

RETROGRADE CATHETERIZATION OF THE LINGUAL ARTERY IN INTRA-ARTERIAL CHEMOTHERAPY FOR THE TREATMENT OF MALIGNANT NON-EPITHELIAL TUMORS OF THE MAXILLOFACIAL REGION.

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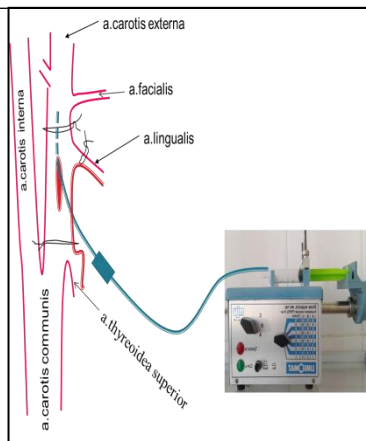
Our purpose of this study to develop retrograde lingual artery catheterization method for the intra-arterial chemotherapy in malignant non-epithelial tumors of the maxillofacial region.

Material and methods. From 2000 to 2016 at the Department of Head and Neck Cancer of the National Cancer Center of Uzbekistan, catheterization of arteries was carried out in 47 patients with primary malignant non-epithelial tumors of the maxillofacial region for intra-arterial chemotherapy. From 47 patients, 35 underwent catheterization of the external carotid artery, to provide intra-arterial chemotherapy. 12 patients underwent retrograde catheterization of the lingual artery according our developed technique, and used for intra-arterial chemotherapy. The advantage of inserting a catheter into the lingual artery is that its diameter is 2.3 ± 0.6 mm and the blood pressure is much less than in the external carotid artery, which has a diameter of 4.4 ± 0.6 mm. In this regard, during the removal of the catheter from the lingual artery after the end of chemotherapy, bleeding does not occur, which makes it possible to carry out the technique of intra-arterial chemotherapy without complications. For this development "Method for the treatment of patients with non-epithelial malignant tumors of the upper jaw" received a Patent for invention No. IAP 05452. Authors Khasanov AI, Bekmirzaev RM.

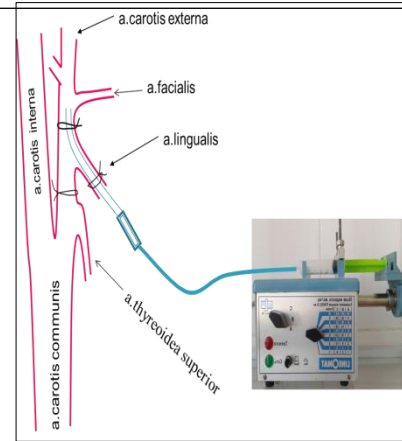
Results. When we compared 2 types of catheterization, it was shown that complications such as pain syndrome, vasculitis and blockage (by a blood clot) of the catheter were equal in both groups. However, in 12 patients who underwent retrograde catheterization of the lingual artery according to the technique developed by us, showed that there is no bleeding after extraction of the catheter from the lingual artery. And in 35 patients who underwent catheterization by the traditional method, after removal of the catheter, bleeding was observed in 4 (11.4%) patients to varying degrees. Bleeding was stopped by squeezing with tight tampons and tight bandaging.

After ligation of the external carotid artery and its branches during catheterization of the lingual artery, all patients showed a decrease in pericarcinous edema, severe pain syndrome due to a sharp decrease in the supply of the maxillofacial region and stopping acute and chronic bleeding if they were in patients.

Conclusion. Thus, using Retrograde catheterization of the lingual artery has an advantage over carotid artery catheterization in preventing bleeding after catheter removal.



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12 patients underwent retrograde catheterization of the lingual artery