



solutions as methods for prevention of posttraumatic postoperative complications and controlled them by using a efficacy of phagocytosis and efficiency of elimination of immune complexes.

Therefore, in accordance to liver trauma it is important to determine disorders of immune responsiveness and especially in case of complications.

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ESTIMATION OF SEVERITY OF THE EARLY PERIOD OF TRAUMATIC DISEASE IN VICTIMS WITH LIVER INJURY

Department of Surgery №2

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In providing surgical care to victims with abdominal trauma, especially the old and elderly, the most important is to assess the severity of damage and the objectification of the general condition of the patient. Liver injury remains a complicated and unsolved problem due to the peculiarity of its location.

The existing systems to evaluate severity of condition of the victims are not always successfully used in practice, due to the specific emergency care in general surgical wards, and these systems are not adapted to the elderly. Therefore, we conducted a comparative analysis of the previously suggested scales to evaluate patients' condition, determining the most objective ones and their modification considering the requirements occurring during treatment. 20 patients with trauma of the liver were involved in the study. The average age of patients was 48.

In accordance with the criteria determined by the status of the injured on the basis of the numerical system we determine the likelihood of lethal outcome (Px) by the following formula:

$$Px = eAW / (1 + eAW), \text{ where}$$

AW – APACHE II $\times 0,146 + W_1 + W_2 + W_3$; $W_1 = -3,517$ (nonspecific coefficient); $W_2 = +0,603$ (coefficient for urgent surgery); $W_3 =$ diagnostic coefficient for emergency conditions; $W_3 = +0,503$ for diseases of the gastrointestinal tract; $W_3 = -0,203$ for intra abdominal infections.

Considering age and availability of chronic diseases the total score is determined multiplied by the coefficient appropriate for the category of multiple organ injury. According to the score detected among the victims we have differentiated risk groups for development of lethal outcome. The low risk (less than 20 points) was diagnosed in 6 patients in the group of comparison (retrospectively) and in 4 patients of the main group (in the process of treatment). Moderate risk (from 20 to 25 points) was diagnosed in 7 victims of the comparison group and 6 from the main one. High risk (from 30 to 35 points) was diagnosed in 9 patients from the comparison group and 3 of the main group. Extremely high risk (from 35 to 40 points) was diagnosed in 2 victims from the comparison group and 1 – from the main group.

Surgery according to traditional methods including timely operative treatment, adequate therapeutic measures and traditional post-operative management was essential to be performed for the victims with a low risk of lethal outcome.

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A CLINICAL COURSE FEATURES OF ACUTE NECROTIZING PANCREATITIS IN PATIENTS WITH POLYMORPHISM OF R122N GENE OF CATIONIC TRYPSINOGEN (PRSS1)

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According to the aim we have learnt distribution of R122H- polymorphism gene PRSS1 and N34S- polymorphism gene SPINK1 among the inhabitants of Chernivtsi region suffering from acute pancreatitis. Associative relations of the carriers of different genotype with its aetiology, complications of clinical courses, morphological forms and its complications were examined. One of the most important genetically determined mechanisms to prevent intraacinous activation of trypsin is neutralized action of cationic trypsinogen. The gene that codes for the synthesis cationic trypsinogen (PRSS1), located on chromosome 7 (7q35). It is known that the long arm of chromosome may meet autosomal dominant mutation - R122N. However, connection between the R122N polymorphism of the PRSS1 gene and the nature of a clinical course of acute pancreatitis remains almost not studied.

Background and Aims: A clinical course feature of acute pancreatitis in patients with R122N polymorphism of PRSS1 gene was examined.

In a study participated 88 persons with various forms of acute destructive pancreatitis. Among them, 53 (60.2%) men and 35 (38.8%) women. The average age of patients was $45 \pm 17,1$ years. Patients genotype was partitioned into two groups: favorable R122R-genotype (control group), unfavorable R122H- and N122N-genotypes (experimental group). Genetic analysis was performed by setting the polymerase chain reaction. Statistical dependence between the values for normally distributed samplings were checked by way of determining criterion χ^2 according to Pearson and criterion of Fisher. Found that in acute pancreatitis patients with unfavorable R122H and N122N-genotypes polymorphism R122H of PRSS1 gene, develop extensive infected pancreatic necrosis occurs significantly more often than patients with a favorable RR-genotype. This adversely affects the final results of treatment of such