

Laparoscopic nephrectomy in patients with autosomal dominant polycystic kidney disease**Abdullaev Sh.S., Sharapov O.N., Asomov M.I.**

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At the present, discussions continue on the indications and timing of performing kidney nephrectomy in patients with autosomal dominant polycystic kidney (ADPK) disease who are on the waiting list for kidney transplantation. Large sizes of kidneys, traumatic access, accompanying these operations cause a high incidence of postoperative complications, mortality and aggravate the severity of patients. The aim of the presented study was to find the preferred algorithm for preparing patients for kidney transplantation.

The results of the nephrectomy of polycystic kidneys were analyzed in 28 patients (mean age 49 ± 1.5 years, 16 men, 12 women), which were conditionally divided into two groups. The first group included 13 patients (46.4%) with open surgery using median laparotomy and lumbotomy, in the second group - 15 (53.6%) - laparoscopic nephrectomy. Surgical interventions for patients in both groups receiving renal replacement therapy dialysis, performed according to emergency and planned indications. The average duration of laparoscopic and open surgical inter-

ventions was 149 ± 14 and 132 ± 15 min ($p > 0.05$), respectively. The maximum size of deleted polycystic-altered kidneys in the first group was 21.3 ± 4.21 cm, in the second group it was 20.5 ± 3.3 cm ($p > 0.05$). The incidence of postoperative complications in the 1st and 2nd groups was 6 cases (46.1%) and 2 cases (13.3%), respectively. There was one fatal outcome (7.69%) in the 1st group as a result of septic complications. The average postoperative bed-day in the first group was 12-13 (12.7 ± 1.1), in the second - 8-9 (8.6 ± 0.5 , $p < 0.05$). Patients after laparoscopic interventions are activated on the 2nd-3rd day (2.8 ± 0.14), after open operations - on the 4th-5th (4.43 ± 0.32), ($p < 0.05$).

Conclusion

The incidence of postoperative complications after laparoscopic nephrectomy in patients with ADPK does not exceed 13.3%. The use of laparoscopic technologies makes it possible to expand the possibilities of using nephrectomy for the treatment and preparation of patients with polycystic kidney transplantation.