CLINICAL PREDICTORS OF SEVERE COURSE IN ACUTE ADHESIVE SMALL BOWEL OBSTRUCTION

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Objective: To identify key clinical and instrumental predictors associated with the severity and need for urgent surgical intervention in patients with acute adhesive small bowel obstruction (ASBO).

Materials and Methods. Fifty-six patients with ASBO were analyzed and stratified into two subgroups according to treatment outcomes: non-operated (n=35; 62.5%) and surgically treated (n=21; 37.5%). Clinical symptoms, duration of abdominal pain and absence of stool/gas, physical examination data, and laboratory markers were assessed. Comparative analysis between subgroups was performed using χ^2 test and Student's t-test.

Results. Abdominal pain was reported by all patients, while symptoms reflecting systemic intoxication—repeated bilious vomiting (61.9% vs 28.6%), fever >38°C (52.4% vs 17.1%), thirst, dryness and oliguria (71.4% vs 34.3%)—were significantly more common in surgically treated patients ($p<0.05$). Pain duration >48 hours occurred exclusively in the operated subgroup (100%, $p<0.001$). Prolonged absence of stool/gas (>48 h) was observed only in operated patients (33.3%, $p<0.001$), confirming its value as a marker of decompensated obstruction. Physical findings also differed significantly: tachycardia >100 bpm (61.9% vs 22.9%), peritoneal irritation signs (66.7% vs 8.6%), and ≥2 previous abdominal surgeries (71.4% vs 28.6%).

Conclusion. A combination of prolonged symptoms (>48 h), systemic inflammatory response (fever, tachycardia), repeated bilious vomiting, and peritoneal signs serves as reliable early predictors of complicated ASBO requiring urgent surgery. These parameters can be used for risk stratification and optimizing treatment tactics.