

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ  
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**101 – ї**

**підсумкової наукової конференції**

**професорсько-викладацького персоналу**

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Загальна редакція: професор Бойчук Т.М., професор Іващук О.І.,  
доцент Безрук В.В.

Наукові рецензенти:

професор Братенко М.К.  
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small layers of fibrin pathogenic microflora remains, and toxic exudate, which is not drained, accumulates in the anatomical pockets and causes the development of postoperative complications. Absorption of the same exudate into the bloodstream contributes to the support of endotoxemia. The question of the use of sorption methods in the comprehensive treatment of appendicular peritonitis remains poorly understood. It is often not possible to refuse abdominal drainage, there is a need to turn surgical drainage into an effective therapeutic method.

Therefore, we investigated the effectiveness of complex treatment of patients with peritonitis by introducing treatment methods using the sorption method.

**Dudko O.G.**

### **SURGICAL TREATMENT OF DISPLACED DISTAL RADIUS FRACTURES**

*Department of Traumatology and Orthopaedics  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University», Chernivtsi, Ukraine*

Distal radius fractures are very common type of injuries especially for old women. The rate of these injuries is 23,6 – 25,8 on 100 000 population (Chang et al., 2004). For age group 65 years and older these fracture make up 18 % of all fractures. Though up to 70 % of these fractures are treated in non-surgical way (mostly non-displaced and minimally displaced fractures) nowadays surgical treatment is used more often, as newest implants and techniques were developed.

The aim of the study was to analyse surgical treatment of patients with distal radius fractures with evaluation of period of treatment and rehabilitation.

The study was performed in Traumatology and Orthopaedics clinical department of Bukovinian State Medical University which is located in Chernivtsi Emergency City Hospital. The study was performed within 01.01.2018 – 31.12.2019 period. The following methods of examination were used - clinical, radiographic and CT (in complicated cases).

Surgical treatment of distal radius fractures was performed for fractures of C1-C3 types. Among 46 patients that were operated there were 27 cases which at the first stage of treatment underwent the attempt of closed reduction that was not successful or fractures that were successfully reduced but displaced in 7-10 days period. Open reduction internal fracture fixation with plate and screws was used in 18 cases. Anatomically preshaped plates with locking head screws were used as osteoporotic bone was present at the fracture cite in most cases. In other cases minimal-invasive technique was used. Those were cases of polytrauma, patients with concomitant diseases, die to the old age. In 17 cases external fixator was used with additional fixation with K-wires in 14 cases. K-wires alone were used in 2 cases and additional plaster bandage was applied. Results of treatment were good in 34 cases (72,3%), satisfactory in 11 cases (23,4%) and poor in 2 cases (4,24%). Those were cases when 3 and more attempts of close reduction performed before surgery and Zudek syndrome developed later. Despite good position of bone fragment significant decrease of function was revealed, and results were rated as poor.

Surgical treatment with plates and external fixators allow to achieve good and satisfactory results in 95,7%. In group of patients operated with plates the reduction of fragments was better in most of cases but we should admit that this method can be applied for selected group of patients which general condition is not poor. Many attempts of surgical treatment could led to poor functional results and should be avoided.

**Ilyuk I.I.**

### **METASTATIC PROSTATE CANCER. PROSTATE SPECIFIC ANTIGEN AS A SCREENING MARKER OF METASTASING**

*Department of Urology and Neurosurgery  
Higher State Educational Establishment of Ukraine  
«Bukovinian State Medical University»*

In Ukraine, prostate cancer is the fourth most frequently occurring cancer among the male population after malignant neoplasms of the lungs, skin and stomach. Prostate cancer death rates in



Ukraine are 41 cases per 100 thousand population, and in the world 18.7 per 100 thousand. Metastatic prostate cancer is first diagnosed in the US in only 5%, while in Ukraine in 21% of patients. Today, prostate cancer-specific antigen (PSA) remains the primary cancer marker for prostate cancer. The objective of the study was to compare the dynamics of PSA in patients with metastatic and non-metastatic prostate cancer and to determine the level of PSA as a screening marker of metastases in prostate cancer and to analyze the relationship between PSA level and the number of metastases.

19 patients with prostate cancer divided into two groups were examined: the control group (9 patients with no metastatic cancer) and the experimental group (10 patients with metastatic prostate cancer). The following parameters were studied: general dynamics of PSA, mean value of PSA, change in PSA level in the event of metastases, the number of metastases. The following research methods were used: PSA level determination, PSA doubling time calculator, computed tomography, MRI. The mean PSA in patients with metastatic cancer was 30.29 ng / ml and in patients without signs of metastasis was 17.84 ng / ml. The overall dynamics of PSA in patients without metastases is an average doubling time of PSA of 7 months and equals 2.03 ng / ml / month, and in patients with metastatic cancer, the average doubling time of PSA is 3.75 months and is equal to 4.1 ng / ml / month. PSA doubling time difference is 3.25 months, and PSAs of 1.8 ng / ml / month, indicating aggressive tumor growth, which in direct proportion increases the risk of metastases. In 90% (9 patients) with metastatic cancer, there was a sharp increase in PSA, including 55% (5 patients), twice as high as the previous PSA. Patients of the control group experienced a sharp increase in 77% (7 patients). The sites of metastasis are bones, lungs and pelvic lymph nodes. The number of metastases ranges from 1 to 54. The number of metastases does not depend on the level of PSA.

Therefore, the occurrence of metastases is preceded by a significant increase in PSA (2-fold) compared with the previous value, the doubling time in the course of dynamics is 3.75 months. and doubling amounts of 4.1ng / ml / month, the average PSA is 30.29 ng / ml. The likelihood of metastases with an average doubling rate of up to 2 ng / ml / month is 30%, more than 2 ng / ml / probability reaches 78%. No direct correlation was found between PSA level and the number of metastases.

**Knut R.P.**

**MORPHOLOGICAL CHANGES OF HERNIA SAC  
AND HERNIA-SURROUNDING TISSUES IN ELDERLY PATIENTS SUFFERING FROM  
INGUINAL HERNIAS**

*Department of General Surgery*

*Higher State Educational Establishment of Ukraine*

*«Bukovinian State Medical University»*

During last years the incidence of inguinal hernias in elderly grew significantly. The complications development in these patients after inguinal hernioplasty reached 6-18%. It can be explained with the fact that during surgery and postoperative period surgeons don't take all the aspects of complications pathogenesis in these patients into consideration.

The objective of the study was to evaluate the morphological changes of hernia sac and hernia-surrounding tissues in elderly patients with inguinal hernias.

For the research purpose biotates of hernia tissues of 24 patients (aged 60-83, mean 67.47±2.54 yrs), obtained during inguinal hernioplasty, were used as the material of investigation. Special attention was paid to evaluation of the muscular tissue atrophy and development of cicatrize and inflammatory changes. The following tissues were assessed: hernia sac, subcutaneous cellular tissue, muscular tissue and, in some cases, preperitoneal cellular fat. Fragments of tissues were preserved and processed in accordance to histological standards.

The principal signs of chronic inflammation of the hernia sac in all 24 patients were estimated. In 8 (33.3%) patients isolated inflammation of hernia sac tissue was found, and in 10 (41.6%) patients it was associated with chronic inflammatory changes of hernia-surrounding