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- 13.00.00 Pedagogika fanlari
- 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi
- 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha)
- 13.00.03 Maxsus pedagogika
- 13.00.04 Jismoniy tarbiya va sport mashg'ulotlari nazariyasi va metodikasi
- 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi
- 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohaları va bosqichlari bo'yicha)
- 13.00.07 Ta'limda menejment
- 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi
- 13.00.09 Ijtimoiy pedagogika
- 07.00.00 Tarix fanlari
- 19.00.00 Psixologiya fanlari
- 01.00.00 Fizika-matematika fanlari
- 02.00.00 Kimyo fanlari
- 03.00.00 Biologiya fanlari
- 09.00.00 Falsafa fanlari
- 10.00.00 Filologiya fanlari
- 11.00.00 Geografiya fanlari

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EXTENSIVE PELVIC URETERAL ABNORMALITIES AND RECONSTRUCTIVE OPERATIONS IN PATIENTS

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Abstract: From the perspective of medical care, research in this field is crucial due to the significant enhancement of patients' quality of life, the restoration of normal urinary system function, and the prevention of the development of comorbidities that can result from successful reconstructive operations. Therefore, research on reconstructive surgeries for patients with extensive pelvic ureteral abnormalities is of great importance and relevance to the advancement of surgical urology and clinical practice. In patients with extended pelvic ureteral narrowings, the long-term outcomes of various reconstructive surgeries were compared. The purpose of this study was to compare the long-term outcomes of surgical treatment in patients with extended ureteric narrowings who underwent intestinal and appendicular ureteroplasty or plasty using their own unaltered urinary tract tissues. The study included 40 patients with extended pelvic ureteric narrowing who underwent surgery and were followed up at the SamSMU Urology Clinic. In many cases, appendicular plasty is the sole viable surgical intervention for extended ureteral strictures.

Key words: Boari operation, intestinal plasty, appendix, ureter.

Annotatsiya: Tibbiy yordam nuqtayi nazaridan, ushbu sohadagi tadqiqotlar muvaffaqiyatli rekonstruktiv operatsiyalar natijasida bemorlarning hayot sifatini sezilarli darajada yaxshilash, siydik chiqarish tizimining normal faoliyatini tiklash hamda yuzaga kelishi mumkin bo'lgan hamroh kasalliklar rivojlanishining oldini olish imkonini berishi bilan muhim ahamiyat kasb etadi. Shu sababli, chanoq qismi siydik nayining keng ko'lamli nuqsonlari bo'lgan bemorlarda rekonstruktiv operatsiyalarni o'rganish jarrohlik urologiyasi va klinik amaliyotni rivojlantirish uchun katta ahamiyatga ega va dolzarb hisoblanadi. Chanoq qismi siydik nayining uzun segmentli torayishlari bo'lgan bemorlarda turli xil rekonstruktiv operatsiyalarning uzoq muddatli natijalari o'zaro taqqoslandi. Ushbu tadqiqotning maqsadi ichak va appendikulyar ureteroplastika yoki siydik chiqarish yo'llarining o'zgartirish o'z qimalaridan foydalangan holda plastika operatsiyasini o'tkazgan, siydik nayining uzun segmentli torayishlari bo'lgan bemorlarni jarrohlik yo'li bilan davolashning uzoq muddatli natijalarini taqqoslashdan iborat edi. Tadqiqotga SamSMU Urologiya klinikasida operatsiya qilingan va kuzatuv ostida bo'lgan chanoq qismi siydik nayining uzun segmentli torayishi mavjud 40 nafar bemor kiritildi. Ko'p hollarda appendikulyar plastika siydik nayining uzun segmentli strikturalarida yagona maqbul jarrohlik usuli hisoblanadi.

Kalit so'zlar: Boari operatsiyasi, ichak plastikasi, appendiks, siydik nayi.

Аннотация: С точки зрения медицинской помощи исследования в данной области имеют важное значение благодаря возможности значительного улучшения качества жизни пациентов, восстановления нормальной функции мочевыделительной системы и предотвращения развития сопутствующих заболеваний, которые могут возникнуть в результате успешных реконструктивных операций. Поэтому исследования реконструктивных операций у пациентов с обширными аномалиями тазового отдела мочеточника имеют большое значение и актуальность для развития хирургической урологии и клинической практики. У пациентов с протяжёнными сужениями тазового отдела мочеточника были сопоставлены отдалённые результаты различных реконструктивных операций. Целью данного исследования было сравнение отдалённых результатов хирургического лечения пациентов с протяжёнными сужениями мочеточника, которым была выполнена кишечная и аппендикулярная уретеропластика или пластика с использованием собственных неизменённых тканей мочевыводящих путей. В исследование были включены 40 пациентов с протяжённым сужением тазового отдела мочеточника, которые были прооперированы и находились под наблюдением в урологической клинике SamSMU. Во многих случаях аппендикулярная пластика является единственным приемлемым хирургическим вмешательством при протяжённых стриктурах мочеточника.

Ключевые слова: операция Боари, кишечная пластика, аппендикс, мочеточник.

INTRODUCTION

As of right now, over 80 distinct reconstructive surgery variations have been proposed and implemented for bladder and ureter replacement [1, 2].

Most nonfunctioning upper pole moieties that arise in a duplex collecting system are linked to either a ureterocele or an ectopic ureteral insertion. Instead of treating the pathological anatomical defect at the bladder level, upper tract ablative intervention-the removal of the nonfunctioning renal parenchyma in the case of a single or duplex collecting system-has been the traditional surgical treatment for severely compromised nonfunctioning renal moieties associated with ureteroceles. Upper tract heminephrectomy combined with partial ureterectomy was the final treatment for 79% and 81% of patients treated, respectively, according to early studies by Mandell [1] and Caldamone et al. [2].

Later research on individuals treated with upper tract ablative treatment over a period of 2 to 5.4 years showed that between 41% and 65% of them eventually needed substantial lower tract surgery to correct the structural defect that caused the renal moiety to stop working [3-7]. When preoperative vesicoureteral reflux is linked to the ureterocele, the need for a second open operation or continuing observation-most often because of persistent reflux-increases to 84% [8].

When treating individuals with a nonfunctioning renal portion, the main objectives should be to repair the urinary tract abnormality that is causing the issue, maintain all functional parenchyma, and create circumstances that will result in urine continence and unhindered flow, prevent and reduce the frequency of needless procedures, and treat any related vesicoureteral reflux that may be present. An upper tract method does not accomplish these aims. This study describes the experience of two institutions that provided patients with duplex collecting systems and a related nonfunctioning renal moiety because of obstructing ureteroceles with definitive lower urinary tract repair without upper tract ablative surgery. This method includes bladder neck repair, ureteral tapering and reimplantation, and ureterocele removal.

Leaving a dysplastic renal moiety in place has not been conclusively associated with any of the hypothesized dangers associated with leaving a poor or nonfunctioning renal moiety in place, such as infection, hypertension, proteinuria, and carcinogenesis [8]. Our hypothesis is that a single surgical treatment using a lower urinary tract approach will effectively treat reflux and blockage issues without requiring significant morbidity or reoperation, giving the patient a long-lasting outcome and an incision that looks good.

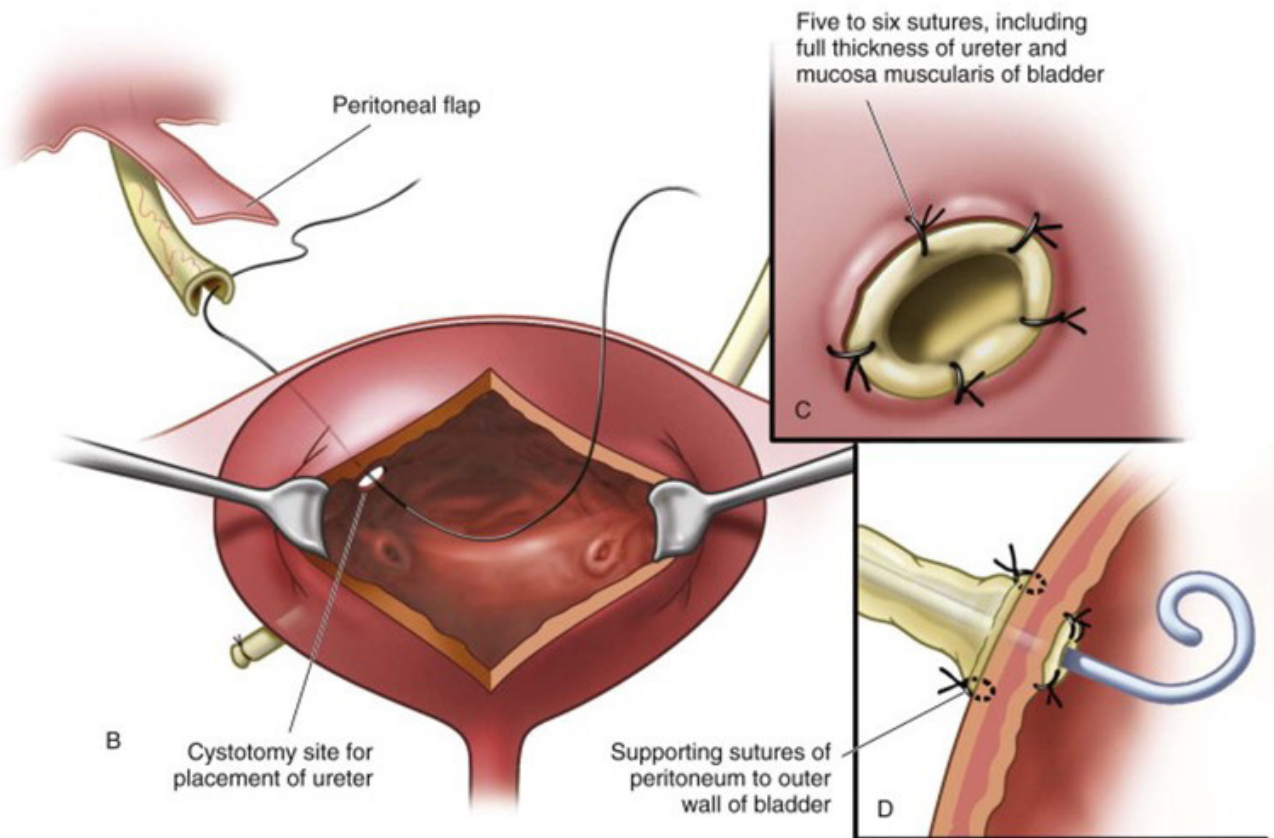


Figure 1: Stages of ureteral reconstruction using a peritoneal flap

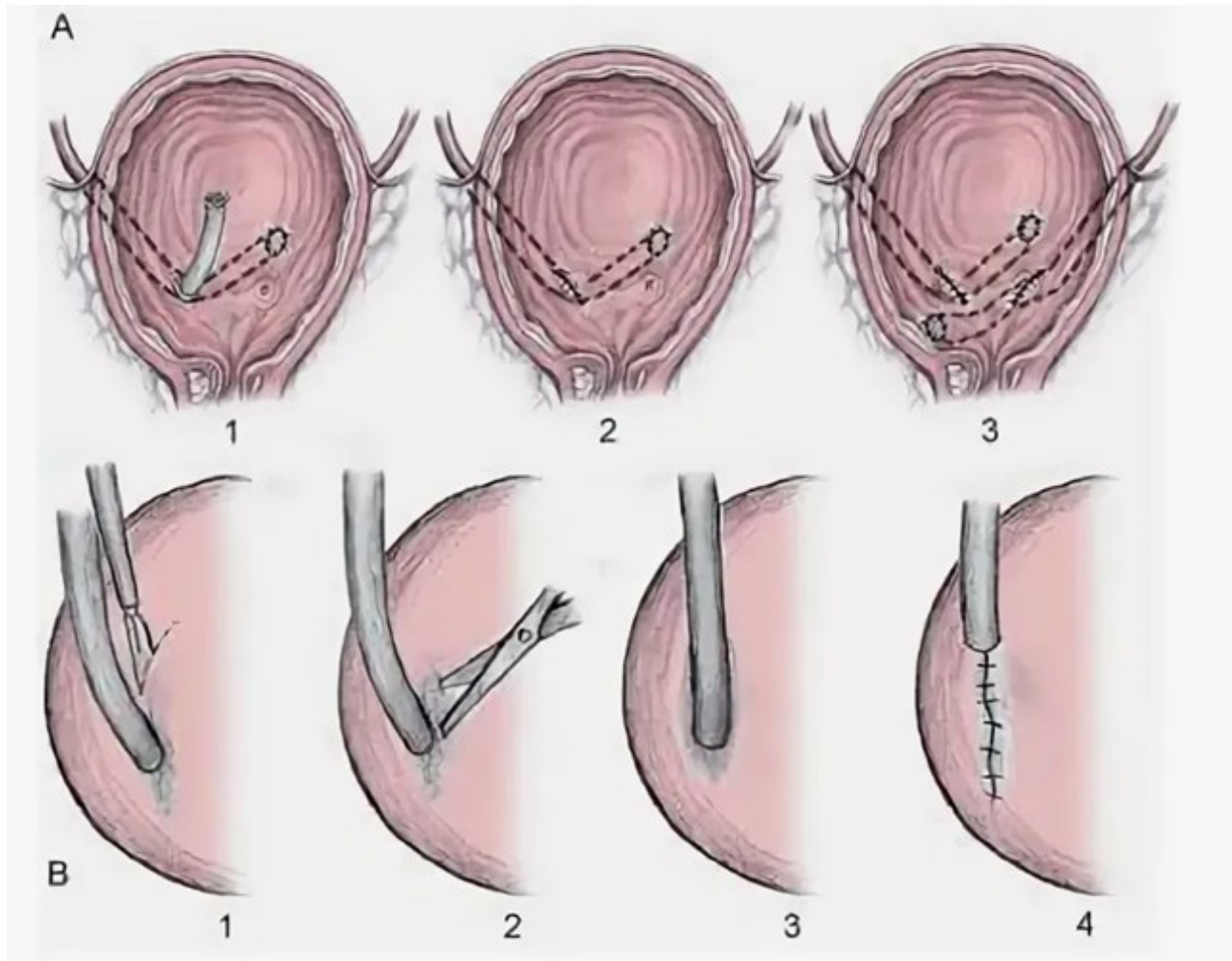


Figure 2: Stages of ureteral reconstruction using the Boari procedure

LITERATURE REVIEW

Previous studies have extensively examined different methods of ureteral reconstruction. S. A. Armatys, M. J. Mellon, and S. D. Beck investigated the use of the ileum for ureteral replacement, while B. I. Chung, K. J. Hamawy, and L. N. Zinman evaluated the long-term outcomes of bowel segments in complex ureteral reconstruction. B. K. Komyakov and V. A. Ochelenko studied the long-term results of ileal ureteral replacement. Furthermore, S. Wenske, C. A. Olsson, and M. C. Benson analysed the outcomes of distal ureteral reconstruction using the Boari flap and other reimplantation techniques. These studies indicate that the selection of a reconstructive method depends on the length and location of the ureteral defect, bladder condition, and the functional state of the urinary system.

RESEARCH METHODOLOGY

From 2024 to 2025, we selected 40 patients with extended pelvic ureteric constrictions who were operated on and observed in our clinic for the comparative investigation. The population consisted of 17 males and 23 females. All patients were categorised into three groups. In the initial group, 23 patients underwent plastic surgery using the same tissues of the urinary tract (Boari operation and its modifications). Seven patients had appendicoureteroplasty in the third group, while ten patients had intestinal ureteroplasty in the second. The groups analysed exhibited no statistically significant differences in sex and age ($p < 0.05$).

ANALYSIS AND RESULTS

Antibacterial and symptomatic treatment was administered to the patients throughout the postoperative phase. There was considerable emphasis on the functionality of urinary ducts, which were routinely cleaned with antiseptic solutions. Ureteral intubators were extracted on the 10th to 12th day. Subsequently, antegrade

pyeloureterography was conducted, and nephrostomy drainage was removed if patency was satisfactory. The patient was subsequently discharged for outpatient treatment.

As a result, the number of patients who experienced early postoperative complications and late complications in the group of patients who underwent pelvic ureteroplasty using the Boari method was substantially higher than that of the comparison groups ($p < 0.05$). Seven patients (12.9%) experienced difficulties during the early postoperative phase after intestinal ureteroplasty. The complication rate in the remote postoperative period was 5.6%. The volume of blood loss and the average length of ureteroplasty utilising grafts were significantly greater than in the cohort of patients who received the Boari procedure.

Our data suggest that any segment of the right ureter and the pelvic portion of the left ureter in adults can be substituted with a worm-shaped appendicoureteroplasty. One of the benefits of appendicoureteroplasty over the Boari operation is that the bladder, which has already been compromised by previous operations, is subjected to minimal trauma. The risk of bladder dysfunction as a result of neurovascular disorders, wall deformation, and adjacent scarring is minimalised.

Since the intestine functions as a buffer reservoir in relation to the bladder, the plasticity of the ureter with a segment of the ileum should be interpreted as an expansion of the bladder cavity towards the ureter. Intestinal ureter replacement is a more protracted and intricate procedure than indirect ureterocystoanastomosis.

CONCLUSION AND SUGGESTIONS

For extended ureteral strictures, intestinal and, in certain instances, appendicular plasty is frequently the sole surgical intervention that enables the preservation of the kidney, avoidance of ureterocutaneo- or nephrostomy, and the natural restoration of urination.

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- 13.00.00 Pedagogika fanlari
 - 13.00.01 Pedagogika nazariyasi. Pedagogik ta'limotlar tarixi
 - 13.00.02 Ta'lim va tarbiya nazariyasi va metodikasi (sohalar bo'yicha)
 - 13.00.03 Maxsus pedagogika
 - 13.00.04 Jismoniy tarbiya va sport mashg'ulotlari nazariyasi va metodikasi
 - 13.00.05 Kasb-hunar ta'limi nazariyasi va metodikasi
 - 13.00.06 Elektron ta'lim nazariyasi va metodikasi (ta'lim sohaları va bosqichlari bo'yicha)
 - 13.00.07 Ta'limda menejment
 - 13.00.08 Maktabgacha ta'lim va tarbiya nazariyasi va metodikasi
 - 13.00.09 Ijtimoiy pedagogika
 - 07.00.00 Tarix fanlari
 - 19.00.00 Psixologiya fanlari
 - 01.00.00 Fizika-matematika fanlari
 - 02.00.00 Kimyo fanlari
 - 03.00.00 Biologiya fanlari
 - 09.00.00 Falsafa fanlari
 - 10.00.00 Filologiya fanlari
 - 11.00.00 Geografiya fanlari



MAKTABGACHA VA MAKTAB TA'LIMI

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