

ACUTE DISEASES AND INJURIES OF THE ABDOMINAL AND EXTERNAL ORGANS

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Abstract: Acute diseases and injuries of the abdominal cavity and excretory organs. The severity of the patient's condition can be considered in the case of acute abdominal bleeding, which is a life-threatening disease. Acute intra-abdominal bleeding occurs in two forms. In the first form, blood flowing from the abdominal organs enters the cavity of these organs, and therefore this form is called intra-abdominal bleeding. In the second form, blood flowing from the abdominal organs flows directly into the abdominal cavity, and therefore the bleeding is called free intra-abdominal bleeding.

Keywords: Abdominal cavity, patient condition, bleeding, dangerous diseases, abdominal organs, digestion, liver cirrhosis, varicose veins, tumor necrosis in the stomach and intestines.

The sharp increase in the clinical symptoms of the disease and the severity of the patient's condition can be considered as an example of acute abdominal bleeding, which is a life-threatening disease.

Acute intra-abdominal bleeding occurs in two forms. In the first form, blood flowing from the abdominal organs enters the cavity of these organs, and therefore this form is called intra-abdominal bleeding.

In the second form, blood from the abdominal organs flows directly into the abdominal cavity, and therefore the bleeding is called free intra-abdominal bleeding. Acute bleeding into the digestive organs.

In such cases, the source of bleeding is most often injuries in the stomach and duodenum, varicose veins of the lower esophageal veins in liver cirrhosis, erosion of tumors in the stomach and intestines, alimentary (caused by food consumption) hemorrhagic gastritis, etc.

Bleeding from the stomach and duodenum is divided into subtle (from small veins at an inconspicuous level) and profuse bleeding (from any artery). Determining the main source of pinhole bleeding can be a bit difficult, but one of the main clinical symptoms is growing anemia for no reason.

In these cases, the patient's color turns pale, blood pressure drops sharply, ice-cold sweat hits the body, lips and fingers turn blue. Urgent aid: put something cold (ice, snow, cloth soaked in cold water) on the upper part of the patient's stomach (epigastric), in case of urgency, it is necessary to take the patient to the hospital on a stretcher without standing up.

Acute intra-abdominal bleeding Bleeding of this type occurs in ectopic pregnancy, rupture of the spleen and ovary, rupture of the abdominal aortic aneurysm. Closed contusion This type of contusion occurs mainly after blows from blunt and blunt objects (fist and heel). The main symptoms are limited to pain, swelling, bruising, and bruising (hematoma).

In cases of strong impact, rupture of the muscles of the abdominal wall is also observed, in which the above clinical manifestations are relatively severe, the hematoma grows sharply, and symptoms of "fluctuation" may appear in the surface area.

If severe cases of closed lath are observed, parenchymatous organs (liver, spleen) are ruptured, then signs of bleeding into the abdominal cavity appear (unintentionally, the patient's color turns pale, general weakness, drowsiness, dry mouth, rapid pulse and a sharp drop in blood pressure, etc.).

During first aid, the patient should be laid down and given complete rest. An ice pack should be placed on the abdomen, and if there are signs of internal bleeding, emergency measures should be taken to prevent shock - blood and blood substitutes. In such cases, it should be remembered that patients are prohibited from taking morphine and other analgesics, which means that the effects of such painkillers can lead to some confusion in determining the symptoms of the disease.

In any case, patients presenting with abdominal wall lacerations should be hospitalized for observation and examination. In severe cases, it is advisable to transport patients on a stretcher to the emergency surgical department.

Open injuries Abdominal wall injuries can be in the forms of penetrating the abdominal wall (stomach, intestinal mesentery, liver, spleen, etc.) and non-perforating.

If any of the abdominal organs are injured in penetrating injuries of the abdomen, these cases include severe pain in the abdomen, tension of the muscles of the anterior abdominal wall, and positive symptoms of inflammation of the peritoneum.

During first aid, wounds are given primary surgical treatment. If abdominal organs are protruding from the wound, it is strictly forbidden to straighten them and reposition them in the abdominal cavity. On the contrary, it is recommended to wrap these organs with sterile cloths and take measures to prevent them from drying out. If there are clear signs of a penetrating injury, the patient is given emergency painkillers (promedol, morphine) and an operation is performed immediately. If there is a suspicion of a gastrointestinal injury, patients are strictly prohibited from drinking water.

If the patient has signs of shock, it is recommended to administer cardiac and respiratory analeptics (2 ml of 10% caffeine and 2 ml of cardiamine) intramuscularly.

Among acute diseases of the abdominal cavity, gastric and duodenal ulcers, which are among the diseases that require urgent, regular treatment, should be highlighted. The reason we are highlighting this disease is that it affects more than 8-10% of men and its complications are common. Complications of this disease can be detected unexpectedly at different times in the course of the disease, and even for the first time in clinics.

Perforation of a stomach or duodenal ulcer is one of the most serious and dangerous complications of this disease and requires emergency surgical treatment.

The first period (within 4-6 hours after the start of perforation) - at this time, a sharp pain like a "dagger" stabbing starts in the upper part of the abdomen, the muscles of the front wall of the abdomen become tense and hard as a board.

In some cases, a state of shock is observed (the patient turns pale, breaks out in a cold sweat, bradycardia - the pulse slows down, breathing is shallow, etc.), the body temperature at this time is normal. The second period lasts (up to 6-12 hours after the puncture), during which the signs of acute shock disappear, the patient feels a little better, sometimes euphoria - he may become dizzy, like a drunk person.

However, this is considered a period of "false" recovery, during which peritonitis develops. The third period covers 12–18 hours after perforation and is characterized by the full development of local and general symptoms of peritonitis (inflammation of the peritoneum).

General symptoms of the disease develop on the basis of general intoxication of the body: dry tongue, covered with a white coating, elevated body temperature, rapid pulse, nausea, vomiting, and in some cases impaired urination (often cessation).

In cases where the disease has passed, the facial expression of the patient seems to be so desperate that it is possible to diagnose the patient with peritonitis based on this expression. This type of facial expression is called "Hypocrates face", that is, the facial expression is focused on one point, the eyes are sunken, and dark spots can be observed under the eyes.

The patient occasionally becomes dizzy and, in severe cases, faints. Local symptoms that represent the main signs of peritonitis are: severe abdominal pain, tenderness on palpation, tension of the abdominal muscles, and lack of participation in breathing.

In case of gastric perforation, the only way to save the patient depends on the emergency surgical procedures and how early the procedures are started. It is necessary to strictly remember these rules. Bleeding from a gastric ulcer Bleeding from a gastric ulcer accounts for 15-20% of all bleeding.

Bleeding is divided into partial occult and acute (profuse) bleeding. Basically, bleeding begins with a breakdown of the wound wall. In partial (occult) bleeding, the patient may not notice the bleeding when the amount of blood is up to 200 ml.

In these cases, the patient may notice some weakness and dark stools the next day. In profuse (large amounts) bleeding, all the symptoms characteristic of bleeding are accompanied by signs of acute anemia.

In this case, symptoms such as general malaise, weakness, severe paleness of the skin, ringing in the ears, dizziness, weak and rapid heartbeat, and a drop in blood pressure and body temperature are observed.

Vomiting blood, which begins spontaneously, is usually a "dark coffee" color, and is caused by the formation of hematin under the influence of blood salts and alkalis. Sometimes, in cases of severe bleeding, the blood in the vomit may be bright red, meaning that it has not yet been treated with saline or alkaline solutions. The part of the blood that has entered the intestines may be passed out as a black liquid (melena) with constipation.

It should be noted here that bleeding can occur not only in ulcer disease, but also in acute dilatation of esophageal veins in liver cirrhosis.

Emergency medical care consists of the patient's quiet position, an ice pack placed on the upper abdomen, intravenous injection of 5-10 ml of 10% calcium chloride solution, intramuscular injection of 1-2 ml of one-percent vikasol solution, and urgent delivery to the surgical department on a stretcher.

Acute appendicitis is an inflammation of the appendix. On average, one in 250 people will develop acute appendicitis each year, accounting for approximately 70% of all cases of acute abdomen.

Acute appendicitis is most common in young and middle-aged people. Acute appendicitis begins with sudden onset of abdominal pain. The disease usually begins without any symptoms. It begins with loss of appetite, dry mouth, nausea, vomiting, often a single, but not associated with eating, increase in body temperature to subfebrile levels (37.3–37.80 ° C), tachycardia. Over time, the pain spreads to the entire lower right abdomen.

When examining the abdominal wall, the right side is slightly swollen, and the patient feels pain during palpation and any other movement. Acute appendicitis can only be treated surgically, by removing the appendix, an appendectomy. Therefore, such patients should always be urgently brought to the surgical department.

Acute cholecystitis is an acute inflammation of the gallbladder. It occurs mainly in middle-aged and elderly people, and is more common in women.

The clinical course of the disease is usually characterized by a sudden onset of pain in the right hypochondrium, followed by a rise in body temperature to 38–39°C, and jaundice in the patient's eyes and mucous membranes.

In some cases, the pain may radiate to the right arm or shoulder. During examination, tachycardia (rapid heartbeat) and muscle tension in the anterior abdominal wall and right costal region are observed.

In cases of purulent inflammation and perforation of the gallbladder, peritonitis develops, so it is recommended to place such patients in the emergency surgery department. Acute pancreatitis is an inflammation of the pancreas, accounting for 9–12% of all acute surgical diseases, while destructive, that is, cases leading to organ destruction, account for 25–30%, and mortality in such cases is 22–50%. It is most common in patients aged 30–50 years. One of the main factors causing the disease is excessive consumption of fatty, spicy, and alcoholic beverages. In some cases, predispositions have also been identified in patients suffering from gallstone disease.

The onset of the disease is sudden, with cramping pain in the upper abdomen. The pain can be extremely unbearable, and the point of onset depends on which part of the pancreas is inflamed.

When the tail is inflamed, it begins in the upper left part of the abdominal wall, and when the head and body are inflamed, it begins in the upper middle part of the abdomen. In most cases, the pain may spread to the back, lumbar region, and in the form of a belt. In some cases, pain, nausea may be accompanied by repeated vomiting and abdominal distension.

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