



hernioplasty can cause the further development of ischemia, atrophy and cicatrize changes in muscles of the anterior abdominal wall, leading to hernioplasty insufficiency. Use of 'suture-free' techniques in elderly patients may greatly reduce inflammatory changes impact on healing, though not providing full protection.

Among the reasons for complications development in post-hernioplasty period in elderly patients are the chronic inflammatory changes of hernia sac and hernia-surrounding tissues.

The employment of antibacterial and anti-inflammatory remedies can be important component for postoperative complications prophylaxis in these subjects.

Inflammatory and cicatrize changes after the suture methods of hernioplasty cause ischemia, atrophic and cicatrize changes in muscles during postoperative period, making these methods of surgery in elderly patients not sufficiently effective.

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OUR FIRST EXPERIENCE OF TREATMENT OF GUNSHOT FRACTURE CONSEQUENCES AT THE TRAUMATOLOGICAL DEPARTMENT OF CHERNIVTSI EMERGENCY RESCUE MUNICIPAL HOSPITAL

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The main task of field-military surgery is treatment of gunshot injuries and gunshot fractures of the limbs in particular. At the same time, the problem of treatment of gunshot fracture consequences, their healing failure (non-union) and pseudoarthrosis remains a topical one.

The objective of our study was to present the results of treatment of non-unions and pseudoarthrosis after gunshot fractures of the limbs.

5 patients, participants of ATO, who had received their gunshot injuries during military operations in the east of Ukraine, were treated at the Traumatological Department of Chernivtsi Emergency Rescue Municipal Hospital (ERMH) – University hospital, during 2015-2016. An average age of the patients was $35,4 \pm 0,7$. One patient was diagnosed with pseudoarthrosis of the upper third of the left upper arm after experienced gunshot comminuted (crushed) fracture of the left upper arm, one more was diagnosed with malunion of the distal metaepiphysis of the right upper extremity after gunshot fracture of the right upper extremity. The rest three patients were diagnosed with healing failures (non-unions) of the tibia after gunshot fractures of the shin bones. The periods from the moment they had received their injuries to performing surgery at the Traumatological Department of ERMH was $12 \pm 0,5$ months. Then all the patients were treated at military-medical establishments of the Ministry of Defense of Ukraine. After demobilization they were admitted to Traumatological Department of Chernivtsi Emergency Rescue Municipal Hospital (ERMH) – University hospital with above-listed diagnoses.

All the patients underwent reconstructive surgery with the use of locking compression plates (LCP). During surgery certain technical difficulties occurred such as noncompliance of anatomical interrelations between the soft tissues and bones, problems of surgical access due to available post-traumatic extensive scars characteristic for gunshot injuries. Analysis of the results obtained showed the following: the fracture was healed and the functions of the limbs restored in 4 patients, postoperative period was complicated by postoperative wound infection in 1 patient. This complication was successfully eliminated by means of VAK-drainage.

The treatment of gunshot fracture consequences requires consideration of anatomical disorders of the area operated on before planning surgery. Application of stable fixation means promotes healing fractures and restoration of functions of the injured limbs in the optimal period of time.

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MODERN TECHNOLOGIES ON MANAGING ANTERIOR EYE SEGMENT PENETRATING INJURIES

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Penetrating eye injuries and their consequences remain one of the most causes of disability and blindness of able-to-work individuals in the world. This rate in Ukraine is rather common and constitutes 25,5%. Many specialized ophthalmological services deal with a comprehensive treatment of eye injuries in Ukraine. However, the number of disabled people due to eye injuries does not decrease, it is still not solved problem. The Regional Eye Trauma Center is on duty 24 hours in Chernivtsi Regional Clinical Hospital.

Signs of an injured part of the anterior eye segment are characterized by polymorphism. Penetrating injuries of the corneal-scleral and scleral region portions are the most severe. This is due to anatomical-physiological peculiarities of this area with specially important ciliary body function and the anterior chamber angle, causing a variety of clinical signs even in case of minor penetrating injuries in this area.

Most of penetrating injuries of the anterior eye segment are complicated. They are often accompanied by prolapse of the cornea and ciliary body into the wound, dislocation of the lens, development of traumatic cataract, loss and opacity of vitreous body, hemophthalm, endophthalmitis.

The main cause of disability of patients experienced a penetrating anterior eye segment injury in Ukraine of the eye are lens injury – 44,4% and cornea - 26,1%. Teenagers and young able-to-work people constitute the main