OPTIMIZATION OF PREVENTION OF ACUTE PANCREATITIS DURING TRANSPAPILLARY ENDOSCOPIC INTERVENTIONS IN PATIENTS WITH MECHANICAL JAUNDICE

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Key words: *endoscopic interventions, acute post-manipulation pancreatitis, octreotide.*

Objective: *To identify the main risk factors for acute post-manipulation pancreatitis, determine the optimal ¬volume of its drug prophylaxis, and study the possibilities of intravenous drip administration of octreotide 600 mcg/ml during transpapillary endoscopic interventions.*

Endoscopic retrograde cholangiopancreatography (ERCP) remains an indispensable method of early diagnostics and minimally invasive treatment of various diseases of the pancreatobiliary system (PBS), which has entered ¬clinical practice since the late 1960s [1-3]. In addition to diagnostics, ERCP allows for a variety of ¬surgical manipulations, which in some situations are a worthy alternative to traditional surgical interventions [4-6]. At the same time, ERCP itself with manipulation on such a complex anatomical structure as the major duodenal papilla (MDP) carries a risk of developing serious and dangerous complications. Their frequency increases with the use of "aggressive" methods: extended and atypical (non-cannulation) endoscopic papillosphincterotomy (EPS), lithotripsy, bougienage ¬, dilation of strictures of the terminal section of the common bile duct (CBD), as well as endoscopic prosthetic methods [7-10].

Material and methods. A retrospective analysis of the results of endoscopic interventions on the duodenum and common bile duct was conducted in 142 patients ¬with complicated cholelithiasis for the period from 2015 to September 2020. The study was conducted at the Endomed + clinic , located in the city of Fergana, Fergana region, Republic of Uzbekistan. The inclusion criteria for the study ¬were patients with uncomplicated cholelithiasis, choledocholithiasis , as well as ¬patients with mechanical jaundice and cholangitis. The age of the subjects ranged from 20 to 70 years. Exclusion criteria: patients under 20 or over 70 years old; cholelithiasis and choledocholithiasis, mechanical jaundice due to oncological diseases of the liver, duodenum, major bile duct and gallbladder; acute pancreatitis and (or) pancreatic necrosis at the time of endoscopic -intervention or during hospitalization of the patient; development of bleeding from the papillotomy area , cholangitis, acute cholecystitis after ERCP. Among the studied women, there were 88 (62%), 64 (45%) men. The age of the patients ranged from 22 to 69 years (mean age 62.3 ± 2.1 years). A total of 57 (40.14%) patients with clinical and laboratory manifestations of complicated cholelithiasis (choledocholithiasis, mechanical jaundice, cholangitis) were urgently

hospitalized, ¬and 85 (59.9%) were hospitalized on a planned basis . All patients were divided into two groups: the main group included 67 patients, the comparison group - 75. In the 1st group ¬(main) there were 22 men and 45 women, in the 2nd group (comparison) - 25 men and 50 women ¬. The study groups were comparable in age, gender, CBD diameter (based on ultrasound results), the number of patients with jaundice at admission and with a normal level of direct bilirubin, the frequency of complex cannulation ¬of the MDP, the performance of typical and suprapapillary (atypical) papillotomy and ¬contrast of the CBD during ERCP.

In the 1st group, 67 patients were administered 600 μg of octreotide in 60 ml of 0.9% saline intravenously by drip as drug prophylaxis of acute postmanipulation pancreatitis on the eve of transpapillary endoscopic interventions. On the day of endoscopic intervention, ¬octreotide was administered in ¬divided doses of ¬200 μg 3 times. In the 2nd group, 75 patients were administered 100 μg of octreotide subcutaneously on the eve of endoscopic intervention and then 100 μg ¬of octreotide three times subcutaneously on the day of the study.

Results. Risk factors for the development of acute post-manipulation pancreatitis are young ¬age, difficulties in cannulation of the major duodenal papilla, atypical papillosphincterotomy , and the introduction of a contrast agent into the pancreatic duct. It has been proven that, compared with the traditional regimen, intravenous drip administration of octreotide 600 mcg/ml reduces the risk of developing acute post-manipulation pancreatitis and transient hyperamylasemia from 16.7 and 19.2% to 11.1 and 16.7%, respectively. At the same time, the duration ($p < 0.016$) and the level of hyperamylasemia are significantly reduced. ($p < 0.005$).

After ERCP and other endoscopic manipulations, ¬APMP and transient hyperamylasemia developed in 11.1 and 16.7% of patients in Group 1, respectively. In Group 2, which used the standard ¬octreotide ¬administration regimen (100 mcg subcutaneously before the study and 100 mcg subcutaneously 3 times a day after ERCP), APMP and transient hyperamylasemia were noted in 16.7 and 19.2% of patients.

Conclusion: Intravenous drip administration of octreotide 600 mcg/ day for the prevention of acute post ¬-manipulation pancreatitis during transpapillary endoscopic interventions is more effective and convenient than the traditional form of its use.

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