

применяемые у больных с холецистохоледохолитиазом, а именно фиброгастроуденоскопия, эндоскопическая ретроградная панкреатохолангиография, чрескожная-чреспеченочная холангиография, диагностическая лапароскопия, интраоперационная холангиография, интраоперационное ультразвуковое исследование, ангиография. Представлены новые концепции оказания хирургической помощи больным с данной патологией, включающие одноэтапное выполнение холецистэктомии с приоритетным использованием интраоперационной антеградной эндоскопической папилосфинктеротомии и ретроградной литоэкстракции под контролем дуоденоскопа, по сравнению с двухэтапной тактикой коррекции ЖКБ с патологией внепеченочных желчных путей, когда на первом этапе выполняется их декомпрессия, санация, а на втором — холецистэктомия. Приведены статистические данные осложнений, которые возникают во время проведения диагностических и лечебных манипуляций у больных с ЖКБ, осложненной патологией внепеченочных желчных путей. Также рассмотрено количество случаев по-слеоперационной летальности в зависимости от тяжести форм осложнений ЖКБ.

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Role of endoscopy in diagnosis and treatment of gallstone disease complicated by the pathology of the extrahepatic biliary tract (literature review)

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The article presents current literature data of domestic and foreign authors on the main problems of endoscopic diagnostics and complex approach to treatment of gallstone disease complicated by pathology of the extrahepatic biliary tract. Efficiency of one-stage and two-stage methods of surgical treatment of cholelithiasis and the possibility of their practical application are considered. Complex approach for minimally invasive bile duct interventions with cholecystoccholechoholitiase, which can be conditionally divided into laparoscopic, mini-access, endoscopic by duodenoscope, cholangioscopy, ultrasound-controlled biliary intervention, is analyzed. Methods of diagnostic testing that can be divided into preoperative and intraoperative, non-invasive and invasive used in patients with cholecystoccholechoholitiase, namely fibrogastroduodenoscopy, endoscopic retrograde cholangiopancreatography, percutaneous-transhepatic cholangiography, diagnostic laparoscopy, intraoperative cholangiography, intraoperative ultrasound, angiography. New concepts of providing surgical care to patients with this pathology are presented, which include one-stage performance of cholecystectomy with priority use of intraoperative antegrade endoscopic papillosphincterotomy, and retrograde litho-extraction under duodenoscope control, in comparison with the two-stage tactics of correction of cholelithiasis with pathology of extrahepatic biliary tract, when the first stage includes its decompression, rehabilitation, and the second — cholecystectomy. Statistical data of complications arising during diagnostic and therapeutic manipulations in patients with cholelithiasis complicated by pathology of the extrahepatic biliary tract are presented. Number of cases of postoperative mortality depending on the severity of complications of cholelithiasis is also considered.