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## SURGICAL TREATMENT OF TRACHEAL STENOSIS WITH SCARS

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### KEYWORDS

trachea, scar stenosis of the trachea, circular resection of the trachea, tracheo-laryngeal anastomosis

### ABSTRACT

To correctly carry out modern surgical treatment measures of advanced scar stenosis after endotracheal intubation and to give conclusions on the method carried out in them, to prevent various complications arising after the operation method, the specifics of the method to provide information about the advantages and disadvantages, as well as modern laryngotracheal stents that are used today.

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## TRAXEANING CHANDIQLI STENOZINI XIRURGIK DAVOLASH

### KALIT SO'ZLAR:

traxeya, traxeyaning chandiqli stenozini, traxeyaning sirkulyar rezeksiyasi, traxeo-laringeal anastomoz

### ANNOTATSIYA

Endotraxeal intubatsiya amaliyotidan so'ng rivojlangan chandiqli stenozni zamonaviy xirurgik davolash chora-tadbirlarini to'g'ri olib borish va ularda o'tkazilgan usul bo'yicha xulosalar berish, operatsiya usulidan keyin kelib chiqadigan turli xil asoratlarni oldini olish, usulning o'ziga xos avzalliklari va kamchiliklari, shuningdek hozirgi kunda qo'llanayotgan zamonaviy laringotraxeal stentlar haqida ma'lumot berish.

**Kirish.** So'nggi 10 yil ichida intubatsiyadan keyingi traxeya asoratlari bo'lgan bemorlarning soni sezilarli darajada oshdi. Tolali to'qima bilan traxeya devorining normal tuzilmalari arxitektonikasining yo'qolishi bilan namoyon bo'ladigan surunkali yallig'lanish natijasida nafas yo'llarining funksiyasi va torayishi kuzatiladi. Yurak, miya, qorin bo'shlig'i a'zolari patologiyasi bo'lgan bemorlarda jarrohlik aralashuvlar hajmini kengaytirish intubatsiyalash sonini oshiradi, keyinchalik postintubatsion stenoz paydo bo'lishi oshadi [2, 3, 4, 5, 9]. Stenozli bemorlarning ko'pchiligi torakal klinikalarning jarrohlik shifoxonalariга nafas olish yetishmovchiligi tufayli og'ir holatda yotqiziladi, ular shoshilinch yordamni talab qiladi. Ko'pincha bu o'pkaning yetarli ventilyatsiyasini tiklash uchun shoshilinch ko'rsatmalar bo'yicha bajariladigan endoskopik traxeyani rekanalizatsiya qilish amaliyotidir [2, 3, 4, 6]. Traxeostenozni endoskopik tuzatishning istiqbolli usullaridan biri traxeomalyatsiya va xondroperixondrit asoratlari rivojlanganda traxeya o'tkazuvchanligi tiklangandan so'ng traxeya bo'shlig'iga o'rnatiladigan turli dizayn va konfiguratsiyadagi stentlar bilan endoprotezni almashtirishdir [1, 2, 3, 4, 6, 7, 8]. Endoprotez sifatida lateks yoki silikon naychalar ishlatiladi, ular traxeyaning bo'shlig'iga kiritiladi va bo'shliqning modelini shakllantiradi [1, 2, 3, 4, 6, 7, 8, 10].

**Maqsad.** Reanimatsiyadan keyingi terapevtik tadbirlar natijalarini yaxshilash, erta aniqlash tufayli traxeyaning traxeostomiyadan keyingi stenozli bemorlarni dispanser kuzatuv davomida mexanik ventilyatsiya va traxeya bo'shlig'ini tiklash jarayonida kriojarrohlik usullarini avzalligini aniqlash.

**Material va tekshirish usullari.** Tekshiruvlar Toshkent Tibbiyot Akademiyasi Torakoabdominal va Reanimatsiya-Anesteziologiya bo'limlaridagi bemorlarda operatsiya va kuzatuv usulida olib borildi. Bunda 2016-yil mart oyidan 2017-yil mart oyigacha kuzatuv olib borilgan umumiy bemorlar 102 ta bo'lib, ularning yoshi, jinsi, yondosh kasalliklari, operatsiya usuli, operatsiya davomida qanday stentlardan foydalanganlik va eng muhimi operatsiyadan so'ng bemorlarning umumiy ahvoli qay darajada ijobiy tomonga o'zgarganligi, shuningdek to'liq mehnat qilish qobiliyatiga qay darajada qaytganligi o'rganildi.

**Natijalar.** O'rganilgan 102 ta bemordan 17 tasida shoshilinch ravishda endotraxeal intubatsiya amaliyoti o'tkazilgan 16,7% (17/102). Shundan 14 tasida chandiqli stenoz rivojlangan 82,3% (14/17). Chandiqli stenozga uchragan bemorlarning 42,8% (6/14) ayollar tashkil etib, qolgan 57,2% (8/14) erkaklar tashkil etdi, ya'ni nisbat 1,5:2. Ayollarning o'rtacha yoshi 50-55 yoshda bo'lib, erkaklarning o'rtacha yoshi 50-60 yoshligi aniqlandi. Yangi operatsion usul - stenozga uchragan segmentni olib tashlab, traxeaning I va II yarim halqa tog'aylari va bifurcatio trachea oralig'ida havo o'tkazuvchi, biologik antigenlik xususiyatga ega bo'lmagan, qizilo'ngach funksiyasiga ta'sir qilmaydigan silikonli naycha qo'yish amaliyoti bajarildi. Amaliyot 85,7% (12/14) bemorda rejali ravishda o'tkazildi. Qolgan 2 ta bemor konservativ davolashda ta'sirida tuzaldi va ularga reabilitatsiya choralari ko'rib, Torakoabdominal bo'limga o'tkazildi 14,3% (2/14). Shundan 8,3% (1/12) bemorda o'tkir bosh miya qon aylanish yetishmovchiligi o'tkazganligi (2015-yil) aniqlandi. 2ta bemorda esa qandli diabet II tip kompensatsiya davri ekanligi aniqlandi 16,7% (2/12). Shundan 2 ta qandli diabetga uchragan bemorlarga mukosiliar klirensni saqlovchi stent qo'yildi-16,7% (2/12). 5 ta bemorlarga dorili endotraxeal stentlash amaliyoti bajarildi 41,7% (5/12). Qolgan bemorlarga 41,7% (5/12) granulyatsiyalanuvchi va migratsiyalanish xususiyatiga ega Montgomeri-II endotraxeal stentlardan foydalanildi. Qolgan bemorlar hech qanday boshqa og'ir somatik va nasliy kasallikka chalinmaganligi aniqlandi. Amaliyot barcha bemorlarda muvaffaqiyatli bajarildi va reanimatsiya bo'limiga yotqizildi. Operatsiyadan so'ng bemorlarning barchasida to'liq reabilitatsiya chora-tadbirlari ko'rildi. Kuzatuv davomida amaliyot o'tkazilgan bemorlarning 83,3% (10/12) to'liq mehnat qilish qobiliyati ijobiy tomonga o'zgarganligi qayd etildi. Qandli diabet bilan kasallangan bemor qayta reoperatsiyaga ko'rsatma bo'ldi 8,3% (1/12). Letallik 8,3% (o'tkir bosh miya qon aylanish yetishmovchiligi bilan xastalangan bemorda kuzatildi).

**Xulosa.** Endotraxeal intubatsiyadan so'ng rivojlanuvchi chandiqli stenoz kelib chiqishi bemorlarning o'tkazgan va yondosh kasalliklar bilan kasallanganligiga, intubatsion naychani qo'yilishiga bog'liq. Chandiqli stenozni oldini olishda bemorlarda qo'llangan usul shuni ko'rsatdiki, bu usulni to'liq fanga tadbiq etish va yanada ularni mukammal rivojlantirish ko'nikmalari ustida ish olib borish ko'zda tutildi. Bu operatsion usul, albatta, shifokorning maxorati va stentni to'g'ri tanlay bilishiga, stentning biologik xususiyatiga bog'liqligi aniqlandi. Bu usulning avzalligi bemorlarning to'liq mehnatga layoqatligi saqlanganligi va bemorda yondosh kasalliklar bo'lmaganda hech qanday asoratlar bermasligi, shuningdek nafas yetishmovchiligiga olin kelmasligi aniqlandi.

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