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CAUSES AND TREATMENT OF THE DEVELOPMENT OF GASTRIC OBSESSION

Annotation: An intestinal abscess is a purulent lesion of the intestinal wall, which is a consequence of the transition of the purulent-inflammatory process from nearby organs or the lymphogenic or hematogenic spread of infection from other foci. The disease can occur with rapidly developing symptoms, hyperthermia, sharp pain syndrome against the background of a severe general condition, or in a recurrent form. The basis of diagnosis is the characteristic clinical picture, ultrasound results, and CT data. Treatment of the disease is surgical, performed against the background of massive antibacterial therapy.

Key words: stomach, blood, inflammation.

An intestinal abscess is a limited focus of purulent inflammation in the intestinal wall. In general surgery, this pathology is considered as a form of purulent-inflammatory processes in the abdominal cavity, the transition of the purulent process from neighboring organs, or as a complication of surgical interventions. Anatomical and physiological features of the abdominal cavity, including the properties of the peritoneum, the topography of organs cause the formation of a limited inflammatory focus in the intestine.

The main etiological factor in the development of intestinal abscess is *Escherichia coli* – in more than half of cases, the causative agent can also be *Staphylococcus*-9-11%, *Streptococcus*-7-10%, *Pseudomonas aeruginosa*-7-8%, *proteus*-5-8%, up to 25% - anaerobic flora. The causes of abscess development are:

- **Spread of the infection.** Pathology occurs as a result of direct (contact) transfer of the infectious process from adjacent areas, as a result of perforation, penetration of a duodenal ulcer or other part of the intestine, destructive appendicitis, peritonitis.
- **Postoperative complications.** An abscess can result from insufficiently effective drainage, incomplete removal of effusion or damaged tissues, suppuration of a postoperative hematoma; it can form along the wound channel, around foreign bodies (including drains).
- **Remote foci.** In some cases, an abscess in the intestine can form as a result of hematogenic (with blood flow) or lymphogenic (with lymph flow) infection even from distant purulent foci, for example, with angina, osteomyelitis, furunculosis.

In 8% of cases, the specific cause of the development of an intestinal abscess cannot be established.

Pathogenesis

Limited purulent inflammation in the area of an intestinal abscess can be organized in several ways: the formation of a focus at the site of an infectious agent, suppuration of infected exudate, accumulation of blood or bile in the surgical area, as well as restriction of the pathological process passing from neighboring organs, including in peritonitis.

Symptoms of an intestinal abscess

The clinical picture at the initial stages is determined by the underlying disease: cholecystitis, peptic ulcer disease, appendicitis, abdominal trauma, or others. When the main pathology is complicated by an intestinal abscess, characteristic symptoms develop: a sharp intense increase in body temperature, a significant deterioration in the patient's general condition, chills, severe abdominal pain (its localization depends on the place of abscess formation).

There are three variants of the course of the disease. In most cases, the process begins violently, with hyperthermia, severe pain syndrome, and the general condition of the patient is severe. This course is determined by the rapid growth of infiltrate in the abdominal cavity. With a sluggish infiltrate, the course of the disease is characterized by a rapid development of fever with a smooth increase in the intensity of the pain syndrome.

A recurrent course is possible, in which, against the background of a decrease in the infiltrate, the clinical signs subside, the pain syndrome becomes less pronounced, but when a limited purulent focus forms inside the decreased infiltrate, the symptoms sharply increase.

If an abscess forms in the postoperative period (as a complication of surgical intervention), the development of the disease can go in two ways. In the first case, after the operation, the patient's well-being improves, the temperature normalizes, and after the formation of a purulent focus, the characteristic symptoms increase. In the second case, the temperature after surgical treatment does not return to normal and persists until the abscess is opened.

The abscess can break into the intestinal lumen on its own, and the patient's condition improves dramatically. In the case of opening the abscess in the abdominal cavity, foci of osumkovannogo purulent inflammation, diffuse peritonitis can form.

Diagnosics

Intestinal abscess has a clinical picture similar to other purulent-inflammatory diseases of the abdominal cavity, which makes it difficult to diagnose. The basis for supposing the development of an intestinal abscess is the characteristic symptoms in combination with anamnesis data indicating a possible source of infection or a surgical intervention.

It is necessary to differentiate this disease from abscesses of the abdominal cavity of other localizations: inter-intestinal abscess, sub-phragmatic abscess, Douglas space abscess, and other intraorgan abscesses. To make a diagnosis and distinguish with other pathologies, the following methods are used::

- **External inspection.** During an objective examination of the patient, the doctor determines the tension of the abdominal wall muscles, bloating, and sharp pain on palpation in the area corresponding to the location of the abscess. Laboratory signs of this pathology are sharp leukocytosis with a shift of the formula to the left, accelerated ESR.
- **X-ray examinations.** X-ray of the abdominal cavity makes it possible to visualize the formation with the level of fluid (a characteristic sign of abscesses). When performing an X-ray with contrast of the intestine, a change in its internal contour in the abscess zone is determined.
- **Sonography.** Ultrasound examination of the abdominal organs in the area of abscess localization determines an echonegative formation with a capsule and heterogeneous liquid contents.
- **Other visualization methods.** If it is difficult to make a diagnosis using the described methods, computed tomography, magnetic resonance imaging, and MSCT of the abdominal cavity are performed.

- **Laboratory tests** Laboratory signs of this pathology are sharp leukocytosis with a shift of the formula to the left, accelerated ESR.

Treatment of intestinal abscess

The main treatment for intestinal abscesses is surgical removal of the abscess in combination with massive antibiotic therapy. Antibiotics from the groups of cephalosporins, aminoglycosides, and fluoroquinolones that are effective against aerobic and anaerobic flora are prescribed. Surgical treatment consists in opening the focus of purulent inflammation, its sanitation, drainage. Laparotomy access is used, the localization of which is determined by the location of the abscess.

If the location of the purulent focus is not clearly defined or there are diagnostic difficulties, a median laparotomy is performed, which allows the surgeon to access all parts of the intestine. If the end parts of the intestine are affected, surgery through transrectal access is possible. Necessarily, the focus of purulent inflammation is drained for subsequent aspiration of the discharge and washing.

Prognosis and prevention

With timely diagnosis, adequate surgical treatment, good drainage of the focus, and the appointment of antibiotics that are highly effective against the pathogen, the prognosis of intestinal abscess is favorable. The prognosis is worsened by multiple abscesses, complications in the form of peritonitis, sepsis.

Prevention of pathology consists in timely treatment of patients for qualified help, adequate treatment of diseases that can cause an abscess, high-quality revision of the abdominal cavity during surgical interventions, and proper management of patients in the postoperative period.

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