

PREVENTION OF POSTOPERATIVE LIVER FAILURE IN HIGH-RISK PATIENTS WITH ACUTE DESTRUCTIVE CHOLECYSTITIS

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Relevance. Elderly patients with acute destructive cholecystitis and severe comorbidity often have limited hepatic reserves, and radical surgery in this group carries a high risk of postoperative liver failure, which aggravates the postoperative course and increases mortality. A dedicated method for preventing postoperative liver failure in high-risk patients has not been sufficiently developed.

Material and methods. The results of treatment of 281 patients with acute destructive cholecystitis (2019–2025) were analyzed, with a comparison group of 113 patients (open cholecystectomy) and a main group of 168 patients treated with a differentiated minimally invasive strategy. In high-risk patients, a method of preventing postoperative liver failure was applied together with staged decompression (microcholecystostomy) as preparation for delayed radical surgery. The frequency of postoperative liver failure was compared between the traditional and proposed approaches.

Results and discussion. The combined use of staged microcholecystostomy in high-risk patients and the proposed prophylactic method reduced the frequency of postoperative liver failure from 9.7% to 3.0% ($p=0.033$). Microcholecystostomy allowed decompression of the gallbladder and stabilization of the patient's condition before delayed radical intervention, thereby limiting the hepatic insult associated with emergency radical surgery under conditions of severe



inflammation and endotoxemia. The reduction in liver failure shortened the duration of intensive care and lowered the cost of treating complications.

Conclusion. The developed method for preventing postoperative liver failure, combined with staged microcholecystostomy in high-risk patients, significantly reduces the frequency of postoperative liver failure and improves the safety of surgical treatment in acute destructive cholecystitis.