissected, in 39 - duodenojejunostomy with interintestinal anastomosis and zag "On the leading loop (RF Patent No 2253379). At the same time, a correction was made for the concomitant insufficiency of the bauhinia damper (RF Patent No 2253390). Note the importance of bauginoplasty, which is a method of treating hypertension in the small intestine, which develops with insufficiency of the bauhinia valve as a result of the syndrome of bacterial overgrowth in the small intestine, the processes of decay and fermentation, which determine one of the causes of chronic impairment of duodenal patency, for which no attention is paid.

Results and its Discussion

The pronounced degree of compression of the lower-horizontal part of the duodenum 12 by the superior mesenteric artery was determined. After the operation, convincing positive data were revealed in the correction of chronic disorders of duodenal patency: clinical, endoscopic, radiological. A control fibro gastroduodenoscopy was performed after the operation before discharge. Of 39 patients who underwent duodenojejunostomy, 30 had scarring and epithelialization of the area of the ulcer, and 9 had a significant decrease in the size of the ulcer. Of 10 patients who underwent dissection of Treitz's ligament, ulcer epithelialization was detected in 4, in 4 - a decrease in the size of the ulcer, in 2 - weak dynamics of ulcer healing. During the initial analysis of the results of surgical treatment in time from 1 year to 4 years, it was revealed that all patients who underwent duodenojejunostomy after the operation had a stable remission during the course of peptic ulcer disease. In 10 patients who underwent dissection of Treitz's ligament after surgery within the same observation period, stable remission was achieved in 3 patients, in 7 patients a relapse of the disease occurred.

The diameter of the duodenum is normally at least 30 mm. The distance between the superior mesenteric artery and the aorta at the level of the lower-horizontal part of the duodenum is less than 20 mm leads to the development of a chronic violation of duodenal patency. It is known that chronic violation of duodenal patency plays an important role in the etiopathogenesis of peptic ulcer disease. The authors of clinical, various diagnostic methods proved that in 49 patients with peptic ulcer disease with stopped bleeding, 100% diagnosed with

an organic form of chronic violation of duodenal passage - arterio mesenteric compression and insufficiency of the bauginium valve. The most adequate volume of surgical aid for the elimination of chronic disorders of duodenal patency - duodenojejunostomy with an interintestinal fistula and a "plug" on the adductor loop in combination with bauginoplasty, was determined.

Analysis of long-term results revealed the absence of recurrence of peptic ulcer disease in patients who underwent this volume of surgery.

Conclusion

The first results of a new organ-preserving method for the treatment of patients with gastric ulcer and duodenal ulcer with stopped bleeding in the form of bauginoplasty for the failure of the baughinia valve and correction of duodenal obstruction (dissection of Treitz's ligament, duodenojejunostomy) showed good effect.

References

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