



## Evaluation of Conservative and Surgical Treatment in Patients with Mirizzi Syndrome

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**Relevance:** Mirizzi syndrome is a rare and difficult to treat clinical condition. However, recent advances in technology have opened up new possibilities for surgeons to better diagnose and treat this condition. Laparoscopic cholecystectomy is the gold standard treatment for symptomatic gallstones. A gallstone that is outside the gallbladder or has formed in a neighboring organ, needs further treatment, may be difficult to treat safely or effectively with a laparoscopic approach.

**Keywords:** mirizzi syndrome, choledocholithiasis, cholecystocholedochal fistula

**Objective.** Evaluation of the conservative and surgical treatment carried out in patients with myriasis syndrome

Thirty patients were under control of cholelithiasis during the period from September, 1 till December, 1, 2022 at the Republican Specialized Scientific and Practical Surgical Center named after Vahidov. Nine patients were diagnosed with mirizzi syndrome; of the control patients, all those diagnosed with mirizzi syndrome underwent laportic cholecystectomy. Ultrasound examination revealed mirizzi syndrome in 12 (40%) patients prior to surgery. Diagnosis of mirizzi syndrome by ERCPG allowed to detect it in 18 patients (60%). Almost 80% of patients with mirizzi syndrome had type II and type III.

Patients were diagnosed on the basis of the following signs: dilation of proximal part of external bile ducts, presence of pathological path between gallbladder and common bile duct, choledochal compression from outside in the upper third, soft contours in choledochal wall, constriction(stricture) in the place of exit from choledochal to bile duct.

The results of clinical-laboratory and instrumental examinations of the patients were considered. All the patients had prophylactic measures for pancreatitis prevention. Among the patients, one patient experienced arched pain in the upper abdomen, and blood tests showed an increase in amylase by 700 Ed/l. After conservative treatment, the patient's condition improved and amylase levels normalized. Other patients had slightly elevated amylase levels, but no clinical signs were observed.



**Results:** The results of the examination are important in the choice of treatment tactics and surgical intervention. Surgery was initiated laparoscopically in 2 patients who were diagnosed with choledocholithiasis prior to surgery. Inferior or cervical cholecystectomy as well as choledocholithotomy were performed in all patients with mirizzi type II syndrome. In 3 cases with a choledocholith wall defect not exceeding 5 mm, the operation was completed by suturing the choledocholith with an external drain. In 2 patients with cholecystobiliary fistula a cholecystoplasty with the gallbladder wall was performed in the bile duct.

**Conclusion:** surgeries performed in patients with mirizzi syndrome can be very complicated and accompanied by complications such as biliary tract restriction. Currently, there are various clinical manifestations of mirizzi syndrome, and some questions in the treatment and diagnosis of patients remain unanswered.

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