LUPINE PUBLISHERS

ISSN: 2643-6760

Surgery & Case Studies: Open Access Journal

DOI: 10.32474/SCSOAJ.2020.04.000185

Research Article

Disative Diverticular More Kiki

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Received: January 20, 2020 **Published:** February 04, 2020

Abstract

The article is devoted to the topical problem of modern medicine - diverticular disease of the colon. Her pathogenesis, clinic, diagnosis and treatment are described. The importance of age and nature of nutrition in its development, as well as the violation of the innernery of the colon, which is often manifested in childhood, is noted. In the correction of the pathological process, special importance is attached to the complex of medical and preventive measures, which should be formed at a young age. The article has some interest not only for doctors of different specialties, but also for the population engaged in a different field of activity. This will allow to actively influencing the life expectancy of people, as the main cause of their aging is associated with this disease.

The aim of the study

Determine the importance of nutrition, age and impaired colon inertia in the development of diverticular disease.

Keywords: Colon, diverticulitis, pathogenesis, prevention, treatment

Introduction

Diverticullous colon (MDC) is a disease, the essence of which is the appearance in the wall of this gut of local squeezing of the mucosa, in the form of rounded hernia-like formations. This is done in the area of weakened areas during the course of blood vessels. In the lumen of these bulges often accumulate swallowed with food sharp foreign bodies (for example, fish bones), causing bedsores and perforation of the wall. The leading pathogenetic factor in the development of this disease is considered to be a disorder of colon peristalsis with the appearance of high blood pressure in its lumen [1-3]. Of particular importance is attached to the violation of the consistent motor segmentation of this gut, which ensures the advancement of feces to the opening. The incidence of MDC population in different countries reaches 30% of the total population, and in economically developed countries this pathological process is more common, due to an increase in life expectancy in them. For example, 40% of patients are over 70 years of age [4-6]. As you know, by this age many people develop a thick-intestinal stasis (constipation). It is even considered to be the most common pathological process of mankind. Often it is observed from the first days of a person's life, and then, gradually speeding up and lengthening, he goes into a permanent (sometimes excruciating) coprostasis [5-7]. This is usually observed after 45-55 years and in women 10-15 years earlier. It is classified as a major factor in the body's aging and is associated with the consumption of predominantly protein and fatty foods - without plant fiber and with a limited amount of water [7,8]. As a result, there is a suppression of motor activity of the colon. Fecal masses turn into stone-like formations and linger in it for 2-3 days or more. The act of defecation turns into a problem - a person is very tense to free him from the feces masses, and this is accompanied by an excessive increase in pressure in the lumen of the colon. There is a real threat of the development of diverticulitis of this gut, as well as various inflammatory-destructive processes and malignancies. However, there is another cause of this disease, and it is associated with the violation of the innernery of the thick and straight intestines - mainly rectosigmoided department. In this process, there is a violation of the normal structure of the Auerbach and Meissner plexus, which is accompanied by the fallout of peristalsis in the area of aganglionosis [4,6,7]. If the newborn (in the presence of an anus) stool does not have from the first days of his life, it is a congenital pathology - acute disease Hirschsprung, which requires urgent manipulation of the cut drainage of the lumen of the colon, and even the imposition of colostomy. In the sub-acute form of

this disease, the child from birth has problems with the act of defecation, and parents are forced to resort to the staging of enemas and giving laxatives up to 1-3 years. The chronic form of the disease is characterized by a slower development of coprostasis, which is observed already in adolescence [1,6,7]. If we compare both versions of the causes of constipation, it is clear that only an acute form of Hirschsprung disease properly puzzles adults (parents and doc-tors) immediately after the birth of the child, as the lack of a chair makes him accept effective measures to save his life. In all other cases, adults show startling frivolity. They think that the child everything will normalize over time and the delay of the chair 2-3 days is considered even a physiological norm. Adult sick people gradually get on with this pathology of the colon and "courageously" tolerate all direct intestinal discomfort. In fact, they do not treat them, and the whole fight against constipation is limited to the correction of the food regime. At the All-Union Symposium (1979) the following classification of diverticular disease was adopted: a) colon diverticulitis without clinical manifestations (the disease is diagnosed by accident or during preventive examinations, or during examination by about other diseases of the abdominal cavity), b) diverticulitis with clinical manifestations (there is pain in the course of the colon and various disorders of the colon), c) MPC with a complicated current (inflammatory infiltration, perforation, intestinal obstruction, fistulas). In 80% of patients during colon examination, a lot of bulges are detected, going in two rows on both sides of the colon. Most often they are localized in sigma (60-65%), then in the descending intestine (20-25%), transverse (7-8%), ascending (2-3%), blind (2-3%). inflammatory process occurs in 3-5 years, and episodic abdominal pain bothers 30-40%. In their re-x-ray examination, 30% of them have an increase in the number of diver-ticuls and the spread of the pathological process to other parts of the colon. With the first developed diverticulitis, the mortality rate reaches 5%. Pneunine-inflammatory complications are observed in 40-60% of patients, and bleeding - in 7-38%. In 5-10% of patients, the bleeding is pro-fuse. Blind gut diverticulitis are sometimes complicated by the development of dense inflammatory infiltrations, which are difficult to distinguish from cancer [3,9]. Of the total number of patients with MDR conservative treatment is carried out in 70-75%, and the remaining 25-30% per-formed various operations, with half of the observations (52-55%) Emergency [2,3,9]. Patients with complicated forms of MDO, as well as in the "cold" period of the disease, are subject to prompt treatment. One-time resection of the affected colon is performed in 30-36% of patients. However, due to the severity of the condition of patients most often perform either Operation Hartman, or resection of only one pathological hearth with the removal of both ends of the intestines from the abdominal cavity. And only after 3-4 months carry out reconstructive surgery. Postoperative mortality in complicated MDR is 11-20%, and postoperative complications in them are observed in 23-30% of patients. Thus, MDOC is characterized by a variety of clinical manifestation, which makes it difficult to diagnose. Colonoscopy is classified as the most com-mon method of colon examination, but it is impossible to perform it during bleeding, as blood fills the field of examination. When colonoscopy it is difficult to identify the entry zone in the diverticular, as it is covered with a swollen mucosa. Moreover, when the air inflates the rectum, there may be a rupture of its thinned wall. Therefore, many authors refer to the leading di-agnostic methods of MARC as irrigation. At the same time, they emphasize that when staging a barium enema it is necessary to avoid excessive increase in pressure in the colon, as it is fraught with rupture of its wall. Therefore, the volume of liquid barium mass should be no more than 1 liter, and the height of its upper edge from the anus - 80 cm, and to fill it with the entire colon. The patient is first on the left side, then on the back, and then on the right side, and at the same time constantly breathing deeply to cause the absorption of the injected mass into the over-lying sections of the colon. Thus, on the social, economic and humanitarian aspects, the disease deserves close attention.

Materials and methods

79 patients with MDC, whose age was 64 to 87 years old, were observed. Men 42 (51.9%), women - 37 (48.1%). the left half of the colon was affected, and 5 (7.6%) were affected Right. All patients had a complicated course of the disease (stage 3), including: acute intestinal obstruc-tion - 4 (5%), bleeding - 4 (5%), perforation - 3 (4%). The clinical picture of the disease depend-ed on the nature of the MSK. For example, 60 (75.9%) have a case in the uk. patients for several years observed constipation, alternating with sing, and moderate abdominal pain, flatulence and the release of mucus with feces. 8 (10.1%) had an acute onset - severe abdominal pain, stool and gas retention, vomiting, fever, tachycardia and leukocytosis. 5 (7.6%) patients began the disease resembled acute appendicitis. These symptoms had some significance in the diagnosis of MDC. Review X-rays of the abdominal cavity, passage of barium taken through the mouth, ultrasound and laparoscopy contributed to the recognition of this disease, but the leading importance was the irrigography the detection of the deposit barium weight, which goes beyond the wall Guts. The double contrast of the abdominal cavity had a great diagnostic value. This was achieved by barium enema and the introduction of gas into the abdominal cavity, and intermural diverticuls were characterized by a minor irregular form of serenity of the contours of the colon (symptom of direct gausters). The greatest problems arose in determining the area of bleeding, as endoscopic ally it is usually not possible to perform, because the clearance of this gut is filled with blood. In such observations, palliative resection is not only useless, but also dangerous, as in 35-50% of cases bleeding continues, which in 30% leads to death. In such cases, many authors consider the operation of choice to remove the entire colon with the imposition of end ileostoma and sig-mostoma. However, it is very traumatic, and the blood-stained patients are simply intolerable. On this basis, in such situations we resort to the following method. An endoscopy was invited to the operating room. The surgeon performed a consistent compression of the colon, and the endoscope with the help of a colonoscopies evacuated its contents below the compression, and so continued until the source of the bleeding was discovered. The surgeon then performed a segmental resection of the colon. This technique was used in 2 patients with positive results (Figure 1). In other types of complications, MDC resorted to the methods reported above.

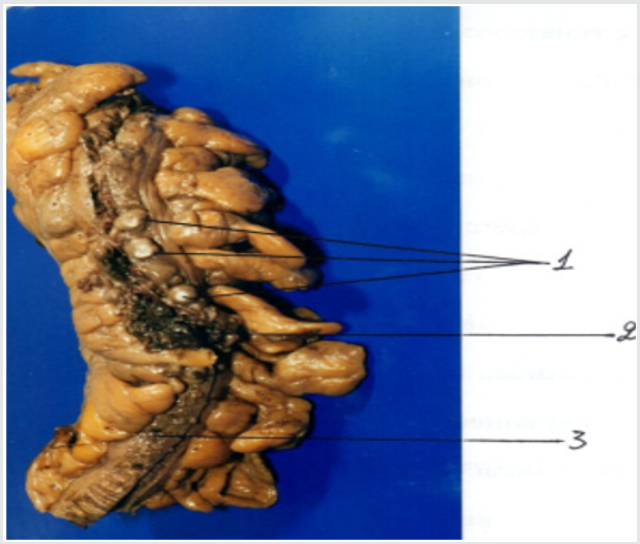

Figure 1: The picture shows the macro drug of the affected part of the sigmoid gut, carrying a lot of diver-ticular [1], bleeding diverticular [2] and inflammatory infiltration [3].

Resultants

Of the total number of patients, 68 (86%) were ill in the total number of patients. conservative treatment was carried out, and the remaining 11 (14%) of the total; various operations have been carried out. 8 performed Hartman's surgery (after the left-sided hemicolectomy proximal end of the transverse colon was removed as a end colostomy, and the rectosigmous was drowned out and lowered into the pelvis cavity). Of the 8 patients, 1 died of sepsis. 7 in 3-4 months was per-formed the second stage of the operation - the restoration of the natural evacuation of feces. In 3 patients after the removal of the affected gut, both adjacent ends of the sigmoid gut were re-moved to the anterior abdominal wall as end colostomy (all three died 7-15 days after surgery from multiple organ failure), thus, of the 79 patients, 4 (5%) died.

Discussion

MDC refers to severe colon diseases. It often begins to develop in childhood, and it is associated with a violation of colon inertia, which is accompanied by a disorder of motor function of this part of the gastrointestinal tract. The concomitant survey is accompanied by flatulence, which dramatically and unevenly increases intra-thick intestinal pressure. The mucosa is squeezed through the weak spots of the gut wall. This is how diverticulitis develops. The disease initially proceeds asymptomatically and only with the addition of inflammatory, necrotized and ulcerative processes, there are various terrible complications. The development of the disease can be slowed down by diet, stool normalization and active lifestyle. But this requires compliance with the developed regime, so that there is no problem with the act of defecation. Identify it most rationally with the help of inspections. Timely conservative treatment is usually effective. Opera-tions are performed in life-threatening states.

Conclusion

Diverticular colon disease has now become a pronounced global social, economic and demo-graphic character and with increasing life expectancy, the severity of this pathological process will only increase. This necessitates the development of methods to prevent the disease on a hu-man scale.

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DOI: 10.32474/SCSOAJ.2020.04.000185