

Date: 25<sup>th</sup> February-2026

## **O‘TKIR ICHAK TUTILISHIDA ERTA DIAGNOSTIKA VA JARROHLIK TAKTIKASI**

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Qorako‘l Abu li ibn Sino nomidagi Jamoat salomatligi texnikumi.

**Annotatsiya:** O‘tkir ichak tutilishi (O‘IT) — qorin bo‘shlig‘i jarrohlida shoshilinch aralashuvni talab qiluvchi, yuqori mortalitet va asoratlar bilan kechuvchi patologik holatdir. Erta diagnostika ichak devori ishemiyasi, nekrozi va peritonit rivojlanishining oldini olishda hal qiluvchi ahamiyatga ega. Ushbu maqolada O‘IT etiopatogenezi, klinik tasnifi, laborator va instrumental diagnostikasi, konservativ va operativ davolash taktikasi, zamonaviy jarrohlik yondashuvlar hamda prognoz omillari keng tahlil qilinadi.

**Kalit so‘zlar:** o‘tkir ichak tutilishi, strangulyatsion ileus, adgezion jarayon, ichak ishemiyasi, KT diagnostika, laparotomiya, laparaskopiya.

### **1. Kirish**

O‘tkir ichak tutilishi ichak lümenining mexanik yoki funksional to‘silishi natijasida yuzaga keladi va qorin bo‘shlig‘i shoshilinch patologiyalari orasida yetakchi o‘rinlardan birini egallaydi.

World Society of Emergency Surgery ma‘lumotlariga ko‘ra, kech tashxis va noto‘g‘ri taktika ichak nekrozi va sepsis xavfini keskin oshiradi.

### **Epidemiologiya**

- Qorin bo‘shlig‘i shoshilinch operatsiyalarining 15–20% ini tashkil qiladi
- Eng ko‘p sabab: operatsiyadan keyingi adgeziyalar (60–70%)
- Mortalitet strangulyatsion shaklda 20–40% gacha

### **2. Etiologiya va tasnif**

#### **2.1 Mexanik tutilish**

- Adgeziyalar
- Herniyalar
- O‘smalar
- Volvulus
- Invaginatsiya
- Begona jismlar

#### **2.2 Dinamik (paralitik) ileus**

- Peritonit
- Og‘ir infeksiyalar
- Elektrolyt buzilishlar
- Travma

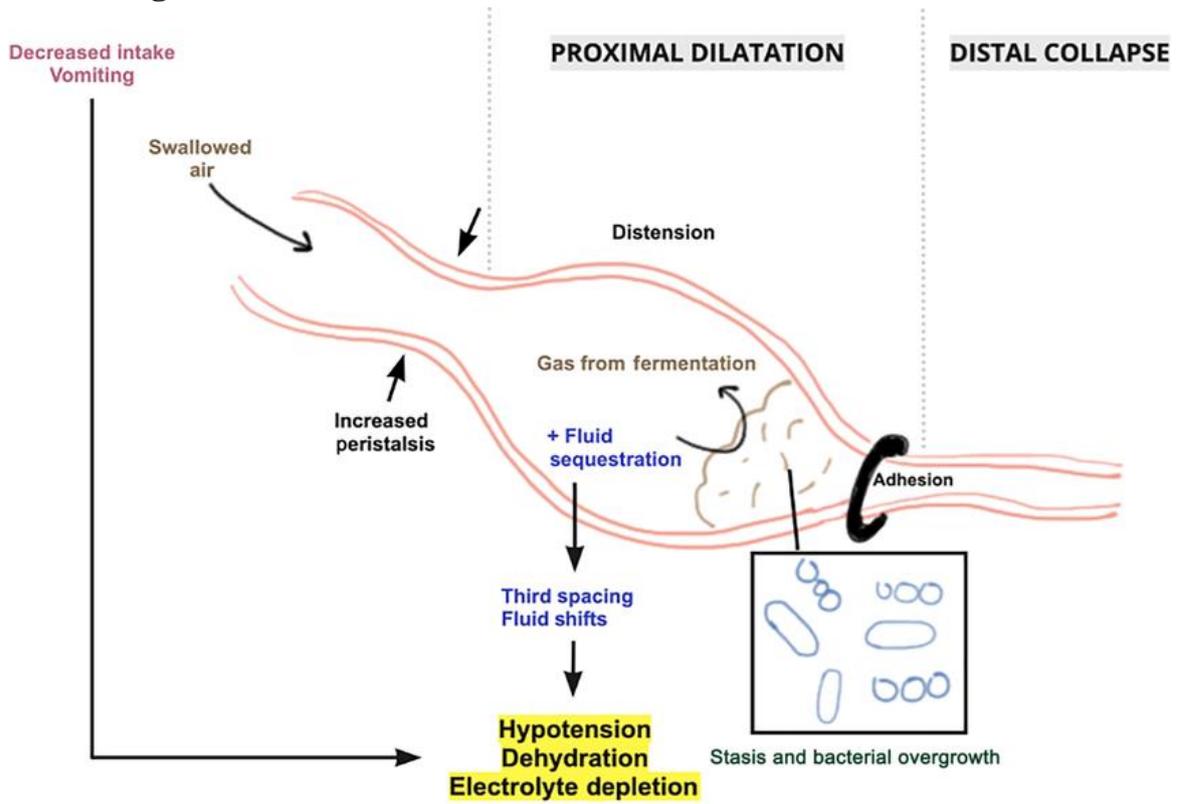
#### **2.3 Patofiziologik tasnif**

- Obturatsion
- Strangulyatsion

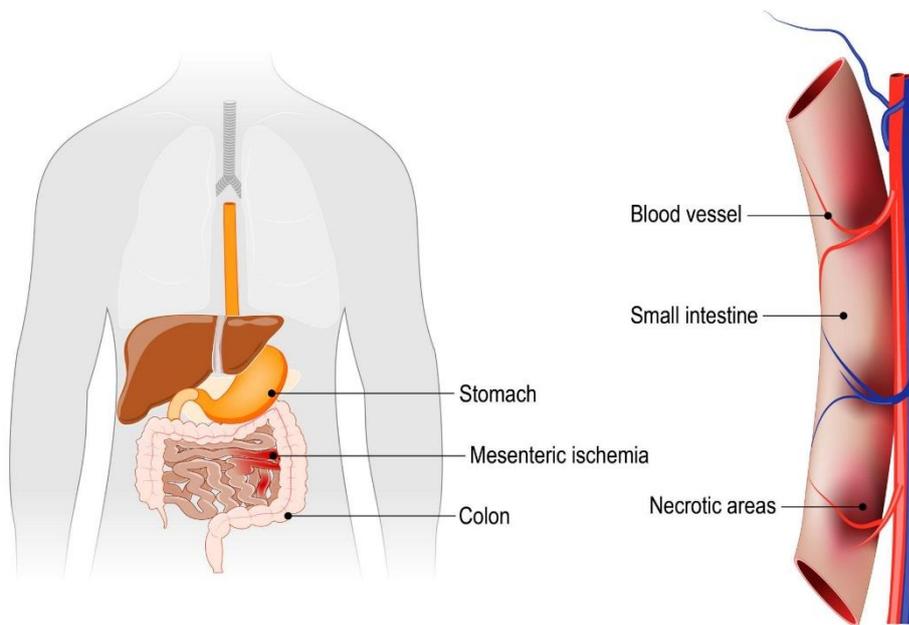


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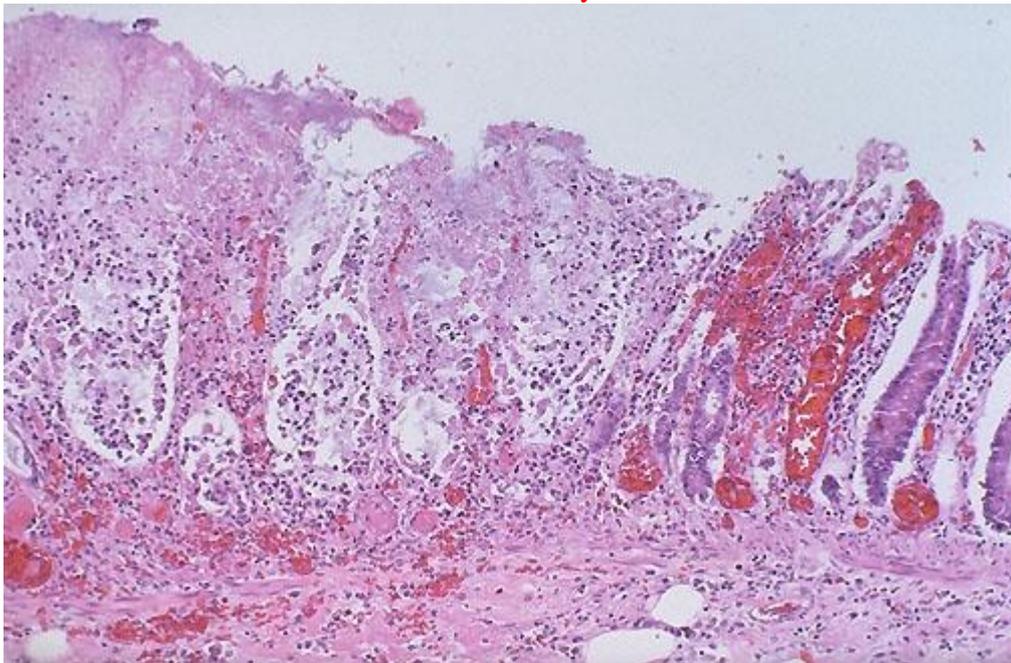
- Aralash
- ### 3. Patogenez



## Mesenteric ischemia



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Ichak tutilishida quyidagi bosqichlar rivojlanadi:

1. Gaz va suyuqlik to‘planishi
2. Ichki bosim oshishi
3. Venoz dimlanish
4. Arterial perfuziya buzilishi
5. Ishemiya va nekroz
6. Bakterial translokatsiya
7. Peritonit va sepsis

Strangulyatsion turda arterial qon oqimi ham to‘xtaydi va 6–8 soat ichida nekroz boshlanishi mumkin.

#### 4. Klinik ko‘rinish

##### 4.1 Klassik belgilar

- To‘lqinsimon og‘riq
- Qusish (yuqori tutilishda erta)
- Gaz va najas chiqmasligi
- Qorin dam bo‘lishi

##### 4.2 Strangulyatsiya belgilar

- Doimiy og‘riq
- Taxikardiya
- Isitma
- Leykotsitoz
- Laktat oshishi

#### 5. Diagnostika

##### 5.1 Laborator tekshiruvlar



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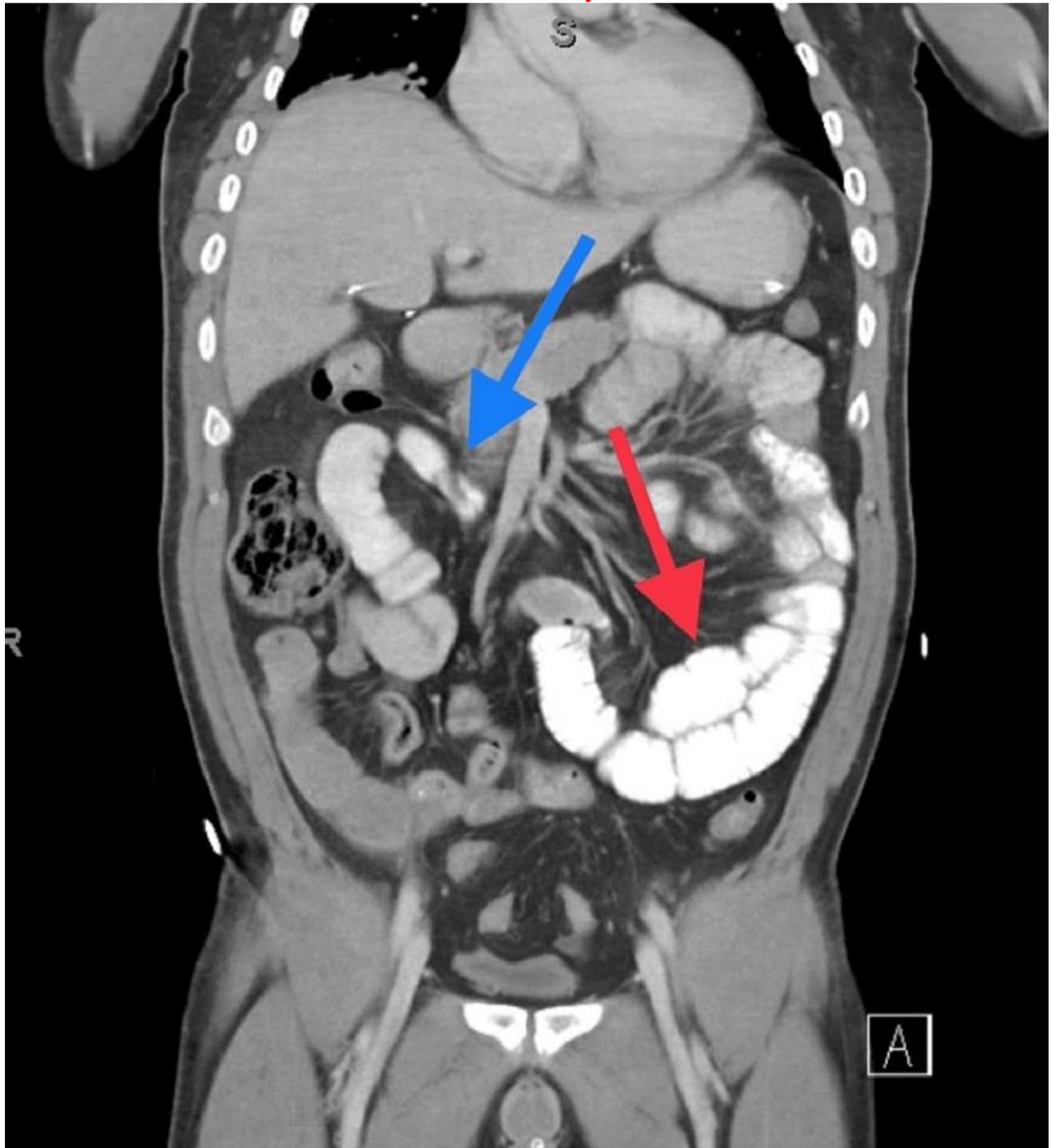
- Umumiy qon tahlili
- Qon gazlari
- Laktat
- CRP
- Elektrolitlar

Laktat >2 mmol/L ichak ishemiyasi belgisi bo'lishi mumkin.

## 5.2 Instrumental diagnostika



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**Rentgen:**

- Havo-suyuqlik sathlari
- Kengaygan ichak halqalari

**KT (oltin standart):**

- O'tish nuqtasi (transition point)
- Yopiq halqa (closed-loop)
- Devorda qalinlashish
- Pnevmatoz

KT strangulyatsiyani 85–95% aniqlikda ko'rsatadi.



## **6. Davolash taktikasi**

### **6.1 Konservativ davolash**

Faol kuzatuv 24–48 soat:

- Nazogastral dekompressiya
- Infuzion terapiya
- Elektrolit tuzatish
- Keng spektrli antibiotik

Adgezion obturatsion holatda samarali bo‘lishi mumkin.

### **6.2 Jarrohlik ko‘rsatmalari**

- Strangulyatsiya shubhasida
- Peritoneal simptomlar
- Gemodinamik beqarorlik
- Konservativ davoga javob yo‘q

World Society of Emergency Surgery tavsiyalariga ko‘ra, strangulyatsiya shubhasida operatsiya kechiktirilmaligi kerak.

### **6.3 Operativ usullar**

- Laparotomiya
- Laparoskopik adgeziolizis
- Ichak rezeksiyasi
- Anastomoz
- Stoma

Strangulyatsiyada nekrotik segment rezeksiya qilinadi.

## **7. Intensiv terapiya va reanimatsiya**

- Suyuqlik balansini tiklash
- Vazopressorlar (zarurat bo‘lsa)
- Antibiotik terapiya
- Sepsis protokoli

## **8. Asoratlar**

- Ichak perforatsiyasi
- Diffuz peritonit
- Sepsis
- Qorin ichki abstsess
- Anastomoz yetishmovchiligi

## **9. Prognoz omillari**

- Yosh >65
- Strangulyatsiya

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- Laktat oshishi
- Operatsiyani kechiktirish >24 soat
- Hamroh kasalliklar

### **10. Muhokama**

Erta KT diagnostika va klinik baholash O'IT ni boshqarishda asosiy rol o'ynaydi. Strangulyatsion shakllarda vaqt faktori hal qiluvchi ahamiyatga ega. Minimal invaziv jarrohlik (laparoskopiya) tanlab qo'llanilganda asoratlar kamayadi.

### **11. Xulosa**

O'tkir ichak tutilishi — tezkor tashxis va individual yondashuvni talab qiluvchi shoshilinch jarrohlik patologiyasidir. Erta KT diagnostika, strangulyatsiyani tez aniqlash va o'z vaqtida operativ aralashuv mortalitetni kamaytiradi.

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