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AN INTEGRATED APPROACH TO THE DIAGNOSIS AND SURGICAL TREATMENT OF THYROID DISEASES

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ҚАЛҚОНСИМОН БЕЗ КАСАЛЛИКЛАРИНИ ТАШХИСЛАШ ВА ОПЕРАТИВ ДАВОЛАШДА КОМПЛЕКС ЁНДАШУВ

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КОМПЛЕКСНЫЙ ПОДХОД К ДИАГНОСТИКЕ И ХИРУРГИЧЕСКОМУ ЛЕЧЕНИЮ ЗАБОЛЕВАНИЙ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

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Резюме. *Замонавий тиббий-ижтимоий муаммолар орасида қалқонсимон без касалликлари энг долзарб муаммолардан биридир. ЖССТ статистик маълумотларига кўра, Россияда бўқоқ билан касалланган бир миллиондан ортиқ бемор мавжуд [1,2, 9, 13]. Ҳамма жойда кузатилган қалқонсимон без касалликлари билан оғриган беморлар сонининг кўпайиши, асосан, бўқоқнинг тугунли шакллари ва дифференциал бўқоқ раки туфайли содир бўлади [3, 5, 17, 18]. Шундай қилиб, бир қатор муаллифлар сўнгги йилларда тугунли бўқоқ билан оғриган беморлар сонининг 4-5 баравар кўпайганлиги ҳақида хабар беришади [1, 19, 13]. Қалқонсимон без саратони, рус муаллифларининг фикрига кўра, бош ва бўйиннинг барча неоплазмаларининг 0,4-2 фоизини, барча локализация саратонларининг камида 1 фоизини ва саратон касаллигидан ўлимнинг тахминан 0,5 фоизини ташкил қилади [7, 12, 21]. Кўпгина ҳолларда, қалқонсимон без саратони тугунли бўқоқ билан оғриган беморларни текшириш пайтида ташхис қилинади ва қоида тариқасида, 40-50 ёшда, камдан-кам ҳолларда болалар ва ўсмирларда аниқланади [7, 9]. Умуман олганда, бу касаллик аёлларда кўпроқ учрайди (2:1-3:1), аммо кекса ва қариликвақтида эркакларнинг нисбий нисбати ҳали ҳам устунлик қилади [8, 16]. Шундай қилиб, самарали диагностика, жарроҳлик даволаш, ички ва операциядан кейинги асоратларни олдини олиш бўйича кўплаб масалалар мунозарали бўлиб қолмоқда ва уларни ҳал қилиш керак. Юқорида айтилганлар билан боғлиқ ҳолда, қалқонсимон без касалликларини жарроҳлик даволаш натижаларини яхшилашнинг янги усулларини янада излаш ва ишлаб чиқиш долзарб кўринади.*

Калит сўзлар: *буқоқ, диагностика, хирургик даволаш.*

Abstract. *Among the modern medical and social problems, one of the most urgent are diseases of the thyroid gland (TG). According to WHO statistics in Russia there are more than one million patients with goiter [1, 2, 9, 13]. The increase in the number of patients with thyroid diseases, observed everywhere, occurs mainly due to nodular forms of goiter and differentiated cancer [3, 5,17, 18]. Thus, a number of authors report a 4-5-fold increase in recent years in the number of patients with nodular goiter [1, 9, 13]. Thyroid cancer, according to Russian authors, accounts for 0.4–2% of all malignant neoplasms of the head and neck, at least 1% of cancers of all localizations, and approximately 0.5% of all cancer deaths [7, 12, 21]. In most cases, thyroid cancer is diagnosed during examination of patients with nodular goiter and, as a rule, is detected at the age of 40-50 years, rarely in children and adolescents [7, 9]. In general, this disease is more common in women (2:1-3:1), but in the elderly and senile age, the relative proportion of men still prevails [8, 16]. Thus, many issues of effective diagnosis, surgical treatment, and prevention of intra and postoperative complications continue to be debatable and need to be addressed. In connection with the foregoing, it seems relevant to further search and develop new ways to improve the results of surgical treatment of thyroid diseases.*

Key words: *goiter, diagnosis, surgical treatment.*

Relevance. Surgical intervention - as a method of treatment, continues to be considered as the main method today for many diseases of the thyroid gland. When determining the indications for surgical intervention, sometimes the morphological verification of thyroid lesions is neglected, and the peculiarities of the etiology and pathogenesis of the disease are not taken into account. Until now, there is a concept that any thyroid nodule is a potential cancer. Such an approach to thyroid surgery, on the one hand, ends up with a large number of unjustified surgical interventions. On the other hand, where the operation is really shown, it is performed in an inadequate amount. Due to the risk of developing postoperative hypothyroidism, the tactics of performing organ-preserving operations on the thyroid gland, even with malignant lesions, are quite widespread. As a result of this approach, the number of complications increases, the quality of life of patients decreases, and, in addition, the cost of their treatment and follow-up increases. The most common diseases of the thyroid gland, in which surgical treatment is widely used, are tumors of the thyroid gland and diseases that occur with thyrotoxicosis syndrome (Bazet-Graves disease, multinodular toxic goiter). Thyroid diseases have an ambiguous prevalence not only depending on the region, but also on age and morphological verification of the process. According to the available literature data, 5-10% of the world's population suffers from nodular changes in the thyroid gland, which are widespread in the population, especially among people of the older age group, which a number of researchers consider as one of the options for age-related thyroid involution. Multinodular euthyroid goiter ranges from 25 to 62%. In Germany, for example, people over 45 years of age are most susceptible to manifestations of nodular changes in the thyroid gland, and the gender distribution of these changes corresponds to 40% in women and 30% in men. According to the US, there

are already 100 mil. residents affected by nodular goiter and annually another 300,000 patients are newly identified. According to palpation, in the same USA, thyroid nodules are detected in 4-7% of the total population. However, the data of some population studies using ultrasound and autopsy results indicate that in the group of people older than 35–40 years, the prevalence of thyroid nodules reaches 46–50%. Another disease in which surgical treatment is actively used is diffuse toxic goiter (Graves-Basedow disease) - an autoimmune disease characterized by an increase in the production of thyroid hormones under the influence of specific thyroid-stimulating antibodies. The prevalence of DTG is about 1% of the total population of the globe. According to available literature data, Basedow-Graves disease is the third, after iodine deficiency goiter and diabetes mellitus, in terms of the frequency of people seeking endocrinological care. DTG is accompanied by numerous functional disorders of almost all organs and systems of the body, which is associated with a variety of effects of thyroid hormones. Thyrotoxic changes in the cardiovascular system directly threaten the life of the patient and require prompt and effective therapeutic measures. In the survey, radioactive iodine therapy was named as the preferred treatment for CTD and was chosen by 69% of respondents in the US, 22% in Europe, 22% in China and 11% in Japan. Despite the fact that most foreign researchers prefer I^{131} therapy, some foreign authors recommend expanding the indications for surgical treatment, because this is the fastest way to get rid of thyrotoxicosis. However, despite the fact that the evidence of surgical treatment is real, there are still a number of issues that are quite relevant today. This is primarily the occurrence of postoperative complications of various forms; inaccessibility of diagnostics in polyclinics and SVPs; insufficient preoperative diagnosis of the state of the thyroid gland. Considering all the existing problems of surgical treatment, the issue of clarifying the indications for surgical treatment of patients with thyroid pathology remains relevant.

Objective. To study and identify additional criteria for indications for surgical treatment of patients with thyroid diseases, to develop an algorithm for preoperative preparation of patients depending on gender and the form of the pathological process in the thyroid gland, to study the quality of life of patients who underwent surgery on the thyroid gland.

Research objectives. As part of this goal, we have put forward the following tasks:

- to study the dependence of relapses in various forms of thyroid pathology on morphological verification and the volume of surgical intervention;
- to study the nature of postoperative complications depending on the form of the pathological process and the volume of surgical intervention;
- to identify the correlation between the thoroughness of the preoperative examination and possible complications in the surgical treatment of thyroid pathology;
- develop a mandatory algorithm for preoperative examination of patients with thyroid pathology;
- to study the quality of life of the patient and the level of compensation against the background of suppressive therapy in the postoperative period;
- to study the gender dependence between various forms of thyroid pathology and methods of surgical treatment.

Methods and scope of research. This study will be conducted on the basis of the surgical department of the ASMI clinic and involves a retrospective analysis of the performed operations on the thyroid gland for the period 2020-2022. The scope of research will be 139 patients with various pathologies of the thyroid gland. As a preoperative examination will be used: ultrasound examination of the thyroid gland (including 3D graphics); general clinical methods of examination. The quality of life of patients will be studied. The processing of statistical material will be carried out using

Results: This study will help to develop an algorithm for a more thorough preoperative examination of patients with thyroid pathology, to choose the optimal method and extent of surgical intervention in these patients, to improve the quality of life of patients after surgery.

Conclusions: 1. The technique for determining a number of ultrasound signs allows you to optimize the diagnosis of thyroid diseases at an early stage, while its sensitivity is 73%, specificity - 94.2%, diagnostic accuracy - 89.8%.2. Computed tomography allows you to establish an accurate diagnosis already at the intraoperative stage. Thus, the sensitivity of the method in the diagnosis of thyroid cancer is 98.2%, specificity - 100%, accuracy - 96.4%.3. The use of new technologies (preoperative X-ray endovascular embolization of the thyroid arteries, intraoperative neuromonitoring of recurrent nerves, video-assisted technology using ultrasonic scissors) can significantly improve the immediate and long-term results of surgical treatment of thyroid diseases.

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КОМПЛЕКСНЫЙ ПОДХОД К ДИАГНОСТИКЕ И ХИРУРГИЧЕСКОМУ ЛЕЧЕНИЮ ЗАБОЛЕВАНИЙ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

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Резюме. *Среди современных медико-социальных проблем одной из наиболее актуальных являются заболевания щитовидной железы (ЩЖ). По статистике ВОЗ в России насчитывается более миллиона больных зобом [1, 2, 9, 13]. Рост числа больных с заболеваниями щитовидной железы, наблюдаемый повсеместно, происходит в основном за счет узловых форм зоба и дифференцированного рака [3, 5, 17, 18]. Так, ряд авторов сообщает о 4-5-кратном увеличении за последние годы числа больных узловым зобом [1, 9, 13]. На рак щитовидной железы, по данным отечественных авторов, приходится 0,4–2 % всех злокачественных новообразований головы и шеи, не менее 1 % раков всех локализаций и примерно 0,5 % всех летальных исходов от рака [7, 12, 21]. В большинстве случаев рак щитовидной железы диагностируется при обследовании больных узловым зобом и, как правило, выявляется в возрасте 40-50 лет, реже у детей и подростков [7, 9]. В целом данное заболевание чаще встречается у женщин (2:1-3:1), но в пожилом и старческом возрасте все же преобладает удельный вес мужчин [8, 16]. Таким образом, многие вопросы эффективной диагностики, оперативного лечения, профилактики интра- и послеоперационных осложнений продолжают оставаться дискуссионными и требуют решения. В связи с изложенным представляется актуальным дальнейший поиск и разработка новых способов улучшения результатов хирургического лечения заболеваний щитовидной железы.*

Ключевые слова: *зоб, диагностика, хирургическое лечение.*