

UDC:616:39-004:616.136.42-089.819

**SURGICAL TREATMENT OF COMPLICATIONS OF PORTAL  
HYPERTENSION****Umarov Zafarbek Zaripboevich***Urgench branch of the Tashkent Medical Academy**ORCID: <https://orcid.org/0009-0002-6298-9144>*

Portal hypertension (PH) is one of the most dangerous complications of liver cirrhosis. The term "PH" refers to an increase in pressure in the portal vein due to obstruction of blood flow at any site. Violation of adequate blood outflow from the portal vein basin in PH is characterized by profound disorders of regional and general hemodynamics, which leads to metabolic disorders, water and electrolyte metabolism, and a significant decrease in the functionality of vital organs. Particularly pronounced changes occur at the stage of decompensation of the disease, with the development of such severe complications as bleeding from varicose veins of the esophagus and stomach, ascites, and liver failure (LF).

The main manifestations of PH are massive esophageal-gastric bleeding, encephalopathy, splenomegaly, sometimes with symptoms of hypersplenism, increased blood volume in organs, the tendency of patients to erosive and ulcerative lesions of the upper gastrointestinal tract, decreased renal blood flow and the development of hepatorenal syndrome, sodium retention and water, ascites. In PH, bile and lymph formation are often disrupted, which contributes to the deterioration of the bacterial-filtering function of the lymphatic system and the development of endotoxemia caused by vascular shunts and inadequate function of stellate reticuloendotheliocytes, which normally inactivate enterogenous toxins.

Performing a staged reduction of splenic blood flow in 89% of cases contributes to a statistically significant improvement in arterial blood flow in the common hepatic artery and the hepatic artery itself, in 82% to an improvement in the speed and volume characteristics of blood flow in the portal vein, in 76% to an improvement in the ratio of portal and splenic venous blood flow. In 92% of cases, ESA helps to normalize laboratory blood parameters characteristic of hypersplenism, and in 27.0% of cases it leads to relief of edematous-ascitic syndrome with stable remission within a year. Carrying out embolization of the splenic artery after endoscopic ligation of the esophageal and stomach varices reduces the risk of bleeding from the esophagus and stomach to 4.4%.

Conclusions. Considering the above data, we can conclude that endovascular reduction of splenic blood flow in the complex treatment of bleeding from esophageal varices in patients with portal hypertension reduces the frequency of re-bleeding from esophagogastric varices and prolongs the patient's life expectancy by 3-5 years.

#### REFERENCES:

1. Манукьян Г.В., Шерцингер А.Г., Жигалова С.Б., Семенова Т.С., Мартиросян Р.А. Первичная профилактика кровотечений из варикозно расширенных вен пищевода и желудка у больных портальной гипертензией (обзор литературы). // *Анналы хирургической гепатологии*. 2016. 21 (2). P. 93-104. URL: <https://doi.org/10.16931/1995-5464.2016293-104>

2. Karimov S., Matkuliev U., Khakimov M., Abdullaev B., Tuychiboy N. (2016) Endovascular Reduction of Splenic Blood Flow in the Treatment of Patients with Liver Cirrhosis // *British Journal of Medicine & Medical Research*. № 5. – 2016. – P. 1-10.

3. Xakimov MSh, Matkuliev UI, Umarov ZZ. Portal gipertenziya asoratlarini oldini olish va davolashda kaminvazivli aralashuvlar kompleksining samaradorligi // *Science and innovation*. 2022. №1 (Special Issue 2). P. 379-383. URL: <https://cyberleninka.ru/article/n/portal-gipertenziya-asoratlarini-oldini-olish-va-davolashda-kaminvazivli-aralashuvlar-kompleksining-samaradorligi/viewer>

4. Маткулиев У.И., Батиров Д.Ю., Умаров З.З., Алланазаров А.Х., Рахимов А.П. Портал гипертензия ва унинг асоратларини даволашда эндоскопик ҳамда эндоваскуляр усуллар // *Научная перспектива Научно-аналитический журнал*. 2023. №3 (157). P. 60-62. URL: <http://naupers.ru/wp-content/uploads/2016/11/Naupers-3-2023.pdf#page=60>

5. Khakimov MSh, Matkuliev UI, Batirov DY, Umarov ZZ, Allanazarov AX, Rakhimov AP. The factor analysis of the results of modern treatment of patients with liver cirrhosis with portal hypertension // *Astana Medical Journal*. 2023. №116 (2023). P. 30-34. URL: <https://doi.org/10.54500/2790-1203-2023-116-30-34>

6. Маткулиев УИ, Батиров ДЮ, Умаров ЗЗ, Алланазаров АХ, Рахимов АП, Нурматов СТ. Портал гипертензиянинг кизилўнгач ҳамда меъда варикоз кенгайган веналаридан қон кетиш асоратида каминвазивли аралашувлар // *Innovations in technology and science education*. 2023. №2. (Issue 9). P. 602-613. URL: <https://doi.org/10.5281/zenodo.7934138>

7. Durchschein F, Krones E, Eherer AJ, Plank J, Hammer HF. Sclerotherapy-associated esophageal hematoma in a patient with myelofibrosis and portal hypertension // Endoscopy. 2015 Jan 20. PMID: 25603510.

8. Khakimov MSh, Matkuliev UI, Batirov DY, Umarov ZZ. Modern Treatment and Prevention of Bleeding from Esophagus and Gastrous Varicose Veins with Portal Hypertension (Review of Literature) // American Journal of Medicine and Medical Sciences. 2023. №13 (5). 762-767. URL: <http://journal.sapub.org/ajmms>

9. Khakimov MSh, Matkuliev UI, Batirov DY, Umarov ZZ, Allanazarov AX, Rakhimov AP. The factor analysis of the results of modern treatment of patients with liver cirrhosis with portal hypertension // Astana Medical Journal. 2023. №116 (2023). P. 30-34. URL: <https://doi.org/10.54500/2790-1203-2023-116-30-34>