

**COMPARATIVE EVALUATION OF ENDOSCOPIC OPERATIONS IN PATIENTS
WITH POLYPS AND COLON POLYPOSIS**

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Annotation: At present, colon polyps are regarded as obligate precancers with a high rate of malignation reaching 90% for fleshy polyps. Colon polyps have increased in recent years in economically developed countries. The results of diagnostics and treatment of 180 patients who were in the department of coloproctology at the Textile Hospital of Tashkent, Republic of Uzbekistan in 2020-2023 were analyzed. about polyps and colon polyposis.

Key words: Colon polyp, polyp, polyposis, endoscopic electroexcision.

Issue relevance. At present, colon polyps are regarded as obligate pre cancers with a high rate of malignation, reaching 90% for the fleshy polyps. Colon polyps have increased in recent years in economically developed countries. However, the surgical tactics for polyps have not yet been definitively determined [1, 2].

Despite considerable clinical experience and a variety of specially developed methods, there are still disagreements about the possibilities and limits of endoscopic interventions. This applies mainly to the permissible size of polyps, the width of their base, localization of malignation foci in them.

Limit endoscopic removal of these tumors:

- 1) A high rate of malignation of the large aden colon and a high rate of metastasis to regional lymph nodes;
- 2) the complexity of pre-operative identification of malignation and metastasization of large polyps;
- 3) The large size of the polyp and, as a rule, the wide base, not allowing existing endoscopic methods to completely remove neoplasm, which is associated with the frequent development of relapses;
- 4) High risk of perforation and bleeding complications) when attempting endoscopic removal of large colon polyps.

Therefore, in addition to endoscopic methods, such operations as transanal removal of polyps, abdominal-anal resection and abdominal-perineal extermination of the rectum, resection of various sections of the colon [3] are used.

The surgical treatment of diffuse polyposis is covered in numerous publications. G. Pennington proposed in 1923 that coloproctectomy with permanent disease resistance was the sole definitive treatment for diffuse polyposis. However, the rationale for surgical tactics in the presence of diffuse polyposis remains a pressing problem.

Until recently, one-time surgeries such as coloproctectomy and subtotal colon resection were considered unsafe for patients due to significant changes in homeostasis. As a result, a significant

number of authors favored multi-stage operations. [13, 15]. However, studies of recent years have shown a high frequency of complications, risk of development of tumors in the abandoned sites [8, 12, 14].

According to a number of surgeons [10, 11], during the pre-operative preparation it is necessary to carry out colon rehabilitation, removal of polyps endoscopic or electrocoagulation. Studies by V. D. Fedorov, A. M. Nikitin [7.9] showed that of 33 patients in which ileorectal anastomosis was formed after preparation of the rectum by repeated electrocoagulation or excision of polyps during surgery, 8 developed rectal cancer, which required repeated surgery - rectal extermination, and 24 polyps did not disappear. According to the authors, the rectum in diffuse polyposis can only be preserved in exceptional cases when it is completely free of polyps.

In order to substantiate the possibility of using this method for polyposis V. V. Veselov and co-workers. [11.16] The effectiveness of endoscopic polypectomy through colonoscopy in complex treatment of colon adenomatosis has been studied. The authors analyzed the results of treatment of 38 patients suffering from diffuse colon polyposis with a predominance of proliferation processes in polyps where endoscopic polypectomy was performed as part of the treatment complex in the pre-operative and post-operative periods.

The analysis revealed that during the postoperative period of one to twelve years, the polyp growth was observed in 27 (71%), which required periodic polypectomies performed through a colonoscope. The interval of scheduled examinations did not exceed 7 months. In only 1 (3%) patient intensive growth of polyps required abdominal resection in the postoperative period. With dynamic monitoring, cancer in the remaining sections of the colon was detected in 4 (10.5%) patients, which required repeated surgery.

Endoscopic polypectomy in 1 (2.6%) patient was complicated by perforation of the colon, which required emergency surgery; 2 (5%) patients in the early postoperative period suffered bleeding, which was stopped by endoscopic methods. After the operation, 10.5 per cent of patients had contracted colon cancer, and those who, for some reason, underwent follow-up examinations more than one year apart.

Materials and methods. The results of diagnostics and treatment of 180 patients who were in the department of coloproctology at the Textile Hospital of Tashkent, Republic of Uzbekistan in 2020-2023 were analyzed. for polyps and colon polyposis. Patients were divided into 2 groups.

Group 1 (control) consisted of 80 patients using traditional methods of surgical treatment.

The 2-nd group (main) includes 100 patients, who in the process of observation used modern methods of treatment.

Among the patients examined there were 110 (61.1%), 70 (38.9%) women (table. 1).

Table 1

Gender and age are the factors that determine the distribution of patients, n=180

Age of patients, years	Men		Women		Total	
	abc.	%	abc.	%	abc.	%
Up to 20 years old	5	2,8	4	2,2	9	5
20-29	26	14,4	20	11,1	46	25,6
30-39	15	8,3	4	2,2	19	10,6
40-49	21	11,7	21	11,7	42	23,3

50-59	23	12,8	18	10	41	22,8
60 and older	20	11,1	3	1, 7	23	12,8
Total	110	61,1	70	38, 9	180	100,0
Average age	42,8±1,35		38,6±1,46		41,2±1,06	

The patients were between 14 and 78 years of age. The ratio of men to women was 1.54:1.

Polyps were common in all age groups. There were only 9 (4.9 per cent) patients under the age of 20, while the other age groups were evenly distributed. The distinguishing feature of polyps was their less frequent detection in the 30-39 age group, especially in females (2.2%). Single polyps were found in 33 patients of primary and 19 control groups, multiple polyps in 18 and 27 respectively, diffuse polyps in 43 and 28, of which Peitz-Yeggers syndrome in 9 and 2, malignized polyposis in 8 and 7.

Distal intestinal lesions were reported in 70 and 65 respectively, left-handed in 12 and 6, subtotal in 3 and 4, total in 17 and 6. In this case, distal lesions were mainly common in patients with single polyps and colorectal cancer, and total and subtle - for patients with diffuse and multiple polyps.

Fleshy polyps were found in 14 and 9 patients, adenomatous polyps in 35 and 22, adenopapillomatous polyps in 27 and 18, hyperplastic polyps in 10 and 11, proliferative polyps in 5 and 9, and malignation in 11 and 13.

Posthemorrhagic anemia occurred in 13 and 17, cachexia in 7 and 2, stricture in 12 and 13, intestinal obstruction in 4 and 2, malignation in 20 and 6, toxic dilation in 2 and 1 patient respectively.

As can be seen from the presented material, the condition of patients in the main group was more severe. 40 (39.2 per cent) and 18 (22.2 per cent) patients of the primary and control groups underwent various operational interventions for family diffuse colon polyposis.

Conducting of modern research methods, including detection of mutations in the gene adenomatosis polyposis coli, virtual colonoscopy and esophagogastroduodenophybiscope, allowed to approach the treatment differently (fig. 1).

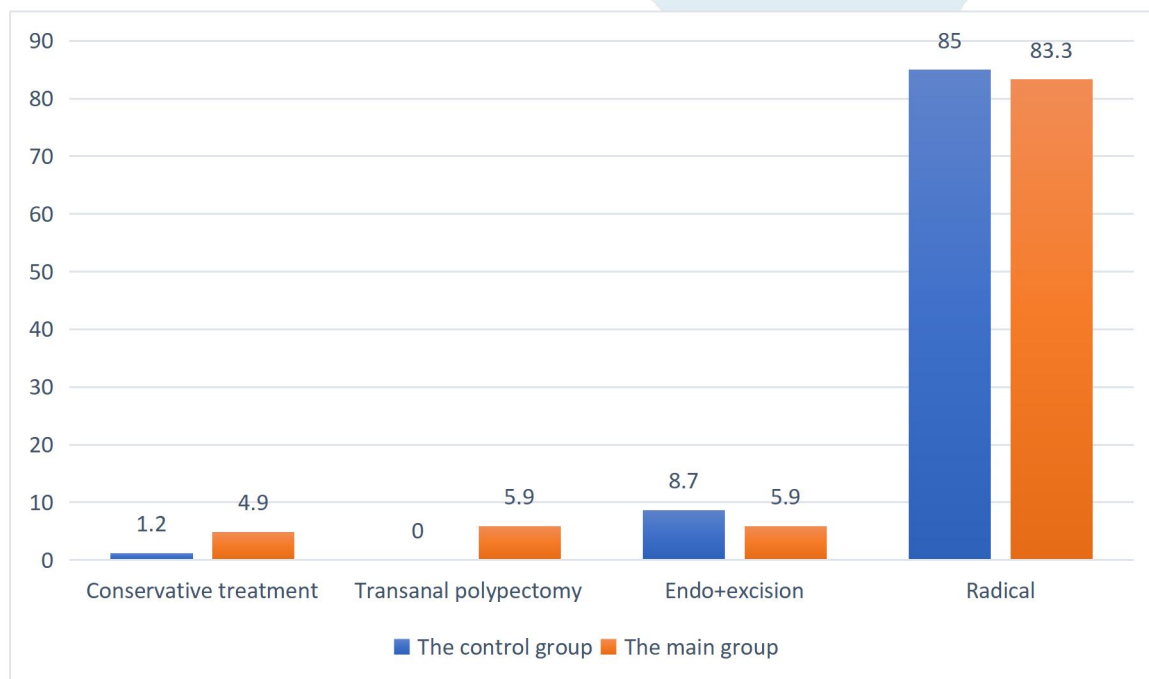


Fig. 1. Distribution of main and control groups by method of treatment, %

For example, conservative treatment was performed in 1 (1.23%) control patient and in 5 (4.9%) core group patients, transanal polypectomy was performed in 6 (5.9%) core group patients, combined with electroexcision in 7 (8.7%) and 6 (5.9%) 73 (90.1%) and 85 (83.3%) had radical operations.

Research findings. Thus, with the negative results of the identification of adenomatosis polyposis coli gene, single polyps of the rectum, we performed conservative treatment with the use of the domestic drug Lacto Flor, belonging to the pharmacological group of stimulators of trophic and tissue regeneration, used also for the treatment of radiation injuries, poisoning and intoxication of the body.

The mechanism of action of the drug is due to its immunomodulating, hemostimulating, anti-inflammatory, antioxidant action, the ability of the body to restore metabolic processes at the cellular and tissue levels. In the experiment, the antitumor effect of the drug was found.

8 major group patients with common colon polyposis undergoing surgery, Lacto Flor was prescribed at a dose of 1 ml daily as an injection 3-5 days before the operation (to strengthen immune antitumor homeostasis and apoptosis, as well as to eliminate possible metastases) and in the next 5 days after surgery.

Before treatment and 3 months after the use of the drug, a control colonoscopy was carried out. The number of small and medium-sized polyps decreased markedly, apparently due to the anti-inflammatory effect of the drug. As can be seen from the above material, even in the presence of single polyps it is necessary to have them surgically removed. In our opinion, after the surgical removal to prevent relapses, it is necessary to conduct a course of treatment of Lacto Florom under the control of colonoscopy.

Thus, we based ourselves on the following indications for endoscopic polypectomy in the treatment of patients with colon polyposis:

- Surgical surgery requires preparing the retained rectal sections to a height of 16-21 cm from the edge of the anus, If the number of polyps is not excessively high (between 20-30 or in the left sections of the colon), there are 12 polyps per gausta, which indicates that there are significant areas of free mucous membrane remain between them;

- rehabilitation of retained segments of the colon in patients after radical surgical treatment for diffuse polyposis, if polyps are 0.5 cm or more;
- treatment of patients with a proven family history who have single polyps 0.5 cm or more in the colon.

In addition, polypectomy was guided by the following criteria:

- 1) Begin disposal with proximally arranged adenomas to avoid traumatization with developing scars in the event of imminent, often repeated, endoscope injections;
- 2) With multiple adenomas, do not aim to remove all adenomas in one step; depending on their number and size, endoscopic interventions can be solved in two or three stages;
- 3) In the first instance, remove the largest or most suspicious adenomas for malignation, the results of which histological study will resolve the issue of further treatment tactics.

Our observations allow us to agree with the results of the research of a number of authors [4, 5, 6] who write about the possibility of endoscopic rehabilitation of the gastrointestinal tract without having to remove the entire colon. This view is based on the fact that most of the patients in this group were first identified as active relatives of patients with diffuse polyposis, as well as improved quality of diagnosis in the early stages of the disease.

Our experience has shown that with improved early diagnosis of polyposity, endoscopic rehabilitation opportunities should be used more widely. We believe that the rehabilitation of retained colon departments is better carried out in the pre-operational period, as it allows more accurate determination of the volume of the operation. The incidence of cancer in the future does not exceed 10.5 per cent. It is advisable to carry out dynamic observation in the post-operative period at intervals of six months, as after a year malignant polyps may be identified that will require repeated operations.

In fact, the use of endoscopic polypectomy in 7 control patients and in 6 main group patients showed a high efficiency. Thus, all 5 (100%) of the primary patients and 6 (85.7%) of the single and multiple polyps of the control group recovered. In 1 (14.3%) patient with diffuse polyposis due to the recurrence of the disease had to resort to radical operative.

Conclusion. Thus, the application of the algorithm of managing patients with polyps and polyposes provided an individual approach to the choice of treatment tactics. In the case of negative results of genetic research and identification of single polyps in virtual colonoscopy, the method of choosing operative treatment was endoscopic. The most appropriate is endoscopic electroexcision of polyp.

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