

19 operations. One patient underwent total pancreas resection due to fibrous transformation and severe abdominal pain syndrome.

Results. In 7 patients, after the application of PEA in the period from 9 to 14 months, pain syndrome appeared. He performed Frey's operation. Have 3 patients after the imposition of an internal biliopancreatic anastomosis was a recurrence of obstructive jaundice. He underwent Roux-en-Y hepaticojejunostomy. Good results were obtained after subtotal duodenal-preserving resection of the pancreas head in combination with PJA. There were no lethal outcomes. Pain syndrome appeared in 7 patients after PEA was applied in the period from 9 to 14 months. He performed Frey's operation. Relapse of obstructive jaundice was observed in 3 patients after the application of internal biliopan of the creative anastomosis. He underwent Roux-en-Y hepaticojejunostomy. Good results were obtained after subtotal duodenal-preserving resection of the pancreas head in combination with PJA. There were no lethal outcomes.

Conclusions. Surgical tactics in patients with CP should depend on the scale, localization of morphological changes in the pancreas, the diameter of the GLP, the presence of biliary hypertension, duodenostasis, PA of the celiac trunk arteries. Also, a lot of important aspect needs to be paid to postoperative rehabilitation and compliance with the doctor's recommendations.

ANALYSIS OF PERFORMED ENDOSCOPIC RETROGRADE HOLANGIOGRAPHY IN PATIENTS WITH MECHANICAL JAINER SYNDROME

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Introduction. All over the world, there is a progressive increase in the number of patients with benign and malignant pathology of the organs of the hepatopancreatoduodenal zone, which inevitably leads to an increase in the incidence of obstructive jaundice. The prevalence of elderly and senile patients with pronounced concomitant pathology, against which obstructive jaundice quickly leads to decompensation phenomena, increases the risk of surgical treatment and directly affects its **Results.** Decompression of the biliary system is one of the main goals and the most important component of treatment in these patients.

Aim: analysis of performed endoscopic retrograde holangiography in patients with mechanical jainer syndrome.

Materials and methods. A retrospective

analysis of 931 cases of recorded endoscopic retrograde cholangiography for the period from January 2016 to November 2020 inclusive, performed in the 1st clinic of SamMI, was carried out. All of them had different pathologies of the hepatopancreatobiliary zone. Depending on the situation, the patients underwent endoscopic interventions: endoscopic papillosphincterotomy (EPST), lithoextraction, stenting of the bile ducts. According to the standard, patients received anti-pancreatic therapy without fail before and after endoscopic interventions to prevent acute pancreatitis. The age category of patients is from 19 to 91 years. The average age was 60 years. In the general structure of the studied women - 573, men - 352.

Results. The most common cause of obstructive jaundice is choledocholithiasis, which accounts for 65% (610 cases). Cicatricial strictures of the common bile duct occur in 20% (189 cases), tumors in 15% (142 cases). Obstructive jaundice occurs more often in women (62%) than in men (38%). Choledocholithiasis in women is registered in a greater number of cases, they account for 69% (420 patients). Cicatricial strictures of the common bile duct also predominate in women, 67% (126 patients). And tumor obstruction of the bile ducts occurs in the ratio: men 51% (73 patients), women 49% (70 patients). All patients underwent endoscopic interventions in the hepatopancreatoduodenal zone. 1. Endoscopic papillosphincterotomy (EPST) is both an independent treatment method and one of the stages of ERCP. The clinic uses two versions of the cannulation or "tension" method, with the use of a tension papillotome (that is, a typical EPST) and cannulation-free, "tension-free", using an end papillotome (atypical EPST). In 2016, typical EPST was used in 108 cases (92.3%), and in 11 cases (7.7%) atypical. In 2017, the number of atypical EPST increased to 52 cases (40.5%). In 2018, the number of atypical EPSTs performed is 99 cases (42%). In 2019, atypical EPST was performed in 88 cases (53%). In 2020, 92 patients underwent atypical EPST, which is 47%. In 2019, atypical EPST was performed in 88 cases (53%). In 2020, 92 patients underwent atypical EPST, which is 47%. Magnification the number of atypical EPSTs performed is associated with the identification in patients of a complex anatomical organization of the zone of the large duodenal papilla (BDS), such as: a pair, peripapillary diverticula of the duodenum; stones in the BDS ampoule; adenomas and adenocarcinomas of BDS, cicatricial papillostenosis, cicatricial strictures of the terminal portion of the common bile duct. And the accumulated experience in carrying out this