

During analysis of social functioning highest indicators noted at groups of healthy children – $89,5 \pm 2,2$ points, and this is indicative of adaptation детей, both to condition of kindergarten, and to acquisition of new friend relationships with other children. In group children with LTI indicators of social functioning were $57,2 \pm 2,1$ points. This reflects presence of such problems as compelled temporary cessation of the social relations in group in by reason of receiving of preventive treatment in tuberculous sanatorium. Amongst children with active tuberculosis fixed the lowest indicators of social functioning – $42,7 \pm 2,1$ points.

Preschool functioning practically does not suffer at healthy children – $77,9 \pm 1,3$ points, only at a part children is revealed by restlessness, absence of attention, as well as inattentive attitude to performing of tasks. At children with active tuberculosis this scale of functioning has a low indicators – $48,0 \pm 5,1$ points. At children with LTI life in school is evaluated of $65,4 \pm 2,0$ points, the main problems of this group carried temporality – a restriction of visit the kindergarten at period of stay in sanatorium.

Scale of psychosocial functioning is a total scale emotional and social functioning. According results of this scale higher indicators were noted in group of healthy children – $83,3 \pm 2,8$ points, comparatively low in group children with LTI – $52,3 \pm 2,4$ points, and realistically low in group of patient with active tuberculosis – $47,9 \pm 3,4$ points.

Conclusions. Total scale has revealed the regularity – at children with active tuberculosis specific process has a most negative influence upon quality of life, comparatively temporary negative influence has LTI.

REPEATED RECONSTRUCTIONS OF THE DIGESTIVE TRACT IN THE SURGERY OF THE OPERATED STOMACH

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Introduction. Repeated reconstructive stomach surgeries traditionally constitute a separate section of surgical gastroenterology. Today, these open, technically complex and often unique operations have not lost their practical significance. In the modern literature, dissatisfaction with the functional results of standard options for gastric resection and gastrectomy is still emphasized. Severe digestive disorders after primary operations on the stomach lead about 25% of patients to permanent disability and in 100% require medical rehabilitation. The pathogenesis of post-gastro-resection disorders is based on the loss of reservoir function, pyloric

mechanism and duodenal passage of food. The cumulative damage to digestion exceeds its compensatory capabilities and inevitably leads to the development of pathological conditions: dumping syndrome, syndrome of malabsorption, agastral asthenia, cachexia, etc. The only radical method of treating diseases of the operated stomach and recurrent cancer is reoperation.

Aim: to study of repeated reconstructions of the digestive tract in the surgery of the operated stomach.

Materials and methods. In the period 2010-2020. In the 1st clinic of SamMI, 52 reoperations were performed on patients who had previously undergone resection, drainage and antireflux interventions on the stomach. As a primary surgical intervention, distal gastrectomy in the Billroth II modification was performed in 21 (41.3%) patients, gastrectomy in 12 (23.5%) patients. 11 (21.6%) patients had previously undergone proximal gastrectomy. There were 5 (9.6%) patients after gastric drainage surgery (including gastric bypass), and 3 (5.8%) patients after Nissen fundoplication. Indications for reoperation in 27 (51.9%) patients were diseases of the operated stomach, in 25 (48.1%) patients with recurrent cancer in the anastomosis and cancer of the gastric stump. The average age of patients was 55 years, there were 30 men (57.7%), and 22 women (42.3%). As a reoperation, gastric resection with Billroth I reconstruction was performed in 5 (9.6%) patients, Hofmeister – in 1 (1.9%) patient. Reconstruction on Rupetl was performed in 4 (7.7%) patients after extirpation of the gastric stump. Ejunogastroplasty was used in 30 (57.7%) cases, of which in 8 (15.4%) after distal resection, in 6 (11.5%) after extirpation of the gastric stump, in 2 (3.8%) after resection of esophagojejunoanastomosis ... Another 3 (5.8%) patients underwent inversion of the abduction loop in the duodenum, in 2 after gastrectomy with loop reconstruction and 1 after gastric resection according to the Hofmeister method. Esophagogastric anastomosis resection and Merendino-Dillard operation were performed in 11 (21.2%) patients. The segment of the transverse colon was used as a plastic material in 2 (3.8%) patients: in 1 after extirpation of the gastric stump, in 1 after resection of esophagojejunostomy. Esophagectomy with plastic surgery of the left half of the large intestine was performed in 8 (15.4%) patients, of which 5 (9.6%) with esophagojejunoanastomosis resection, and 3 (5.8%) with gastric stump extirpation. Another 1 (1.9%) patient, who had previously undergone gastric bypass surgery, extirpated the tumor-affected small stomach and thoracic esophagus, and the “turned off” part of the stomach was used as an isoperistaltic tube for subtotal