

---

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

Zokhirov Adkhamjon Rafiqovich

Assistant of Department of General Surgery №2, Tashkent Medical Academy

Rakhmonov Shokhabbos Shukurjon ogli

Student of Faculty of Medicine №2, Tashkent Medical Academy

Abdukarimov Sarvarbek Azizbek ogli

Student of Faculty of Medicine №2, Tashkent Medical Academy

Anvarjonov Muxammadayubxon Sodirxon ogli

Student of Faculty of Medicine №2, Tashkent Medical Academy

### **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  $15 \cdot 10^9/l$  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.

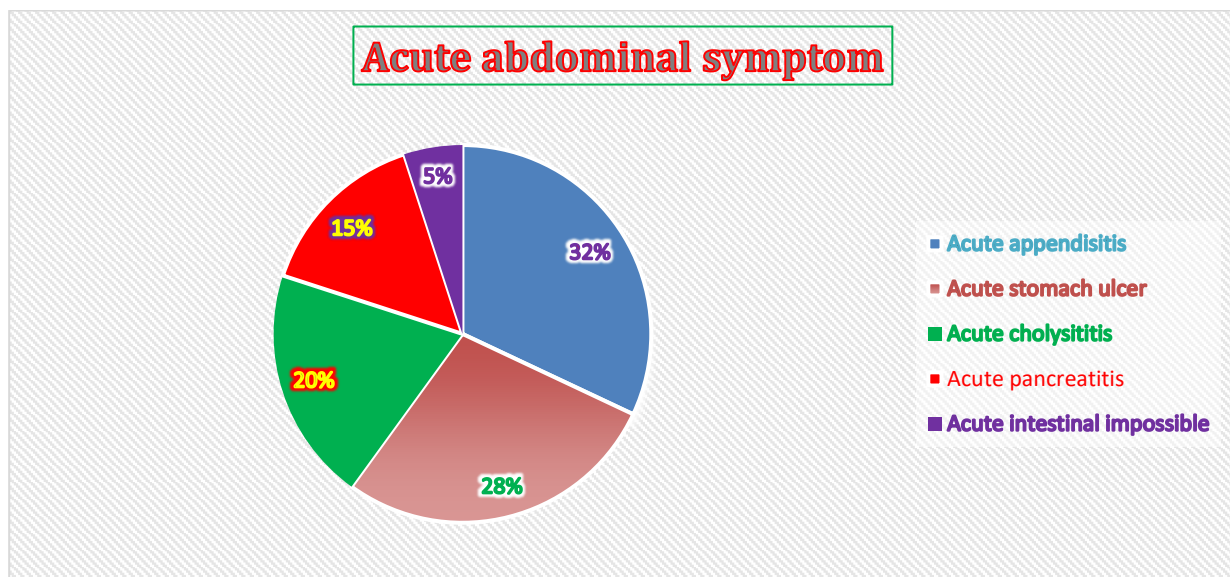
In total, Lachman underwent 518 operations in the analysis of a woman 45% cholecystectomy, tumors (34%), appendectomy (15%) Injuries at the entrance of the Veres needle, blood in the uterus decrease in pressure, secondary increase in intra-abdominal pressure, CO<sub>2</sub> for mother and child. The 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.

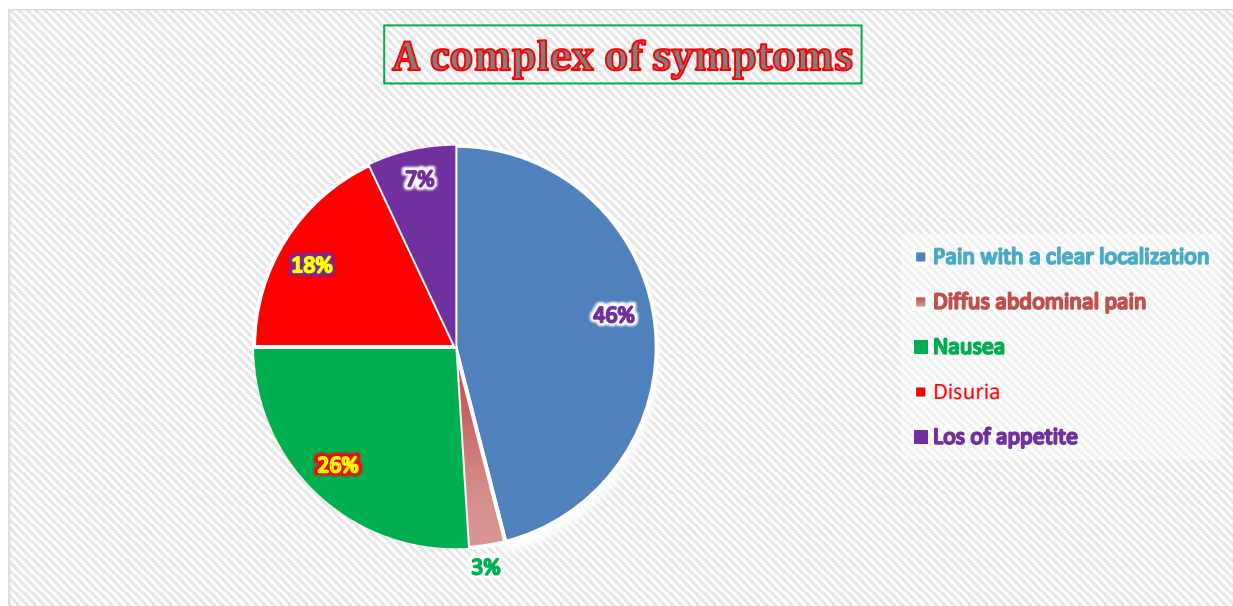
### Materials and methods

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.

## List of Used Literature

1. Rafiqovich, Z. A., Sobirjonovich, S. S., Faxriddinovich, F. F., & Ubaydullaxonovich, O. S. (2023). THE ROLE OF MODERN SCLEROTHERAPY IN VASCULAR SURGERY. *American Journal of Interdisciplinary Research and Development*, 14, 1-6.
2. Yusufjanovich, E. U., Rafiqovich, Z. A., & Tohirovich, G. B. (2023). PRINCIPLES OF STUDYING LIVER MORPHOLOGY IN EXPERIMENTAL DIABETIC FOOT SYNDROME. *World Bulletin of Public Health*, 19, 63-65.
3. Abduraimovna, A. F., Komilovna, S. G., Yusufjanovich, E. U., & Rafiqovich, Z. A. (2023, February). EVALUATION OF THE EFFECTIVENESS OF PHYSICAL ACTIVITY IN PELVIC ORGAN PROLAPSE. In *E Conference Zone* (pp. 42-48).
4. Атаходжаева, Ф. А., Сохибова, Г. К., Эргашев, У. Ю., & Зохиров, А. Р. (2023, February). ВЛИЯНИЯ ВИТАМИНА Д НА ТАКТИКУ ВЕДЕНИЯ ЖЕНЩИН С МИОМОЙ МАТКОЙ. In *E Conference Zone* (pp. 35-41).
5. Yusufjanovich, E. U., Irisbaevich, M. G., Rafiqovich, Z. A., Abduraimovna, A. F., & Komilovna, S. G. (2023, February). IDIOPATHIC THROMBOCYTOPENIC PURPURA IN PREGNANCY. In *E Conference Zone* (pp. 13-20).

6. Rafiqovich, Z. A. (2023, February). IMPROVING THE DETECTION OF MORPHOLOGICAL CHANGES IN PURULENT WOUNDS. In *E Conference Zone* (pp. 51-57).
7. Зохилов, А. Р., Эрназаров, Х. И., & Эргашев, У. Ю. (2022, January). ПАТОМОРФОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ЗАЖИВЛЕНИЯ РАН ПРИ ЭКСПЕРИМЕНТАЛЬНОЙ МОДЕЛИ ДИАБЕТИЧЕСКОЙ СТОПЫ. 64-ОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ ОБУЧАЮЩИХСЯ «НАУКА И ЗДОРОВЬЕ» ПОСВЯЩЕННАЯ ДНЮ НАУКИ РЕСПУБЛИКИ КАЗАХСТАН С МЕЖДУНАРОДНЫМ УЧАСТИЕМ.
8. Эрназаров, Х., Зохилов, А., Эргашев, У. Ю., & Исраилов, Р. (2022). ПАТОМОРФОЛОГИЧЕСКАЯ КАРТИНА ЖИЗНЕННО ВАЖНЫХ ОРГАНОВ ПРИ ЭКСПЕРИМЕНТАЛЬНОЙ МОДЕЛИ ДИАБЕТИЧЕСКОЙ СТОПЫ.
9. Эрназаров, Х. И., Эргашев, У. Ю., Зохилов, А. Р., & Каримов, Х. Я. (2022). ЭФФЕКТИВНОСТЬ ИСПОЛЬЗОВАНИЕ ПРЕПАРАТА РЕОМАННИСОЛ В ЛЕЧЕНИИ ЭКСПЕРИМЕНТАЛЬНОЙ МОДЕЛИ ДИАБЕТИЧЕСКОЙ СТОПЫ.
10. Ergashev, U. Y., Zokhirov, A. R., & Minavarkhujaev, R. R. (2022). Determination of changes in the lipid peroxidase index in purulent-necrotic lesions of the lower extremities.
11. Зохилов, А. Р., & Набиева, А. Ш. (2023). ИЗУЧЕНИЕ ПАТОМОРФОЛОГИЧЕСКИХ ОСОБЕННОСТЕЙ СОВРЕМЕННОГО ЛЕЧЕНИЯ ГНОЙНО-НЕКРОТИЧЕСКИХ ПРОЦЕССОВ ПРИ САХАРНОМ ДИАБЕТЕ. *Interpretation and researches*, 1(2), 25-36.
12. Зохилов, А. Р. (2023). ОБОСНОВАНИЕ ПРОЦЕССОВ ЭПИТЕЛИЗАЦИИ И РЕГЕНЕРАЦИИ ПРИ ГНОЙНО-НЕКРОТИЧЕСКИХ ПРОЦЕССАХ НИЖНИХ КОНЕЧНОСТЕЙ ПРИ САХАРНОМ ДИАБЕТЕ. *Conferencea*, 174-180.
13. Rafiqovich, Z. A. (2023). OBSERVATION OF BIOCHEMICAL RESULTS IN EXPERIMENTAL DIABETIC FOOT SYNDROME. *Conferencea*, 181-188.
14. Rafiqovich, Z. A. (2023). MONITORING OF THE REGENERATION PROCESS IN PURULENT-NECROTIC PROCESSES OF THE LOWER EXTREMITIES. *Conferencea*, 189-194.
15. Rafiqovich, Z. A. (2023). STUDY OF THE EFFECT OF LIPID PEROXIDASE ANALYSIS ON THE BODY IN DIABETIC FOOT SYNDROME. *Conferencea*, 76-82.
16. Rafiqovich, Z. A. (2023). CONTROL OF INDICATORS OF ENDOTOXICOSIS IN DIABETIC FOOT SYNDROME. *Conferencea*, 83-90.
17. Yusufjanovich, E. U., Irisbaevich, M. G., Rafiqovich, Z. A., & Irsaliyevich, E. K. (2023). EVALUATION OF EFFECTIVENESS OF SPLENECTOMY IN CHRONIC LEUKEMIAS. *World Bulletin of Public Health*, 19, 79-83.
18. Yusufjanovich, E. U., Rafiqovich, Z. A., Tashkarganovich, M. A., & Tohirovich, G. B. (2023). ASSESMENT THE EFFECTIVENESS OF MINIMALLY INVASIVE SURGICAL METHODS IN ACUTE CHOLECYSTITIS. *International Journal of Scientific Trends*, 2(2), 14-23.



19. Yusufjanovich, E. U., & Rafiqovich, Z. A. (2023). The Use of Endovascular Laser Coagulation in the Recurrence of Varicose Veins of the Lower Extremities. *International Journal of Scientific Trends*, 2(2), 24-31.
20. Эргашев, У. Ю., & Зохилов, А. Р. (2023). ОЦЕНКА ЭФФЕКТИВНОСТИ МАЛОИНВАЗИВНЫХ ОПЕРАЦИЙ ПРИ МЕХАНИЧЕСКОЙ ЖЕЛТУХЕ И ПРИМЕНЕНИЕ АЛГОРИТМА. *European Journal of Interdisciplinary Research and Development*, 12, 6-16.
21. Эргашев, У. Ю., Зохилов, А. Р., Мустафакулов, Г. И., & Моминов, А. Т. (2023). ОЦЕНКА ПРИМЕНЕНИЯ И ЭФФЕКТИВНОСТИ СОВРЕМЕННЫХ ОПЕРАТИВНЫХ ВМЕШАТЕЛЬСТВ НА ПАТОЛОГИЧЕСКИХ ПРОСТРАНСТВАХ ПЕЧЕНИ. *European Journal of Interdisciplinary Research and Development*, 12, 17-26.
22. Эргашев, У. Ю., & Зохилов, А. Р. (2023). ИЗУЧЕНИЕ ПАТОМОРФОЛОГИИ ПЕЧЕНИ ПРИ ЭКСПЕРИМЕНТАЛЬНОМ СИНДРОМЕ ДИАБЕТИЧЕСКОЙ СТОПЫ. *European Journal of Interdisciplinary Research and Development*, 12, 27-31.
23. Ergashev, U. Y., Zohirov, A. R., Minavarkhojayev, R. R., & Mominov, A. T. (2023). IMPROVING METHODS FOR DIAGNOSING AND MONITORING ENDOTOXICOSIS IN EXPERIMENTAL DIAETIC FOOT SYNDROME. *World Bulletin of Public Health*, 19, 84-95.
24. Zohirov, A. R., Ergashev, U. Y., & Ernazarov, H. I. (2022, June). Qandli diabetda oyoqning yiringlinekrotik shikastlanishlarining patomorfologik jihatlarini kompleks davolashni o'rganish. In *International scientific forum-2022* (pp. p132-136).
25. Ergashev, U. Y., Zokhirov, A. R., & Minavarkhujaev, R. R. (2023). The study of pathological physiology of indicators of endogenous intoxication in purulent-necrotic lesions of the lower extremities.
26. Ergashev, U. Y., Zokhirov, A. R., & Ernazarov, K. I. (2022). THE STUDY OF PATHOMORPHOLOGICAL DIAGNOSIS OF VITAL ORGANS AFTER MODERN TREATMENT OF DIABETIC FOOT SYNDROME.
27. Ergashev, U. Y., Zokhirov, A. R., & Ernazarov, K. I. (2022). THE STUDY OF DIAGNOSTICS AND PREVENTION OF PATHOPHYSIOLOGICAL PARAMETERS AFTER MODERN TREATMENT OF PURULENT-NECROTIC PROCESSES IN DIABETIC.
28. Yusufjanovich, E. U., & Rafiqovich, Z. A. (2023). Evaluation of the lipid peroxidase index in diabetic complications. *Conferencea*, 68-73.
29. Yusufjanovich, E. U., & Rafiqovich, Z. A. (2023). Treatment of purulent-necrotic lesions of the lower extremities with modern drugs. *Conferencea*, 88-94.
30. Ergashev, U. Y., Mustafakulov, G. I., Mominov, A. T., Yakubov, D. R., Zohirov, A. R., & Ernazarov, X. I. (2022). Effective of Simultaneous Surgeries in Chronic Immune Thrombocytopenia. *Jundishapur Journal of Microbiology*, 15(2), 638-644.

- 
31. Ergashev, U. Y. (2022). Ernazarov Kh. I., Zohirov AR, Alzabni ID 2022. Complex Treatment of Experimental Model of Diabetic Foot Syndrome. *American Journal of Medicine and Medical Sciences*, 12(5), 471-480.
32. Yusufjanovich, E. U., Rafiqovich, Z. A., & Irsalievich, E. K. (2023). Assessment of the Process of Epithelialization After Complex Treatment of Diabetic Foot Syndrome. *Texas Journal of Medical Science*, 16, 19-23.
33. Ergashev, U. Y., Mustafakulov, G. I., Muminov, A. T., Minavarkhujaev, R. R., Yakubov, D. R., Ernazarov Kh, I., & Zohirov, A. R. (2021). The role of minimally invasive technologies in the treatment of liver cavities. *Frontiers in Bioscience-Landmark*, 8, 82-89.
34. Каримов, Ш. И., et al. "Построение математических моделей оценки степени тяжести и прогноза эффективности лечения критической ишемии нижних конечностей при мультифокальном атеросклерозе." (2019).