

the more common heart conditions that are present at birth (congenital heart defects). It is most often diagnosed in children or adults under age 40. Aim. People who have this problem with their aorta may also have a weak area in the wall of blood vessels in their brain. This weakness causes the blood vessel to bulge or balloon out. They can increase the risk for stroke. Material and methods. Working with internet materials and books. Results. Most newborns with symptoms will have surgery either right after birth or soon afterward. They will first receive medicines to stabilize them. Children who are diagnosed when they are older will also need surgery. In most cases, the symptoms are not as severe, so more time can be taken to plan for surgery. During surgery, the narrowed part of the aorta will be removed or opened. If the problem area is small, the two free ends of the aorta may be re-connected. This is called an end-to-end anastomosis. If a large part of the aorta is removed, a graft or one of the patient's own arteries may be used to fill the gap. The graft may be man-made or from a cadaver. Sometimes, doctors will try to stretch open the narrowed part of the aorta by using a balloon that is widened inside the blood vessel. This type of procedure is called a balloon angioplasty. It may be done instead of surgery, but it has a higher rate of failure. Older children usually need medicines to treat high blood pressure after surgery. Some will need lifelong treatment for this problem. Conclusion. Coarctation of the aorta can be cured with surgery. Symptoms quickly get better after surgery. Without treatment, most people die before age 40. For this reason, doctors most often recommend that the patient has surgery before age 10. Most of the time, surgery to fix the coarctation is done during infancy. Narrowing or coarctation of the artery can return after surgery. This is more likely in persons who had surgery as a newborn.

THE RESEARCH OF THE NEW METHOD OF ASSESSING THE PREVALENCE OF PERITONITIS

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The objective of the work: To estimate the usage possibilities of the new method of assessing the prevalence of peritonitis. Materials and research techniques: 20 white nonlinear rats. Half of the animals (1 group) had their peritonitis modeled by means of intraperitoneal insertion of sterile bile, that causes aseptic inflammation, the rest of the animals - by insertion of faecal matter (2 group). The exposure of parietal peritoneum to monochromatic laser beam with a wavelength of 0.63 microns was conducted and the width of laser beam's dispersal zone was determined. The measurements had been performed before modeling of peritonitis (control), 6 and 12 hours after its initiation separately in front and back quadrants of the abdominal wall, the peritoneum pieces were taken for histological examination afterwards. Results: Average initial benchmarks of dispersal zone's width in different peritoneum parts weren't significantly different, although were changing individually and locally. Six hours after modeling of peritonitis started, the benchmarks of the dispersal's zone width in both of the researched animal groups were statistically more significant (or presumably - higher) than the initial ones. The benchmarks in the second animal group were statistically more significant (or presumably - higher) than in the first one. The histological peritoneum examination in the first animal group showed the signs of serous inflammation. The second animal group had signs of peritoneum purulent inflammation. In 12 hours the dispersal width zones of the first group were getting statistically more significant (or presumably higher). The benchmarks in the second group had not changed much. The significant differences between both of the researched groups were not found. During histological examination, at this very moment, the signs of fibrinous purulent inflammation in both of the groups were observed. This indicates that the width of the zone of laser beam's dispersal by the parietal peritoneum significantly differs in healthy animals, when subject to aseptic or septic peritonitis. Though using such an indicator in clinics is impossible because of the differences in biological tissues of various species that affect the absolute index options, and because of its individual variability. The absolute index options can be affected by a number of factors, which include light, the power of laser radiation source, distance from the peritoneum, etc. To eliminate the possible impact of these factors and to perform data standardization, a relative measure was used. To that end an absolute correlation of indicators was defined. It was found that the correlation parameters of the width of the dispersion zone of the affected area of the peritoneum to the healthy area possess an insignificant individual variability and are statistically significant (or significantly different) in case of aseptic and septic peritonitis during the first 6 hours. At later periods the parameters are virtually identical. Conclusions. So, the dispersal width zone increase of affected peritoneum zone during its radiation by coherent beam, the source of which is semiconductor laser diode, that radiates at the wavelength of 0.63 microns, comparing to the healthy ones, 1,5 – 2 times indicates of aseptic peritonitis availability. The increase of dispersal zone's size by more than two times is an indication of septic peritonitis development. This indicator can be applied, when diagnosing the occurrence of peritonitis in clinics.

THE RISK FACTORS OF THE RELAPSE EMERGENCE OF GASTRODUODENAL ULCEROUS BLEEDING

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The objective of the work: The analysis of the gastroduodenal ulcerous bleeding relapse emergence risk factors. Materials and research techniques: The retrospective analysis of 203 patients treatment results, who were provided an inpatient care, regarding gastroduodenal ulcer, complicated by acute bleeding. There were 135 (66,5%) males and 68 (33,3%) females. The average age was about 56,6±17 years old. All patients were examined and provided with a conservative treatment according protocols. Results: The most number of the examined patients (n=109 (53,69%)) didn't have any ulcerous anamnesis. There were no history of «gastric» complaints. 127 (62,56%) patients had gastroduodenal ulcer during the primary esophagogastroduodenoscopy (EGDS). 68 (33,49%) patients had gastric ulcer. Simultaneous gastroduodenal ulcer availability happened to 9 (4,43%) patients. The ulcer emergence frequency was higher with males (135-66,5%) than with females (68-33,5%). With a view to endoscopy hemostasis an ulcer puncture of 0,9% sodium chloride with adrenaline ratio 1:10, or tranexamic acid drugs (tranexam, hemaksam) the same ratio mixture was conducted. Some bleeding relapses occurred with 24 (11,82%) patients. 11 (45,83%) patients had relapses during first 2-3 days after inpatient care arrival, 4 (16,67%) cases happened at 1 day. The most number of relapses (n=15 (62,5%)) happened to patients who didn't have any ulcer anamnesis. A clear link between ulcer localization and bleeding relapse frequency was not determined. In most of the cases bleeding relapses happened to males - 17 (70,83%). 9 (37,5%) patients with bleeding relapses have I blood type, among them 3 (12,5%) Rh positive, the others (25%) - negative. 4 (16,67%) patients have II blood type (all of them Rh positive). One case (4,17%) per III and IV blood types. 15 (62,5%) patients with relapses were diagnosed with II A class by Forrest. On the Glasgow Blatchford Score, 3 (12,5%) patients with a 0 number of items had relapses, 11 of them (45,83%) had the number of items below 5, and the other 10 (41,67%) - above 5. The relapses frequency went higher as the number of items on the Rockall Score, most cases happened to patients with 5-6 number of items (n=16 (66,67 and higher indicators occurred in separate cases. Conclusion: So, the Forrest, Glasgow Blatchford, Rockall scores do not fully take into account some important clinical and pathogenic factors of ulcerous bleeding relapse emergence. Taking into account a factors complex which determines the hemostasis and regeneration processes condition is needed, in order to optimize such bleeding prognosis effectiveness.

OUR EXPERIENCE OF COMPLEX TREATMENT OF NEUROEPITELIAL TUMORS OF THE BRAIN

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We analyzed the data of 69 patients with cerebral intracerebral tumors who were operated in 2013-2015. The age of patients from 10 to 68 years, on average 39 years. Results: Our statistical data show that in the WHO grade, highly differentiated intracerebral tumors (WHO grade I, II) were found in 60,9%, and poorly differentiated and undifferentiated glial tumors (WHO grade III, IV) in 39,1% patients. The operation took into account not only the localization, but also the functional significance of the tumor location areas, so that surgical access was physiologically permitted and did not cause additional damage to functionally important conductive pathways. The operations were performed by bone-plastic trepanation (58 patients) and resection therapy (11 patients) with localization of tumors in the middle cranial fossa. 64 patients underwent total and subtotal removal of tumors; in 5 patients, considering giant dimensions with infiltration of two to three parts of the brain, they limited themselves to tumor biopsy. With edema of the brain and the presence of a defect in the dura mater (DM) at the end of the operation, an autoplasmic DM transplant was made from the wide fascia of the thigh. We applied and 48 patients established a subdural and epidural controlled closed drainage system. This system is introduced through a mini-incision of the skin into the wound and provides a good drainage of the accumulated tissue fluid from the subdural and epidural spaces and in this way it is possible to regulate the volume of the tissue fluid to be separated with the prevention of possible compression of the brain by a liquid or bloody volumetric formation. In operated 48 patients with the installation of such a system, in no case postoperative complications were observed. Also, there were no postoperative complications (cerebral edema, CSF leak) in those patients who had been subjected to autoplasty of the TMO defect. Radiation therapy was prescribed to all patients in the postoperative period. Catamnesis from 6 months to 1 year was studied only in 31 patients who received radiation therapy at a total dose of 56-60 Gy. Of these, 11 patients with a glial hypergrade tumor had a tumor relapse after 33 ± 11 months on the control MRI. One of them had glioblastoma and he received radiation therapy, which he did not take. He was re-operated, 4 days after the operation, a lethal outcome was observed. The remaining 10 patients, despite comprehensive treatment, including radiation therapy, developed a relapse. These patients are prescribed chemotherapy. Conclusions: Thus, neuroepithelial tumors among our patients were more common in women – 55,1%, histologically the most advantageous are highly differentiated intracerebral tumors (WHO grade I, II) – 60,9%, localization in 52,2% of tumors Located in the left hemisphere of the brain and most often in the temporal and frontal lobes. In patients, postoperative complications (cerebral edema, CSF leak) were not encountered due to the use of free autologous TMO and controlled closed drainage system in the epidural and subdural spaces.

PREVENTION OF TUMORAL DISEASES

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Research objective: Enriching of knowledge of the population about possibilities of the prevention of development of growths, and also motivation on conducting a healthy mode of life. Stuffs and research methods: Object of research were the respondents having tumoral diseases. The basic method of research: the express - interview. One of the significant changeable factors influencing frequency of a cancer of lungs, smoking is. Together with improper feeding and influence of medium, smoking is important risk factor of development of malignant growths. To other factors, malignant tumours increasing frequency, concern - the use of alcoholic drinks (a tumour of an oral cavity, an esophagus, a mammary gland), hypodynamia (a cancer of a thick gut, a mammary gland cancer), excess weight (a cancer of a thick gut, a mammary gland cancer, endometritis), an irradiating. In development of oncological diseases, a certain role plays viruses (the hepatitis B increases risk of development of tumours of a liver, and in occurrence of a cancer of neck of a uterus the important role is played by a virus of a papilloma of the person). The most frequent form of cancer illness is the cancer easy - 13%. On the second, place - a mammary gland cancer - 12%. The third place was occupied with a cancer of a thick gut - 10%. Findings of investigation have shown that the respondents, which two once a week use garlic, risk to be ill with a cancer easy almost twice less (44%). It has thus appeared, what even in the event that examinees smoked, the effect all the same was present only in 30% of cases. It is revealed that development of tumours is influenced by environmental factors, rather than genetical predisposition. Have been estimated 30 basic cellular mutations leading to a cancer (a thick gut, a bladder, a thyroid gland and so forth). It has appeared that only 10-30% from them are invoked by internal factors, such as a heredity while 70-90% of mutations are bound to influence of harmful environmental factors. Good-quality tumours at children compound 92, 8%, malignant 7,2% (without taking into account leukemia and lymphogranulomatosis). Among good-quality tumours at children on vascular growths 63%, osteal 10%, tumours of the excitatory system of 2%, dermoids 10%, myomas, fibromas, tetroma, papillomas-3 of% are necessary. Conclusion: In decrease in tumoral diseases among the population the correct attitude to the health, meaning observance of elementary rules of preventive maintenance and regular medical examination that allows to reduce risk of development of a cancer on 90% first of all is necessary.

THE TREATMENT OF PATIENTS WITH MAJOR BILE DUCT INJURIES

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In 58 patients (14 of them his own observations, 44 came from other hospitals) revealed damage to the MBD in the early postoperative period (1-8 days). With the boundary wounding hepatico-choledochal (HC) 11 patients underwent reconstructive operations. On the damaged wall of the duct imposed suture on the drainage of Kehr. Reconstructive surgery first stage holds 15 patients, of whom HepJA on PTCS (percutaneous-transhepatic cholangiostomy) - 7; HepJA - 3 wide anastomosis was imposed due to dissection of the left hepatic duct after raising it by hilar plate of the liver (Hepp-Couinaud); HepDA - 4 patients. When intrahepatic lesions with destruction of MBD konflyuens in 1 case imposed bihepaticojejunostomoz (BiHepJA) by Roux on TCD (transhepatic carcass drainage). Because of the high, narrow-diameter duct, inflammatory - infiltrative changes in the second stage of reconstructive surgery with 24 patients. Of these 5 patients were admitted with liver failure and severe degree of the first stage of external drainage of biliary tract (2-PTCS, 3-THD). Reconstructive surgery performed the second stage: HepJA on Roux in 2 cases Frame drainage of Prader - Smith, in a 3 - to Seypol - Kurian. BiHepJA on TCD in 5 cases; HepJA by Roux on TCD - 12; HepDA - 2. 10 patients with excision of the intersection and common hepatic duct is imposed BBA (bilio-biliar anastomosis). 10 patients with ligation and clipping hepatic duct without removing it crosses produced ligatures or clips and drainage of the hepatic duct. In 2 cases at the level of "+1" imposed BBA against peritonitis, they came anastomotic suture failure. These patients were admitted to the clinic running bile peritonitis, they set the THD. Results. With the boundary wounding HC in 11 patients after reconstructive surgery strictures in the late postoperative period were not observed. After reconstructive surgery at the intersection and the excision of the hepatic duct satisfactory result was observed in 34 patients: HepJA on Roux (27), BiHepJA on Roux (6) and in one case after HepDA (patient history underwent resection