



The role of chemotherapy in prophylaxis of the liver echinococcosis recurrence

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Abstract

In analysis exposed the results of treatment 513 patients, operated in Samarkand State Medical Institution's clinic of surgical separation during for the 10 years (2006-2015y.y). On the occasion of primary the liver echinococcosis were operated 379 (73,9%) sick. From all the groups of operated patients, 207 patients were limited of limited of surgical operation, chemotherapy were not hold (2006-2008 y). And other 306 operated patients were hold chemotherapy in full content (2008-2015). The frequency of recurrence of the patients without chemotherapy has formed 9,7%(n=20). Patients after prophylactic chemotherapy recurrences noted only in 3(0,9%) events.

The primary operation on cause of the liver echinococcosis without supporting phylactic chemotherapy, held on in condition of the modern high-tech surgical institution, does not guarantee from recidivation of the disease.

Keywords: chemotherapy, liver echinococcosis, prophylaxis

Introduction

Contemporary condition of the liver echinococcosis surgery cannot be recognized as satisfactory, because after primary performed operation a considerable number of recurrent forms resulting in repeated operations is observed [2]. On evidence different authors, frequency recurrence after surgical treatment of echinococcosis in different localization consist about 10% and hesitant within 3-54% [1, 5]. Most of complicated problem represent repeating and multiple recurrence of echinococcosis, in the time which may be lethal outcome [4].

An analysis of the literature on the problem shows that the need to conduct against relapse chemotherapy in surgical, and to a greater extent, minimally invasive interventions, is not questioned. At the same time, there is no single approach to the tactics of carrying out against relapse chemotherapy. Thus, Bildik N *et al.* (2007) concluded that anti-relapse therapy should be performed 3 months before surgery, and if alive proto-scolexes are found during the operation, treatment should be continued for 1 month after the operation [3]. Arif SH *et al.* (2008) conducted a comparative analysis of the development of relapse in various regimens against relapse therapy and concluded that pre- and postoperative therapy with albendazole generally leads to a decrease in the relapse rate [1, 6]. The authors did not note a significant difference in efficacy in prescribing the drug before or after the operation. Rajesh R *et al.* (2013), referring to WHO recommendations, are being held against relapse therapy by Albendazol for 4 days prior to intervention and continue for a month after it [7]. Other authors believe that against relapse therapy, Albendazole is sufficient only after invasive manipulations on the parasitic cyst.

Materials and Methods

In analysis exposed the results of treatment 513 patients, operated in Samarkand State Medical Institution's clinic of surgical separation during for the 10 years (2006-2015y.y). On the occasion of primary the liver echinococcosis were operated 379 (73,9%) sick.

The portion of multifocal echinococcosis are consisted 26,9%(n=102). Repeatedly on the occasion of the liver echinococcosis and organs of abdominal cavities were operated 134 patients: about recurrent-74 (55,2%), residual-13(9,7%), disseminated abdominal cavities of echinococcosis-7(5,2%), about implantation of echinococcosis -39(29,1%), about reinestation of echinococcosis- 1(0,7%). From them 19 patients were operated in our separation, on 379 primary operation frequency of recurrent consisted 5,0%.

The rest of 115 patients, which income to repeating treatment, were operated to other surgical center's.

All admitting patients were effected a complex of clinical, laboratory and instrumental researching. Among the instrumental methods of researching are administered radiography, USD and KT.

According to sizes of the sac echinococcosis, its number and localization, the growth parasite of echinococcosis, the complication of character, the condition of fibrous capsule, the general condition of patients were applied to different methods of echinococectomy and to the methods of liquidation leavings of cavity.

For intraoperative manipulation of Hydatid sac most safety and available for practical use were 80-100% glycerin, which heated till 70°C temperature. Glycerin is active even for significant dilution, warrants of its most safety, that proved

experimentally [4].

It was detected, that hot solution of glycerin causes death 100% protoscolexes during $1 \pm 0,2$ min, and complete destroy of acephalocysts occurs on the average in $3 \pm 0,5$ minutes of exposition.

Results and its discussing

From all the groups of operated patients, 207 patients were limited of limited of surgical operation, chemotherapy were not hold (2006-2008 y). And other 306 operated patients were hold chemotherapy in full content (2008-2015).

Albendazole was used in dose 10-12 mg/cg/24 hours recommended WHO (1983). Preparations are assigned discontinuous courses (1 month treatment and 15 days – pause). Number of treatments courses in each observing were selected very seriously individually depending on its size, number and the disposition of sac. During a treatment was hold regularly (1 time in 15 days) clinical, laboratory researching checking for condition of the operative area was realized by way dynamic USD and KT each 3 month during 1 observations and each 6 months at the following years.

The frequency of recurrence of the patients without chemotherapy has formed 9,7% (n=20). Patients after prophylactic chemotherapy recurrences noted only in 3(0,9%) events. In rest observations (n=303) after holding courses to postoperative chemotherapy at periods of the observation from 1 year till 5 years of the recurrence disease is not noted.

It was hold analyses interaction to localizations of recurrence's sac with revenge of the primary defeat beside 23 sick persons with repeated echinococcosis. In this case a localization of recurrence's sac only 26% sick has complied with segmentary localization primary sac, that has allowed to exclude absolute dominance in the role fibrous capsule of recurrence's genesis at the current diseases.

Probability of the development of the recidivation, possibly is connected with that, that primary defeat of liver initially could be plural, but development only one parasitical of the sac is connected with its dominance, competitive suppressing growing of the rest sacs.

Conclusion

The primary operation on cause of the liver echinococcosis without supporting phylactic chemotherapy, held on in condition of the modern high-tech surgical institution, does not guarantee from recidivating of the disease.

Using antirecidivation to chemotherapies at postoperative period derived benzimidazole carbamates (albendazole) allows to lead minimum frequency of recidivating to the diseases.

Reading to uses of curable isolated to chemotherapy by the liver echinococcosis, strictly connected with area of the primary localization parasitic sac, has formed 26,0% from all recidivation of the forms. The big share echinococcosis recidivating of the sac in removed from primary centre segment (56,5%) and even defeat of the other share (17,5%) call in question role of the fiber capsule of the primary sac as the main factor of the relapse of the disease.

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