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Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

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У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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depending on the dimensions of the drainage cavity. The results of the treatment were compared to the cases of other 10 patients with total peritonitis who served as a control.

It was established that the application of the developed method of the drainage and abdominal cavity sanitization in the intervals between the relaparotomy had resulted into acceleration of the normalization of the fundamental clinical criteria. The body temperature returned to normal up to 4 days after the last preplanned relaparotomy sanation of the abdominal cavity (as compared to 6 days in the control group). Persistent peristalsis was registered in most cases in 3 days after the last operation, whereas in the control group – in 4-5 days. Blood urea and creatinine concentration of 7 patients (77,78%) became normal in 2 days, while in 5 control observations (50%) laboratory and clinical displays of the intoxicating syndrome were retained up to 5-6 days.

The quantity of the repeated preplanned operations formed 1,89±0,26, while in the control group – 2,2±0,29.

None of the patients, who were provided with the discrete sanitation, had peritoneal masses or excessive exudates accumulation, whereas in 2 patients (20%) from the control group residual intra-abdominal masses were diagnosed that required the prolonged treatment. The average duration of treatment was 14,71 ± 1,06 against 17,72 ± 2,71 days in the control group. Complications associated with the use of the method, we have not seen.

Thus, the foregoing testifies that, the developed way of the using of discrete lavage of the greatest lesion nidus of the abdominal cavity with the antiseptic solution in the intervals between repeated sanation in case of total purulent peritonitis and in the post-operational period in case of diffusive purulent peritonitis gives an opportunity to increase the efficiency of the treatment and to prevent the formation of the intra-abdominal inflammatory masses and residual accumulations of exudation. In our opinion, such a way, apart from the direct, prolonged locally antibacterial action of the introduced antiseptic, increases the efficiency of the abdominal cavity drainage by individual modeling of several drainage tubes within the drained section and by the constant resumption of permeability of tubes during the repeated lavages. The technical simplicity of the method makes it accessible for used in the surgical hospitals of any level.

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THE CHANGES OF BLOOD PLASMAS FIBRINOLYTIC ACTIVITY IN CASE OF EXPERIMENTAL PERITONITIS ASSOCIATED WITH DIABETES MELLITUS

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The incidence of diabetes mellitus (DM) is constantly growing all over the world in recent years. The number of patients with acute peritonitis (AP) associated with DM is constantly growing respectively. The mechanisms of development of such comorbid pathological state are still unrevealed. In addition, the changes of fibrinolytic system (FS) have not been studied yet. The importance of such researches is stipulated by the role of FS components within the inflammation process development, peritonitis in particular. The FS activity changes are an integral part of mechanisms of DM development at the same time. So, the investigation of FS reactions within acute peritonitis developing against the ground of diabetes mellitus appears to be rather topical.

The research has been carried out on 75 albino non-pedigree rats. The animals were divided into 2 groups, each of the group consisted of 35 rats. The first group was formed by intact animals. The second one – animals with simulated DM. 28 animals of each group had medically induced peritonitis. Before modeling peritonitis, as well as in 6, 12, 24, 48 hours from the moment of its inducement, blood was taken for analysis. Total fibrinolytic activity (TFA), non-enzymatic (NFA) and enzymatic fibrinolytic activity (EFA) of blood plasma that determined by the level of azofibrin lysis were studied.

The activity of all fibrinolysis elements with simulated DM statistically significantly prevailed over those of the intact animals. In 6 hours since AP was modeled, FA started increasing

in both animal groups. However, all of TFA, EFA and NFA in group 1 were increasing statistically significantly. Whereas group 2 was affected by a minor increase, this was probably due to the high baseline. FA was increasing in group 1, mainly at the expense of EFA. The interaction between different fibrinolysis bars in group 2 was mainly not changed. In 12 hours FA of plasma was increasing. The parameters of all TFA indicators in group 2 increased statistically significantly and prevailed predominantly. There was a meaningful increase of EFA in group 1. The ratio between EFA and NFA decreased in both groups. Such dynamics is indicative of an increasing activity of the fibrinolytic system with the fermentation mechanisms predominance in response to peritonitis progression. In 24 hours FA of plasma increased significantly. Whereas in group 2 the activity of fibrinolysis increased statistically significantly. At the same time, the ratio between EFA and NFA was increasing in group 1 showing the non-enzymatic mechanisms of fibrinolysis predominance. In group 2 the ratio decreased being indicative of the fermentation fibrinolysis activation. In 48 hours FA plasma and the ratio of different fibrinolysis elements did not change. The parameters of EFA, NFA and TFA in group 2 statistically significantly prevailed and the activity of fermentation fibrinolysis continued to increase.

So, the activation of FS with balance maintenance between its links within 24 hours has been observed in experimental acute peritonitis case. In 6 hours, the development of acute peritonitis in animals with DM differs substantially in its quantitative characteristics of the fibrinolytic activity of plasma blood, which is shown by its excessive increase, development of imbalance between the links of fibrinolysis, uncontrolled increase of the activity of fermentation mechanisms with disseminated intravascular coagulation syndrome in 24 hours.

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IMPROVING THE EFFICIENCY OF TREATMENT OF EARLY POST-OPERATIVE COMPLICATIONS IN PATIENTS WITH DIFFERENT FORMS OF MIXED GOITER

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Despite the significant progress of surgical technologies and methodologies for performing surgical procedure, patients with various forms of mixed goiter, in addition to thyroid disorders, have a number of typical complications from postoperative wounds such as edema and hyperemia of the margins and edges. In most cases, this is due to the prolonged exudation of the postoperative wound due to hypervascularization of the thyroid gland with the development of hyperfunction. As a result, in the postoperative period, it affects both the time of wound healing and the length of stay of the patient in the hospital. Equally important is the cosmetic result after surgery.

The analysis of probable causes of the development of these complications prompted the search for improvements to the methods of prevention of typical postoperative wound complications in patients operated for various forms of toxic goiter.

A developed method is proposed, which consists in the fact that after the end of surgery, a device consisting of a bioinert strip with a width of 1 - 1.5 cm and a length of 7-10 cm is used, which is fixed at the ends by two clamps and twisted in the form of a spiral. In this form, one end is brought to the bottom of the wound and the other end is inserted into the thickness of the container. The latest present an reservoir of porous bioinert material filled with sorbent. The dimensions of the container are modulated according to the size of the wound.

The twisting of the drainage strip allows the creation of additional throughput channels through which the exudate can flow freely from the wound and, even, the deposition of fibrin to the sections of the strip does not lead to its sealing.

The location of the opposite end of the strip in the thickness of the sorbent container contributes to the ingress of the exudate into the sorbent, limiting its contact with the edges of the sutured wound, with obligatory reducing the contamination of the wound, thereby stimulating its regeneration and accelerating its healing.