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## **SURGICAL TREATMENT OF ACUTE APPENDICITIS IN PREGNANCY**

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### **Abstract**

The article was investigated occurring acute appendicitis in pregnancy, clinical signs and the best methods of diagnosis and treatment.

**Keywords:** laparoscopy, appendicitis, pregnancy.

### **Introduction**

Acute appendicitis - urgent surgery during pregnancy demanding is a very important disease. Its frequency of occurrence - world statistics observed in 1:700 to 1:3000 pregnant women. Approximately this disease in about 50% of cases, this occurs in the second trimester of pregnancy, and in the remaining 50% occurs in the I and III trimesters of pregnancy [1]. When examining the patient in the supine position, from the right side to the left increased pain in the abdomen when changing position on the side (Taranenko's symptom) and increased pain when turning from the left side to the right (Alder symptom) should be taken into account. Increased leukocytosis in 60% of pregnant women  $15 \times 10^9/l$  observed. UTT (ultrasound) for tumor imaging must be done. The course of acute appendicitis in pregnant women is different from the usual No, but the diagnosis will be somewhat difficult. Neutrophil-lymphocyte in the diagnosis of this coefficient (index of leukocyte intoxication Kalf-Kalif) and platelet-lymphocytic ratio plays an important role. It is also acute during pregnancy to the usual diagnostic indicators of the disease for the diagnosis of appendicitis was assessed according to for example, age, gestational age, white blood cells, Alvarado index, C-reactive protein, number of lymphocytes.

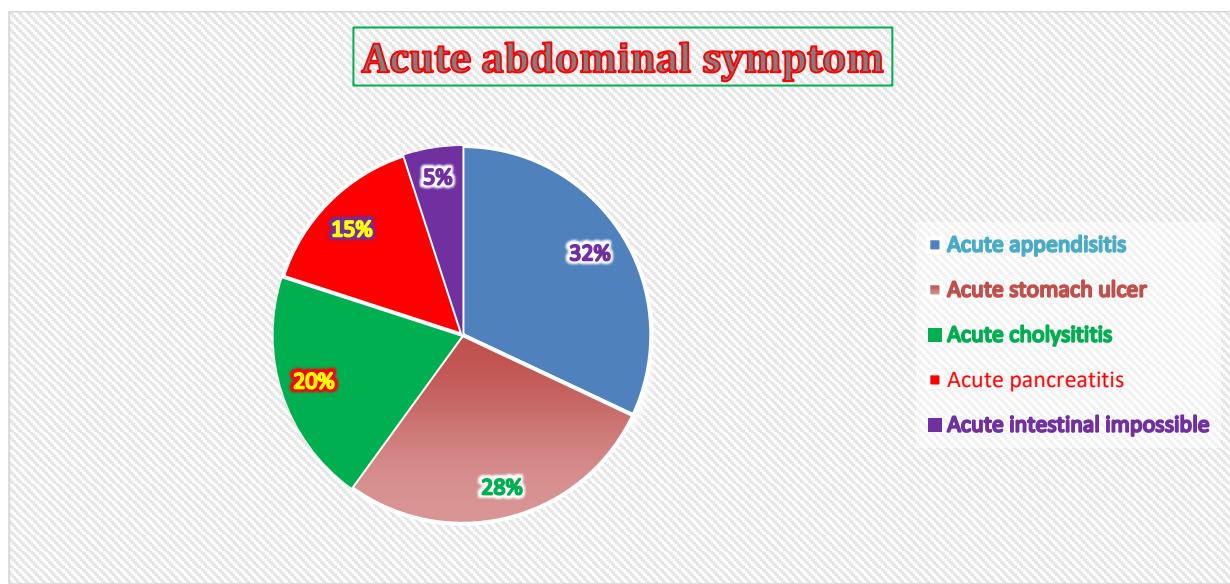
In total, Lachman underwent 518 operations in the analysis of a woman 45% cholecystectomy, tumors (34%), appendectomy (15%) Injuries at the entrance of the Veres needle, blood in the uterus decrease in pressure, secondary increase in intra-abdominal pressure, CO<sub>2</sub> for mother and child. The risk of adsorption is a technical difficulty in laparoscopic surgery. In addition, poor visual sensitivity in the uterus, trocar injuries at the site of localization, decreased blood flow in the uterus, intra-

abdominal an increase in preterm labor and fetal acidosis due to high blood pressure, associated with pneumoperitoneum for unknown reasons. Assume a decrease in uterine blood flow from the pneumoperitoneum [3]. Against the background of pneumoperitoneum, the mother has convulsions, cough, during physical exertion stimulating frequent pressure changes is likely to be a big risk distant but pneumoperitoneal cholecystectomy or open appendectomy safe by retraction of the uterus during [5].

**The purpose of the study** is acute appendicitis in pregnant women of course, timely diagnosis and laparoscopy performed in them is to give a conclusion by the method of appendectomy.

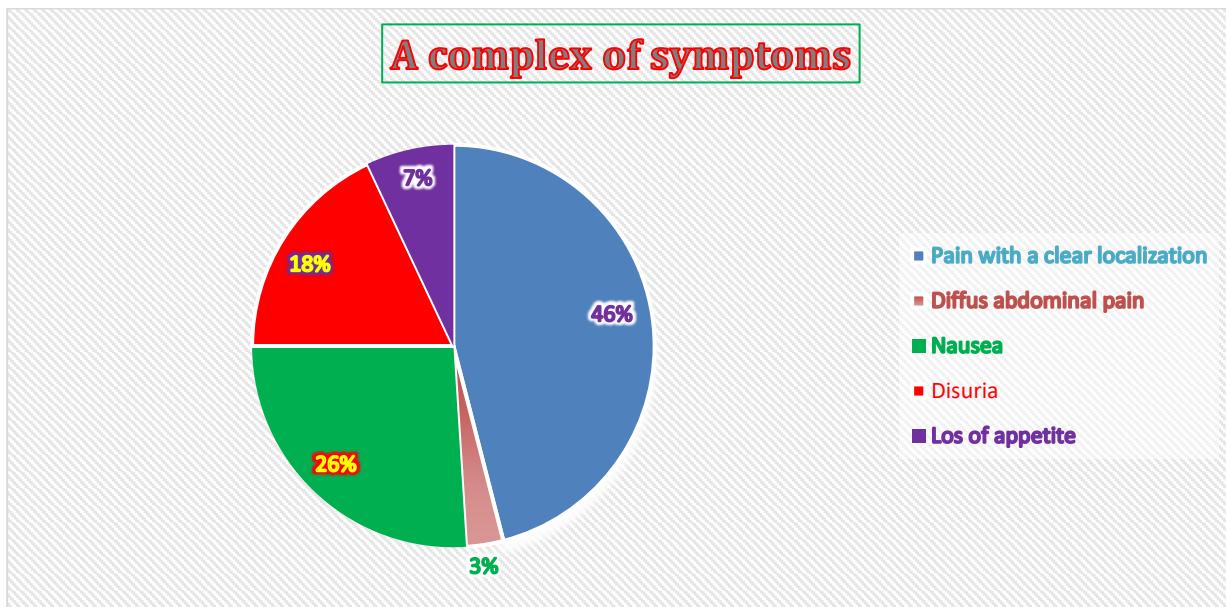
### Materials and methods

For the last 1 year, i.e. January 1, 2022 to January 1, 2023 Clinic No. 1 in the town of Ibn Sina, Shaykhontokhur district of Tashkent 25 pregnant women applied to the hospital for treatment. In 7 of them (28%) was diagnosed with acute appendicitis. Check out other diseases below with frequency:



### Results

Among them, 1 (14%) had perforated appendicitis, 6 (86%) had acute appendicitis. We calculated the state of gangrenous appendicitis. Diagnosis of acute appendicitis pregnant women in the second trimester of pregnancy aged 22 to 32 years in the age range. In 6 patients (86%) sometimes in the right lateral region with throbbing, well-localized pain, diffuse abdominal pain in 1 (14%) patient pain; fever in 6 (86%) patients; nausea in 5 (71%) patients; dysuria in 5 (71%) patients; decreased appetite was observed in 2 (28%) patients. Waist muscle tension is positive in 3 (43%) patients. UTT (ultrasound) was performed in all patients.



4 (57%) patients with a clear diagnosis of acute gangrenous appendicitis and 1 (14%) the patient was delivered with perforated appendicitis. 2 others (28%) the appendix is not visible behind the uterus in a pregnant woman. CT (computed tomography) showed a destructive appendix in these 2 patients. Anyway has a mild form of leukocytosis and anemia. Bladder catheterization made. ASA-I status was impaired in 6 (86%) patients with appendicitis, ASA-II status was given to a patient with appendicitis (14%). Anesthesiologists Hypocapnia and maternal acidosis was prevented. Fetal control and compression equipment used in patients with perforated appendicitis. All patients underwent nasogastric aspiration and intravenous administration of H<sub>2</sub> receptor antagonists. 2 doses of prophylactic antibiotics, acute in appendicitis, a patient with ruptured appendicitis received 6 doses. Trocar insertion dots were placed on the enlarged uterus. Pneumoperitoneum Veres needles were used for intra-abdominal pressure 10 mm. was carried out. The first 5 mm trocar was placed between the umbilicus and the wedge-shaped tumor. This is the insertion point for the optical trocar. 5 mm in all cases whether endoscopic eyepieces were used. The point of insertion of the second 10 mm trocar is on the line placed at the level of point 1 along the medial-clavicular line dextra. This is the right hand is the operating point. Point 3 (from 5 mm) along the mid-clavicular line point 1 on the left 3 sm below the level. This is the left hand working point. Insert the sharp end of the appendix carefully into the layers using the left hand puller separates. Using the harmonic scalpel at the right operating point the mesoappendix is mobilized. Reaching the bottom, 2-strip chrome catgut with the help of a ring, the appendix is cut out with scissors. toothpick 5 mm cut off the end of the appendix at the insertion site of the 10 mm trocar body goes through variable network, used internal loops again examined in a patient with perforated appendicitis by an open method impose a pneumoperitoneum, aspirate pus from the right iliac fossa. The end of the absorbent triad is the impermeable layers in a simple appendectomy similar to the

tool used in splitting. Drainage tube after surgery then stored for 48 hours. All patients have no problems after the operation. The urinary catheter was removed and the next day a daily diet was allowed. The response came on the 3rd day after the operation, while in a patient with perforation answered the same day. Two patients (28%) underwent a caesarean section needs. Patients were observed for 14 months after surgery, they had complaints not observed.

## Discussion

From rapid surgery and perioperative antibiotic therapy to prevent perforation use all these indicators for the life of the mother and fetus is improving. In appropriate cases, laparoscopic appendectomy is an open method safer than an appendectomy. "acute abdomen" during pregnancy specialists from many fields such as gynecologists, surgeons, anesthesiologists, should be decided by the neonatologist. To the results of well-known studies according to laparoscopy to eliminate the symptom of "acute abdomen" during pregnancy much safer and more efficient. From drugs to laparoscopic surgery reduction in use and reduction in fetal depression, improved intraoperative imaging, postoperative pain reduction, early recovery of bowel function, reduced hospital stay all this reflects their useful aspects.

## Conclusion

In addition, the site of the wound in open appendectomy size of spread of infection and subsequent origin of hernias creates conditions, and in this case, the birth of the fetus through the birth canal causes difficulties. Several experienced surgeons laparoscopic according to the results of practice performed in specialized centers operation is safe.

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