



above complications, however, insufficiently effective fixation of the allograft can lead to its displacement in the postoperative period and cause recurrence of hernia.

To study the terms of allograft fixation to tissues of bed with fibrin and collagen fibers for further elaboration of more effective methods of surgical treatment of anterior abdominal wall hernias. The study is experimental. As the study material were used 26 white rats, which were implanted in the muscles of the anterior abdominal wall the prolene allografts measuring  $0.5 \times 0.5$  cm. Collection of the material for histological examination was performed by biopsy of muscles with implanted allograft after 1, 3, 5, 7 and 10 days from the moment of modeling of the experiment. 3-5  $\mu$ m thick sections were stained according to standard methods. The study was performed at a magnification of  $\times 100$  using a descriptive method of detecting changes.

Results of the study show that during the first four days after the modelling of the experiment, the fixation of the allograft occurs mainly due to fibrin fibers. When taking a biopsy during this period, the allograft was easily moved. After the 5<sup>th</sup> days of the modelling of the experiment in tissue biopsies there was a predominance of collagen fibers. During taking the biopsy, the allograft was fixed to the tissues of the bed and did not move.

During the first four days of the postoperative period, the allograft's fixation is not effective enough, which can cause its displacement or twisting and lead to recurrence of the hernia, so it is advisable to use surgical sealants to fix it and prevent the development of complications of the postoperative period.

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## **TREATMENT OF PYO-NECROTIC WOUNDS IN MODERN CONDITIONS**

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Wound healing has always been an important problem of practical surgery, so every year a large number of tools, methods and ways to treat them are introduced. However, the clinical experience gained by surgery in the field of theory and practice of wound healing still needs new methods and techniques that would speed up the treatment of chronic wounds and reduce the frequency of limb amputations. Therefore, the aim was to reduce the duration of treatment of chronic wounds of various etiologies and improve the results of their healing by optimizing the stage of purification and stimulation of granulation of the wound surface.

As the main obstacles to the healing of such wounds and their readiness for granulation and epithelialization are fibrin layering and necrotic processes in the wound, as well as microbial contamination, we suggested the use of wet fermentation and lysis of non-viable tissues. 67 patients with purulent-necrotic wounds, whose wound area ranged from 30 to 580 cm<sup>2</sup>, were treated. The main group included 34 patients who used the "wet chamber" method with a complex of medicinal ointments and solutions to treat wounds. To ensure the effect of a wet environment, an activated wound dressing or wet dressing was used. In the control group (33 patients) standard dressings were applied.

At the time of the third dressing on the 7-th day (dressings were applied once every 3 days) there was a sharp change in the condition of the wound – its bottom began to be filled with well-mature granulation tissue, along the perimeter there was the appearance of marginal epithelialization. The average period of complete cleansing and preparation of the wound for healing in the main group was  $13.82 \pm 1.41$  days, in the comparison group –  $25.36 \pm 1.39$  days ( $p < 0.05$ ). Granulation tissue appeared in the wound during  $5.85 \pm 0.32$  days, which is probably faster than in the comparison group –  $13.83 \pm 0.57$  ( $p < 0.05$ ). That is, when applying a "wet chamber" it was possible to quickly and without necrectomy clean the wound defects by 1.83 times and accelerate the growth of granulations by 2.36 times.

Comprehensive treatment of chronic wounds with the use of "wet chamber" has a significant advantage over traditional methods. The suggested method of comprehensive wet lysis significantly accelerates the wound cleansing period, accelerates and stimulates the formation of granulation



tissue and rapid epithelialization of the wound, increases the reparative potential of the wound, increases the frequency of healing.

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**PREVENTION OF PURULENT COMPLICATIONS IN SURGICAL TREATMENT OF  
ABDOMINAL TRAUMA**

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According to the world literature, intra-abdominal infection develops in 10.8% of victims with blunt abdominal trauma, namely: peritonitis - 51.9%, intra-abdominal abscesses - 42%. The microflora, which is determined in 77.8% of victims with complications, is represented by aerobes. The most common pathogens of post-traumatic peritonitis are *Escherichia coli* (43.3%), *Staphylococcus aureus* (18.9%), *Klebsiella pneumonia* (14.4%) and *Enterococcus faecalis* (56%).

The mandate of comprehensive treatment of such patients is early diagnosis of abdominal injuries, elimination of the source of intra-abdominal infection, effective rehabilitation of the peritoneal cavity and its drainage, specific antibacterial therapy, intensive detoxification and symptomatic therapy.

The clinical part of the work included examination and treatment of victims at the hospital stage of treatment. All the patients were divided into two groups: the main - 30 patients (8 with splenic injury, 9 - liver, 8 - small intestine, 5 small mesentery) and control - 27 patients. The groups of victims were representative by all the criteria. All the victims underwent surgery: elimination of the consequences of trauma to the abdominal cavity, rehabilitation and drainage of the peritoneal cavity by traditional methods. Patients in the control group were treated according to generally accepted methods.

Treatment of patients of the main group was performed using our own developments. Surgical treatment was performed with active peritoneal drainage using the author's flow-aspiration device using an antiseptic octenisept, which provides multi-purpose and broad functional treatment of postoperative wound cavities, as well as allows a widespread use in medical practice in performing medical procedures. Octenisept physicochemical properties are: it is a clear liquid in 100 ml which containing octenidine dihydrochloride 0.1 g, 2-phenoxyethanol 2 g, excipients: (3-coconut-fatty acid amidopropyl) -dimethyl-ammonium acetate, D-gluconate glycerin, sodium hydroxide, purified water. The drug is diluted with distilled water 1: 3 and used twice a day through the apparatus for irrigation of the peritoneal cavity. In both groups of patients loraxone was administered for antibacterial therapy.

Intensive care of patients with abdominal trauma in the postoperative period included crystalloids, gelofusin, amino acids for parenteral nutrition, fat emulsions.

The results of the study of the main clinical aspects of abdominal trauma, taking into account the biomechanics of primary injuries and their localization showed that the proportion of post-traumatic purulent complications in abdominal injuries in the control group was 27.8%.

The use of the suggested treatment of complications of the peritoneal cavity with aspiration-flow drainage and antiseptics octenisept in traumatic injuries of the abdominal cavity during surgery and in the postoperative period allowed obtaining positive results and reducing the number of postoperative complications from 27,0% to 18,7 %, i.e. 1.2 times, and the level of postoperative mortality 35.0% to 27.8%, i.e. 1.3 times.

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**PECULIARITIES OF USING ULTRASOUND INVESTIGATION OF THE HIP JOINT IN  
THE DIAGNOSIS OF COXITES IN CHILDREN**

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Coxitis may have various etiological factors and the following clinical manifestations at its initial stages: pain in the hip joint while moving, limited functional ability of the lower limb, fever,