

Treatment of sphincter of Oddi dysfunction in patients after cholecystectomy by BRT method in a hospital

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Currently, up to 200 thousand gallbladder removal operations are performed annually in Russia. In the world, among surgical interventions on the abdominal organs, cholecystectomy is the second most frequent after appendectomy. However, cholecystectomy in cholecystectomy does not always lead to recovery, in 20–51% of patients at various times after the operation, abdominal pain syndrome and dyspeptic disorders persist, that is, postcholecystectomy syndrome (PCES) is formed.

The clinical consequences of gallbladder removal are:

- the loss of the evacuation function is accompanied by a violation of the adequate bile outflow necessary for full digestion;
- the loss of the concentration function causes a violation of the processes of lipolysis in the small intestine, due to a decrease in the activation of pancreatic lipase; reducing the bactericidal properties of bile, which contributes to the development of bacterial overgrowth syndrome in the small intestine;
- the loss of the modulating effect of the gallbladder on the sphincter of Oddi affects the development of hypertonicity of this sphincter;
- the loss of the reservoir function of the gallbladder is accompanied by constant bile outflow in the interdigestive period and does not provide full digestion in the digestive period, contributes to the formation of biliary refluxes (duodeno-gastric, duodeno-gastroesophageal), the refluctate of which contains detergent bile acids that damage mucous membranes.

Pain syndrome after cholecystectomy is one of the reasons that reduces the quality of life of patients after surgery. Its relief is a serious clinical problem for the doctor. The causes of the pain syndrome are due to: functional maladjustment of the sphincter of Oddi; organic pathology of the extrahepatic biliary tract or their combination.

In patients with PCES, functional disorders of the biliary tract account for 74.9% (Bystrovskaya E.V., 2010). The loss of the gallbladder and its functions and the resulting dysfunction of the sphincter of Oddi lead to a decrease in the quality and quantity of outflowing bile and pancreatic secretion into the duodenum, which is often not fully compensated by the work of other organs of the gastrointestinal tract. In this connection, real conditions are created for disrupting the digestion processes. Starting from the first day and up to 5 years after cholecystectomy, there is a tendency towards a decrease in the level of cholecystokinin (CCK) by more than 50 times. It was found that with a decrease in the CCK level by more than 2 times, the likelihood of developing dysfunction (spasm) of the sphincter of Oddi of a functional nature increases by 22.6% (Vinnik Yu.S., Serova E.V., 2011).

With dysfunction of the sphincter of Oddi (DSO), depending on the prevalence

clinical symptoms are: biliary, pancreatic and mixed types of DSO. With isolated dysfunction of the sphincter of the common bile duct, biliary pain occurs (localized in the epigastric region or the right hypochondrium with irradiation to the back and right scapula); with a predominant lesion of the sphincter of the pancreatic duct - pancreatic pain (localized in the left hypochondrium with irradiation to the back); with pathology of the common sphincter - combined biliary-pancreatic pain (usually of a shingles nature). In addition, patients complain of nausea, intermittent or persistent feeling of bitterness in the mouth, unstable stools with a predominance of constipation or diarrhea.

Studies that allow verifying the dysfunction of the sphincter of Oddi include: laboratory tests (determination of serum levels of ALT, AST, ALP, GGTP, bilirubin, amylase, lipase) and instrumental studies (EGDS; transabdominal ultrasonography; endoscopic ultrasonography; endoscopic retrograde hepatic cholangiobilsinopancreatography; ; endoscopic perfusion papillosphincteromanometry). In everyday clinical practice, preference is given to non-invasive diagnostic methods, since the use of invasive techniques is associated with a high risk of complications.

Purpose of the study: to study the effectiveness of endogenous bioresonance therapy (BRT) in patients with dysfunction of the sphincter of Oddi after cholecystectomy (men and women aged 29 to 65 years) with a disease duration from 6 months to 5 years.

Materials and methods of research: the work is based on the results of treatment 40 patients with DSO who received standard therapy in a hospital setting. All patients were divided into 2 groups of 20 people each: the main group (received standard conventional therapy) and the "BRT" group (endogenous BRT was added to the conventional standard therapy). The sessions were carried out in 1-2 days, depending on the dynamics of the patients' condition. To assess the results of treatment, conventional clinical and laboratory studies were used.

Results: in the course of treatment in patients of the "BRT" group compared with the main group observed a more rapid relief of the main clinical symptoms of the disease: abdominal pain syndrome, dyspeptic disorders.

Conclusion: the positive effect of BRT has been shown as part of complex treatment patients with sphincter of Oddi dysfunction after cholecystectomy, which makes it possible to accelerate the onset of clinical remission in this category of patients.

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