

ASSESSMENT OF THE SEVERITY OF PATIENTS WITH ABDOMINAL CEPSIS

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Relevance of the research. Abdominal sepsis in disseminated purulent peritonitis is a serious condition requiring a comprehensive approach to diagnosis and treatment. The aetiology includes polymicrobial infections and intra-abdominal pathologies, whereas the pathogenesis is related to systemic inflammation and haemodynamic disturbances. The incidence of disseminated purulent peritonitis (PPP) remains high, especially among patients with risk factors, emphasising the need for improved preventive and treatment strategies.

Purpose of the study. To conduct an objective assessment of the severity of the condition and prognosis of patients with abdominal sepsis.

Materials and methods of research. The study is based on the results of treatment of 276 patients with widespread purulent peritonitis admitted to the surgical department of the Samarkand branch of RCEMP in the period from 2015 to 2024. Patients were conditionally divided into two groups: 132 (47.8%) patients were operated on in 2015-2019, who were included in the comparison group, and 144 (52.2%) patients were operated on from 2020 to 2024, who were included in the main group.

Results of the research. Before surgery, the severity of the patients' condition was determined according to the APACHE II scale, SOFA, Mannheim peritonitis index (MPI) and severity of abdominal sepsis. For detailed characterisation of quantitative indices we distributed the patients in the studied groups according to the manifestations of abdominal sepsis by the degree of systemic inflammatory response syndrome (SIRS). The combined surgical and endoscopic method of treatment was mainly used in patients with stable parameters of homeostasis, average degree of intoxication. According to the severity of septic reaction, patients with widespread purulent peritonitis

were divided into 4 groups. The distribution of patients by severity of abdominal sepsis is presented in Table 3. Abdominal sepsis was absent in only 33 (11.9%) patients. Abdominal sepsis without organ dysfunction was found in 127 (46.0%), with monorgan dysfunction - in 74 (26.8%), with multiorgan dysfunction - in 42 (15.2%) patients. In 117 (42.4%) patients with widespread purulent peritonitis were found to have concomitant diseases from different organism systems, which significantly aggravated the course of the disease (Table 4).

Conclusions. Thus, each of the prognostic scales has its advantages and limitations. APACHE II and SAPS II are highly accurate but difficult to calculate. SOFA is useful for monitoring the patient's condition over time but may be less accurate in predicting outcomes in the absence of organ failure. IPI is easy to use and specific for peritonitis but has limited accuracy in severe comorbidities.

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