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**Experience of transcatheter arterial embolization with recurrent gastroduodenal bleeding in elderly and senile patients.**

**Relevance.** According to the life-saving department of St.P. I.I.Dzhanelidze research institute of emergency medicine, mortality in ulcerative gastroduodenal bleeding (UGB) in St. Petersburg in 2016 was 5%, and postoperative was 8.5%.

**Materials and methods.** Outcome analysis of treatment of 20 patients with recurrent UGB who had transcatheter arterial embolization (TAE) to stop the ongoing and prevent the recurrence of hemorrhage was conducted in I.I.Janelidze Institute in 2013-2017. The main group included patients with an average age of  $62.7 \pm 14.8$ , with high comorbidity and blood loss of more than 30% of the circulating blood volume. The severity of the condition on the APACHE II scale was 26 points or more in 14 patients and 20-25 points in 4 patients. Callus nature of the ulcerous defect with a size of 2 cm or more was observed in 8 patients. The control group consisted of 30 patients with gastroduodenal bleeding, similar in age and severity of concomitant pathology, in which TAE was not performed.

**Results.** The technical success of TAE was observed in 19 (95%) observations. Embolization performance in one patient was not possible due to anatomical features: there was stenosis of the proximal segment of the gastro-splenic trunk by 60%. The clinical efficacy of TAE in the form of stopping ongoing bleeding and the absence of relapse was subsequently achieved in 19 cases. An unfavorable outcome was noted in 3 cases (15%) due to decompensation of severe somatic diseases competing with UGB. Relapse of bleeding and complications of TAE were not observed in all cases. In the control group, 7 patients died (23.3%). Recurrent bleeding occurred in 4 (13.3%) patients. Two patients were performed repeated endoscopic hemostasis with a favorable outcome, in 2 cases a palliative surgery was performed.

**Conclusion.** Thus, in the group of elderly and senile patients with severe somatic pathology and recurrent gastroduodenal bleeding, the use of TAE allows to perform hemostasis and prevent the occurrence of recurrent bleeding. The obtained results determine the need for further research in order to optimize the indications and methods of performing TAE in emergency surgery of gastroduodenal bleeding.