

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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patients were diagnosed with local peritonitis, 53 - with diffuse, 57 with poured, 13 with total. 79 patients had postoperative complications, including 24 cases of inflammation and wound suppuration, 5 – eventerations, 14 - intra-abdominal abscesses and infiltrates, 18 - of intestinal suture failure, 18 - continuous peritonitis. Death occurred in 39 patients. 123 patients were diagnosed with comorbidities.

Results. The clinical and anthropometric data, laboratory methods, MPI parameters, comorbidity class (CC), age were analyzed. The factor impact was studied, using the variance analysis. The clinical manifestations of peritonitis before the operations were evaluated in points: local peritonitis - 2 diffuse - 4, diffuse or general - 6 points. To create the possibility of mathematical presence and severity of complications processing was evaluated as follows: 0 - no POC, 1 - inflammatory wound complications, 2 – wound suppuration and eventration, 3 – bordered intra-abdominal complications, 4 - suture leakage and diffuse peritonitis, 5 - total peritonitis with systemic complications, that lead to death. Numerical characteristics of surgical diseases were conferred according to the univariate variance analysis results.

The scale, under which POC forecasting was carried out in two stages, was developed by us. In the first phase, before the operation, the scale included the following parameters: the nature of the underlying disease and peritonitis, parameters of the CC. The results of variance analysis confirmed the statistically significant dependence of the POC from the indicators that were selected for prediction. It is significant, that the involvement of the indicators analysis which are widely used to predict (age, leukocyte count, urea, creatinine, etc.), no statistically significant dependence of POC parameters dispersion on the complex of the determined factors was found. According to the amount of points, determined according to the scale, patients were previously divided into several groups: normal (2-4 points), increased (5-7 points), medium (8-9 points) and high (more than 10 points) POC risk. Such allocation of risk groups allows to use the necessary POC prevention measures at the stage of preoperative preparation.

Conclusions. The final risk determination is made, based on the data of intraoperative revision and laboratory tests. Based on the conducted analysis, a specified scale is created for the second phase prediction. Risk groups differentiation is conducted as follows: less than 18 points - normal, 18-25 points - increased (primarily wound complications), 26-34 points - average (abscesses, infiltrates, diffuse peritonitis, suture failure), more than 35 points - high risk (severe peritonitis, sepsis), that was confirmed by the results of the univariate variance analysis. The allocation of a particular patient to a specific group allows to use necessary preventive measures during surgery and in the postoperative period reasonably.

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PATHOGENETIC, CLINICAL AND MANAGEMENT FEATURES OF ACUTE INTRA-ABDOMINAL INFECTION ASSOCIATED WITH DIABETES MELLITUS

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Introduction. The results of treatment of patients with intra-abdominal infection (IAI) associated with diabetes mellitus (DM) are unsatisfactory. This is caused by insufficient study of pathogenesis of such comorbid pathology (CP).

The aim of the study. Investigation of pathogenetic, clinical and management features of IAI associated with DM.

Material and methods. 365 patients with DM and IAI, complicated by peritonitis were investigated. Common clinical features of such CP are shown to be the increased number of patients with the suppressed and atypical symptoms, increased severity of their condition, slowing the regression of the inflammatory process after surgery. Patients with DM have their incidence of postoperative wound complications increased, which is of 9.89% within perforating ulcers, complicated by peritonitis of the 6-28 points by Mannheim peritonitis index (MPI), and 33.33% within acute destructive appendicitis complicated by local peritonitis (<10 by MPI), the number of septic intra-abdominal complications increase which ranges from 20% within perforating ulcers, complicated by peritonitis of the 12-35 points by MPI, up to 100% within intestinal obstruction, complicated by peritonitis of the 23

and more points by MPI. A complex comparative assessment of microbial contamination dynamics of the abdominal cavity, microbiocenosis of the small and large intestines, activity of proteolytic, fibrinolytic, cytokine, immune and redox systems, within peritonitis development underlying diabetes mellitus is carried out in the experiment. Common regularities of the such CP development are revealed.

Results. With a help of comprehensive evaluation of experimental and clinical data the pathogenetic basis of changes in the course of IAI is revealed in patients with DM. The interrelated burden syndrome is proved to be the basis of change. The mechanisms of syndrome are revealed – potentiation of the unidirectional damage, a combination of multidirectional damage, regulatory dysfunction. The stages of its development are discovered. On the basis of revealed features, a new classification of CP for emergency abdominal surgery is developed, which involves the selection of four CP classes. Management has been worked out for the cases with CP which specifies differential choice or the measures scope on all stages of the treatment of IAI with the regards or CP. Indications for preoperative preparation have been widened which should be done for the patients attributed to the II-III class of CP. For substantiation of the scope of operation choice and points of intestinal sutures placement methods of viability determination have been worked out which predispose the evaluation of photoluminescence index. To improve the reliability of organs connection zone, original one-row stitch has been worked out which possessed high haemostatic capacity and provided sufficient physical hermetism. To the patient, referred to the I and II classes of CP to the protection and reinforcement of stitches, method of the local influence has been proposed. It is advisable to use allogeneic materials for this purpose in the patients with the III class of CP. Indications as to the use of repeated programmed sanations of peritoneal cavity in the patients with CP also have been widened. In cases of the II class of CP such interventions have to be used starting with the II grade of general peritonitis severity and in cases of the III class even with the I grade severity. Method of peritoneosorption has been improved which caused its efficacy increase. Method of peritoneal cavity sanitation was worked out which consists of washing it out with polycomponent solution under pressure, allows to increase clearance of aerobic microflora up to 90,7% and for anaerobic – to 64,9%. For the prophylaxis of wound complication in the course of repeated programmed sanations of peritoneal cavity method of operative wound closure with implication of vulneosorption has been worked out.

Conclusions. Application of the developed management in the patients with the I class of CP made it possible to avoid the development of complications and lethality, and in the patients with the II and III classes of CP reduced lethality up to 24,4%, and frequency of wound suppuration to 16,6%.

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SOME ULTRASOUND PREDICTORS OF THE VOLUME OF SURGICAL INTREVENTION IN DIFFERENTIATED FORMS OF THYROID GLAND CANCER

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Introduction. Nodular formations of the thyroid gland occur in 5-8% of the adult population. The widespread use of ultrasonography to evaluate thyroid pathology has led to a dramatic increase in the prevalence of asymptomatic disease, which, according to literature estimates, ranges from 25 to 75% of the general population.

The aim of the study. To investigate the informativeness of some ultrasonographic indicators when choosing the scope of surgical intervention in differentiated forms of thyroid cancer.

Material and methods. The planning of surgical intervention in connection with the established diagnosis of thyroid cancer, or suspicion, is regulated by the operating protocols of the leading schools of thyroidology in the world (ATA, ETA, etc.).

The selection of the scope of surgery on the thyroid gland (hemi- or thyroidectomy, neck limfodissection, etc.) is based on the detected "major" sonographic signs of tumor malignancy (hypoechoogenicity, the presence of microcalcifications, the tumor is higher than wider), the presence or absence of ultrasound damage, signs of regional damage lymph nodes with mandatory cytological confirmation after TAPB.