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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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It is characteristic that both the severity of these processes and the ratio between them correlate with variants of the MMP 1 genotype. The fibrinolytic activity of plasma changes cyclically. The ratio between enzymatic and non-enzymatic fibrinolysis in different phases of the rank process differs significantly and is clearly correlated with MMP 1 genotype variants. Proteolytic activity also changes in different phases of the wound process and is more pronounced in the first phase, especially for low- and medium-molecular structures. Excessive activation of proteolytic activity to collagen structures in the regeneration phase distorts regenerative processes and prolongs wound healing. It was found that the nature of the activity of the components of proteolysis correlates with variants of the MMP 1 genotype. This indicates the possibility of predicting the course of the wound process based on the results of research on the variants of the MMP 1 genotype and can serve as a basis for choosing personalized treatment tactics aimed at preventive correction of damaging mechanisms that have genetic determinism.

We have also proven the effectiveness of using laser irradiation according to the developed scheme of the wound for correction of reparative regeneration, acceleration of epithelization processes.

Conclusions. A comprehensive study of the mechanisms of inflammation and regeneration, taking into account their genetic determination, makes it possible to choose personalized treatment tactics aimed at preventive correction of damaging mechanisms and stimulation of regenerative processes, which improves the results of treatment of such patients.

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MODERN APPROACHES TO TREATMENT OF ACUTE PERITONITIS

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Introduction. Improving the effectiveness of treatment of acute peritonitis is one of the most difficult problems of abdominal surgery. Despite significant advances in the development of treatment for such patients, mortality rate remains high (from 16% to 63%) and does not tend to decrease. One of the reasons for this is the excessive activity of IL1β, which carries genetic determinism, which serves to progress the inflammatory process in the peritoneal cavity and insufficient effectiveness of existing methods of peritoneal remediation. This leads to prolongation of the inflammatory process, its progression, translocation and generalization of microorganisms.

The use of laparoscopic technologies and the development of methods for predicting the occurrence of the inflammatory process in the peritoneal cavity is one of the most promising ways to improve the results of treatment of patients with acute peritonitis.

However, in diffuse and general peritonitis, laparoscopic techniques do not allow remediation of all pockets and depths of the peritoneum, therefore, preference should be given to laparotomy accesses.

The aim of the study. Study of factors that make it possible to predict and diagnose the course of acute peritonitis

Material and methods. A comprehensive examination of 115 patients admitted to the hospital with diffuse peritonitis signs was conducted.

Results. All patients were recognized with a variant of the IL1β 511 C / T gene, and after elimination of the cause of peritonitis, peritoneal remediation was performed by repeated washing with antiseptic solutions, preferring surfactants. We have improved the technology of flushing the peritoneal cavity by supplying the solution to the peritoneal cavity under the pressure created by oxygen. This helped to reduce the number of bacteria, especially anaerobic ones and provided vibromassage of tissues with oxygenated solution, which improved their microcirculation.

In patients with unfavorable CT and TT gene variants, the clearance of aerobic microflora from peritoneal exudate was 90.7%, aerobic - 64.9%, and from parietal peritoneum and fibrin layers - only 34.9% and 27.5% respectively. Due to this, the need for re-rehabilitation of the peritoneal cavity became obvious. For this purpose, at laparoscopic accesses we left special ports through which we carried out relaparoscopic remediation. At laparotomy accesses we used the programmed

laparoperation for its sanitation, control of a course of inflammatory process, viability of fabrics, ability of seams and anastomoses. We have developed technologies for temporary closure of a laparotomy wound for the period between remediations, the current timing of their implementation, indications for suturing the surgical wound. The number of programmed laparation operations depended on the nature of the inflammatory process and averaged 3.2 ± 1.4. According to the results of microbiological studies, the number of microorganisms before suturing the surgical wound was significantly lower than the etiologically significant concentration.

For the period between the openings of the peritoneal cavity, we used the designed method of peritoneosorption, placing in all its departments containers with sorbents, which were given antimicrobial properties. They were replaced during the next laparation. This allowed up to 80% of peritoneal exudate to be adsorbed together with microorganisms, reducing their peritoneal damage and preventing translocation.

Conclusions. Thus, the evaluation of variants of the IL1β 511 C / T genotype makes it possible to predict the nature of the inflammatory process, and the use of treatment tactics through the utilization of improved techniques of peritoneal rehabilitation can significantly increase the treatment effectiveness of the patients with acute peritonitis.

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DIAGNOSTIC APPROACH IN PEDIATRIC PATIENT WITH ORBITAL CELLULITIS

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Introduction. Pediatric preseptal or orbital cellulitis may develop from either contiguous extension from periorbital structures or from both exogenous and endogenous sources. The role of ethmoidal sinusitis in orbital cellulitis has been the cause of much speculation. Orbital cellulitis is highly associated with paranasal sinusitis. Ethmoidal sinusitis has been reported in 84–100% of cases of orbital cellulitis. The medial wall of the orbit is the thinnest and most porous of the orbit and may account for the contiguous extension. Furthermore, a shared valveless venous system has been cited as one of the possible means of spread orbital and periorbital surgery, penetrating trauma, blunt trauma, dental procedures constitute some of the exogenous causes of orbital cellulitis. Endogenous causes may include endophthalmitis and sepsis.

The aim of the study. To evaluate diagnostic procedures in management of orbital cellulitis.

Material and methods. A pediatric male patient was treated in Chernivtsi City Children's hospital during April-May 2023. Clinical, ophthalmological, MRI, laboratory and microbiological testings were conducted.

Results. Bacterial infection is the main cause of inflammation in case of orbital cellulitis. Orbital signs include exophthalmos/proptosis and diplopia. Patient complained of pain, restricted motility and decreased vision. Signs and symptoms of acute rhinitis and sinusitis were also present.

Additional diagnostic studies may benefit in child once a bacterial orbital cellulitis is diagnosed or suspected. Assessement of blood included a complete blood count (CBC) and blood cultures. Although the diagnostic yield of blood cultures is low compared to that of surgical aspirates, a positive result may help tailoring antibiotic therapy. CSF analysis is no longer routinely ordered with the exception of bilateral cases of orbital cellulitis where meningitis and/or intracranial involvement is suspected.

Visualizing methods like computerized tomography (CT) scan or magnetic resonance imaging (MRI) are most commonly recommended study for those suspected of having orbital cellulitis. It is recommended when possible the use of contrast media which increases the sensitivity and specificity of a given study. Diffuse and localized postseptal inflammation may be observed in the setting of bacterial orbital cellulitis. Localized inflammation in the form of abscess may be intra- or extraconal. Such inflammation may also develop between the bone and periorbita, resulting in a subperiosteal abscess. Radiation exposure is of concern, especially in the pediatric population and