

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



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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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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 INTERVENTION 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 lymphadenectomy, 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.

Results. During the ultrasound of the thyroid gland, in our opinion, insufficient attention is paid to such a sonographic feature as the presence of extracapsular invasion of the thyroid gland tumor, that is, when we see the spread of the tumor process outside the thyroid gland capsule. In the world literature, there is a small number of publications where attention is paid to this sonographic feature, when planning the scope of surgical interventions and its connection with the occurrence of recurrence of thyroid cancer in the postoperative period (when performing organ-preserving operations, or when refraining from performing lateral lymphodesections, since there were no sonographic data on damage to the lateral or central lymphatic collectors of the neck).

It was noted that in the recent period, among the specialists of ultrasound research of the thyroid gland, there is a desire to develop quantitative parameters and sonographic characteristics of the thyroid gland in order to minimize subjectivity in the field of ultrasound diagnostics as much as possible, because it is known that ultrasound remains a method that depends on the experience of the operator and the level of equipment on which the study is performed.

We investigated the emerging trends in the world in order to characterize extracapsular thyroid tumor invasion quantitatively in predicting the development of recurrence of differentiated forms of thyroid cancer in the postoperative period.

Chinese scientists are developing a method for evaluating extracapsular invasion of differentiated thyroid tumors based on the ratio of the vertical diameter of the tumor itself (V) and the distance the tumor has protruded beyond the thyroid capsule (L). If this indicator is more than 0.2, this is the greatest risk of tumor metastasis, therefore, according to the researchers, it is necessary to include in the program of radical treatment of thyroid cancer, lateral lymph node dissection, even in cases where sonographically no signs of damage to the jugulo-carotid lymph nodes of the neck are detected.

Another method proposed by Asian scientists is the calculation of the percentage of tumor contact with the thyroid gland capsule using the existing function on the ultrasound device for measuring the perimeter: no contact, < 25% contact with the capsule, 2-50% contact; >50% contact of the tumor with the capsule of the thyroid gland - also, lateral lymph node dissection of the neck is indicated, in the absence of obvious signs of damage to the lymph nodes, because the risk of metastasis is very high.

These techniques are relevant when the tumor is located closer to the front surface of the lobes of the thyroid gland. Invasion can be in the muscles of the front surface of the neck, subcutaneous fat tissue, blood vessels. The amount of surgical intervention depends on it.

In the case when a malignant tumor of the thyroid gland is located closer to the back surface of the organ, there is a danger of its germination in the trachea. This can change the scope of the planned surgical intervention radically. Japanese scientists have proposed, in the case when the tumor is located closer to the trachea, or closely adjacent to it, to measure the angle formed between the trachea and the tumor adjacent to it. It was found that if this angle was less than 90, there was less risk of tumor invasion into the trachea, respectively, if this angle was greater than 90, there was a high risk of invasion of a malignant thyroid tumor into the trachea.

Conclusion. Undoubtedly, these methods require more detailed study and refinement, however, the results obtained from their use, already today, allow to improve the results of surgical treatment of differentiated forms of thyroid cancer, by quantifying the risk of its recurrence in the postoperative period.

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**PECULIARITIES OF LAMINA CRIBROSA THICKNESS IN PATIENTS WITH
PROLIFERATIVE DIABETIC RETINOPATHY AFTER VITRECTOMY WITH SILICON
OIL TAMPONADE AND RETROLAMINAR MIGRATION OF SILICON OIL**

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Introduction. For ~40 years, silicone oil (SiO) is accepted as an effective treatment used as an intraocular tamponade in the pars plana vitrectomy, especially in cases of complicated retinal