Rebleeding was recorded in 24 cases (11,8%). 15 patients (62,5%) with relapses were diagnosed with II A class by Forrest. On the Glasgow Blatchford Score, 3 patients (12,5%) 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.

Clinical predictors of bleeding relapse were comorbid pathology, bleeding in anamnesis, body temperature, hemostatic therapy use before admission, pulse rate, pulse pressure, and hemorrhage class according to Forrest classification.

Laboratory predictors of bleeding relapse were creatinine concentration, test on availability of fibrinogen B, fibrinase level, amount of reduced glutathione, general number of leukocytes, the whole blood protein, prothrombin index, plasma recalcification time, antithrombin III, non-enzymatic fibrinolytic activity (NFA) and enzymatic fibrinolytic activity (EFA) ratio (NFA/EFA ratio) of the blood plasma, its proteolytic activity of azocollagen, oxidation degree of plasma neutral proteins, the ratio of diene conjugates (DC), ketodienes and adjoint trienes (KAT), 5G4 and G43A polymorphism of PAI-1 gene.

A new method to assess the reliability of hemostasis was created by means of irradiation of a clot by the green and red laser beams. To describe F IIa and IIb stigmata objectification method was suggested, and they should be supplied with the indices H (High risk of relapse) when there was a dominating dispersion zone of the green laser beam, or L (Low risk of relapse), when the red laser beam dispersion was dominant.

A new prognostic two-stage scale was developed which separated the groups of high and low risk of bleeding relapse. The previous scale contained clinical and endoscopic criteria (comorbidity class, history of bleeding, body temperature, use of hemostatic therapy in the prehospital stage, pulse rate, pulse pressure, bleeding class according to Forrest). A delimiting criterion was the sum of 7 points. Sensitivity of the scale was 89,66%, specificity – 86,8%. The basic main scale contained also such criteria as leukocyte count, creatinine, plasma protein, prothrombin index, plasma recalcification time, fibrinogen B test scores. A delimiting criterion of the basic main scale was the sum of 11 points. Sensitivity of the scale was 92,86%, specificity – 92,16%. The extended main scale contained also such criteria as fibrinase, glutathione reduced, antithrombin III, NFA/EFA ratio of the blood plasma, its proteolytic activity by azocollagen, oxidation degree of plasma neutral proteins, the ratio of DC, KAT, 5G4 and G43A polymorphism of PAI-1 gene. A delimiting criterion of the extended basic scale was the sum of 17 points. Sensitivity of the extended basic scale was 100%, specificity – 95,83%.

Hyrla Ya.V.

ULTRASONOGRAPHY AS A METHOD OF DIAGNOSIS OF VOCAL MOBILITY DISORDERS IN PATIENTS OPERETED ON DIFFERENT FORMS OF GOITER

Department of Surgery №1
Bukovinian State Medical University

Operations on the thyroid and parathyroid glands are known to have a high risk of damage to the recurrent nerves responsible for voice formation.

For a patient, early detection of impaired mobility of the vocal cords may be a reason for timely consultation with a phoniatrician and subsequent, possibly complete recovery of vocal function. As for a surgeon, understanding the presence or absence of problems with the "vocal" nerves in patients can help to choose the right amount of surgery, and also helps to determine the need for neuromonitoring or optical techniques during surgery.

Currently, laryngoscopy is considered to be the most accurate method of diagnosing of impaired mobility of the vocal cords. However, its routine use is limited by the need for additional equipment and its disinfection, the presence of an ORL-doctor or endoscopist, as well as the risk of complications, including anaphylactic reactions when using local anesthetics. Also an important problem of subjectively unpleasant sensations in some patients, due to which it is impossible to

perform laryngoscopy. As a result of damage to the upper laryngeal nerve, impaired mobility of the vocal cords may not be recognized on time. Therefore, in the daily work of endocrinologists there is a need to find alternative, no less effective and simple methods for detecting problems with vocal cords.

One such non-invasive method is ultrasound of the larynx and vocal cords. The presence of an ultrasound device becomes a kind of good tone in surgical departments, including the departments of endocrine surgery. And sooner or later, performing the next ultrasound of the thyroid gland and regional cervical lymph nodes, doctors pay attention to the fact that, in addition to these structures, the anatomical structures of the larynx, including the vocal cords, are quite clearly visible.

Therefore, the aim of our work was to study the possibility of performing ultrasound examination of the larynx on the detection of disorders of mobility of the vocal cords and compare them with laryngoscopy, which is traditionally used for this purpose.

The study was conducted on 187 patients operated in the surgical department of Chernivtsi OKL in 2019-2020. Each patient was studied for ultrasound on detecting different structures of the larynx. The diagnostic accuracy of ultrasound on detecting disorders of mobility of the vocal cords by laryngoscopy was confirmed. An GE LOGIQ 7 ultrasound scanner with a 12 L linear ultrasonic sensor with an aperture of 4 cm (frequency 8.0 MHz) was used. Laryngoscopies were performed using Olympus BF-160 endoscopic systems or direct examination by an ENT doctor. Each patient agreed to be examined. Statistical processing of the material was performed using traditional methods for determining the sensitivity to the specificity of the techniques used.

The structures of the larynx were available for examination by ultrasound (excluding age groups and sex) in 88% of patients, and the following pattern was found: worsening of accessibility for examination in men than in women. Among them 12 patients (6.5%) had impaired mobility of the vocal cords.

According to the results of comparative analysis, the accuracy of ultrasound on the diagnosis of disorders of mobility of the vocal cords in the group of patients in whom the vocal cords were well available for examination did not differ from that of laryngoscopy.

In the course of the study, we found that laryngeal ultrasound was effective and promising for the detection of paresis of vocal cords with sensitivity and specificity of 91% and 95%, respectively. Among patients in whom vocal cords were available for ultrasound scanning, the accuracy of the proposed method could be compared with laryngoscopy and could be successfully used in the daily work of endocrinologists.

Karliychuk M.A.

NEW METHOD OF POSTOPERATIVE VITREOUS HEMORRHAGE PREVENTION AFTER VITRECTOMY WITH FIBROVASCULAR MEMBRANES REMOVAL IN PATIENTS WITH PROLIFERATIVE DIABETIC RETINOPATHY

B.L. Radzikhovskiy Department of Ophthalmology
Bukovinian State Medical University

The most effective and proven treatment for the complications of proliferative diabetic retinopathy (PDR) is pars plana vitrectomy (PPV). Postoperative diabetic vitreous hemorrhage (PDVH) is a severe complication of pars plana vitrectomy with removal of fibrovascular membranes in patients with proliferative diabetic retinopathy. The reported prevalence of PDVH (occurring 1 or more weeks after a surgery) is between 20% and 30%. Many research studies report that intravitreal anti-VEGF drugs administered before a surgery can significantly reduce the probability of PDVH; however, other studies have contradicted these results and have shown that these drugs fail to prevent PDVH. Tranexamic acid is a synthetic reversible competitive inhibitor to the lysine receptor found on plasminogen.

The aim of the study was to evaluate the efficacy of intravitreal tranexamic acid in reduction of the probability of PDVH occurring in patients who received PPV with removal of fibrovascular membranes due to PDR.