

VIDEOTHORACOSCOPY IN THE TREATMENT OF COMPLICATED FORMS OF TUBERCULOUS PLEURISY

¹Dosbaev A.S., ¹Dilmagambetov D.S., ¹Illyasov E.N., ¹Baisalbayev B.S., ²Aliyev A.V., ¹Tangarikova G.N.

¹NJSC «West Kazakhstan Marat Ospanov Medical University», Aktobe, Kazakhstan

²Public Health & Healthcare Management Chair, Azerbaijan Medical University, Baku, Azerbaijan

ABSTRACT

Over the last decades, the use of a high-tech, minimally invasive surgical method – videothoracoscopy with pleural biopsy has taken a leading role in the differential diagnosis of pleurisy etiology.

In the Regional Tuberculosis Dispensary (Aktobe) a methodology (VATS) was introduced – Video-assisted thoracoscopic surgery. For effectiveness and safety research of VATS, 60 patients with complicated forms of tuberculous pleurisy were taken.

Patients were divided into the main group (30 people, minithoracotomy with endovideoassistance) and the control group (30 people, videothoracoscopy + thoracotomy). In the main and in the control group of the studied patients, the surgical intervention began with videothoracoscopy and was carried out using a German production Video Endoscopy System «Karl Storz».

The clinical and economic aspects of the treatment of both groups of patients were analyzed and it was found that in the main group the time spent by patients in the intensive care unit was significantly reduced of occupancy limits. This for instance, the operated patients of the main group were on average in the ICU ward - 3.17+0.94 days, and in patients in the control group this indicator was 5.21+1.9 days.

When conducting a minithoracotomy with endovideoassistance, it was noted that all 30 patients of the main group managed to avoid hemorrhagic complications during and after surgical intervention.

A comparative analysis of total blood loss during surgical interventions in the main and control groups was carried out. In the main group, intraoperative blood loss was 86.8+5.9 ml, and in the control group 290.7+11.3 (P <0.05).

These indicators indicate a smoother course of surgical intervention in patients of the main group.

The average duration of surgical interventions in the main group was almost 2.5 times less and amounted to 79.6+17.4 minutes, in the control group it was 198.9+15.2 minutes.

The results of we have received indicate the effectiveness of early surgical intervention of videothoracoscopy in combination with mini-access in the treatment of complicated forms of tuberculous pleurisy.

