

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

101 – ї

підсумкової наукової конференції

професорсько-викладацького персоналу

Вищого державного навчального закладу України

«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

10, 12, 17 лютого 2020 року

Чернівці – 2020

УДК 001:378.12(477.85)

ББК 72:74.58

М 34

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.

ББК 72:74.58

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.

Загальна редакція: професор Бойчук Т.М., професор Іващук О.І.,
доцент Безрук В.В.

Наукові рецензенти:

професор Братенко М.К.

професор Булик Р.Є.

професор Гринчук Ф.В.

професор Давиденко І.С.

професор Дейнека С.Є.

професор Денисенко О.І.

професор Заморський І.І.

професор Колоскова О.К.

професор Коновчук В.М.

професор Пенішкевич Я.І.

професор Сидорчук Л.П.

професор Слободян О.М.

професор Ткачук С.С.

професор Тодоріко Л.Д.

професор Юзько О.М.

професор Годованець О.І.

ISBN 978-966-697-843-4

© Буковинський державний медичний
університет, 2020



Ukraine are 41 cases per 100 thousand population, and in the world 18.7 per 100 thousand. Metastatic prostate cancer is first diagnosed in the US in only 5%, while in Ukraine in 21% of patients. Today, prostate cancer-specific antigen (PSA) remains the primary cancer marker for prostate cancer. The objective of the study was to compare the dynamics of PSA in patients with metastatic and non-metastatic prostate cancer and to determine the level of PSA as a screening marker of metastases in prostate cancer and to analyze the relationship between PSA level and the number of metastases.

19 patients with prostate cancer divided into two groups were examined: the control group (9 patients with no metastatic cancer) and the experimental group (10 patients with metastatic prostate cancer). The following parameters were studied: general dynamics of PSA, mean value of PSA, change in PSA level in the event of metastases, the number of metastases. The following research methods were used: PSA level determination, PSA doubling time calculator, computed tomography, MRI. The mean PSA in patients with metastatic cancer was 30.29 ng / ml and in patients without signs of metastasis was 17.84 ng / ml. The overall dynamics of PSA in patients without metastases is an average doubling time of PSA of 7 months and equals 2.03 ng / ml / month, and in patients with metastatic cancer, the average doubling time of PSA is 3.75 months and is equal to 4.1 ng / ml / month. PSA doubling time difference is 3.25 months, and PSAs of 1.8 ng / ml / month, indicating aggressive tumor growth, which in direct proportion increases the risk of metastases. In 90% (9 patients) with metastatic cancer, there was a sharp increase in PSA, including 55% (5 patients), twice as high as the previous PSA. Patients of the control group experienced a sharp increase in 77% (7 patients). The sites of metastasis are bones, lungs and pelvic lymph nodes. The number of metastases ranges from 1 to 54. The number of metastases does not depend on the level of PSA.

Therefore, the occurrence of metastases is preceded by a significant increase in PSA (2-fold) compared with the previous value, the doubling time in the course of dynamics is 3.75 months. and doubling amounts of 4.1 ng / ml / month, the average PSA is 30.29 ng / ml. The likelihood of metastases with an average doubling rate of up to 2 ng / ml / month is 30%, more than 2 ng / ml / probability reaches 78%. No direct correlation was found between PSA level and the number of metastases.

Knut R.P.

**MORPHOLOGICAL CHANGES OF HERNIA SAC
AND HERNIA-SURROUNDING TISSUES IN ELDERLY PATIENTS SUFFERING FROM
INGUINAL HERNIAS**

Department of General Surgery

Higher State Educational Establishment of Ukraine

«Bukovinian State Medical University»

During last years the incidence of inguinal hernias in elderly grew significantly. The complications development in these patients after inguinal hernioplasty reached 6-18%. It can be explained with the fact that during surgery and postoperative period surgeons don't take all the aspects of complications pathogenesis in these patients into consideration.

The objective of the study was to evaluate the morphological changes of hernia sac and hernia-surrounding tissues in elderly patients with inguinal hernias.

For the research purpose biotates of hernia tissues of 24 patients (aged 60-83, mean 67.47±2.54 yrs), obtained during inguinal hernioplasty, were used as the material of investigation. Special attention was paid to evaluation of the muscular tissue atrophy and development of cicatrize and inflammatory changes. The following tissues were assessed: hernia sac, subcutaneous cellular tissue, muscular tissue and, in some cases, preperitoneal cellular fat. Fragments of tissues were preserved and processed in accordance to histological standards.

The principal signs of chronic inflammation of the hernia sac in all 24 patients were estimated. In 8 (33.3%) patients isolated inflammation of hernia sac tissue was found, and in 10 (41.6%) patients it was associated with chronic inflammatory changes of hernia-surrounding



tissues. In 6 (25.0%) patients with the recurrent inguinal hernias the inflammatory changes of hernia sac and hernia-surrounding tissues were very pronounced and associated with their cicatrize changes. In all patients pronounced atrophic changes of the muscular tissue were determined. The latter can be indicative of the fact that the suture methods of hernioplasty can cause 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 complete protection.

Among the reasons for complications development in post-hernioplasty period in elderly patients are 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.

Kozlovska I.M.

A COMPREHENSIVE TREATMENT OF COMPLICATED FORMS OF DIABETIC FOOT SYNDROME

Department of Surgery № 2

Higher state educational establishment of Ukraine

«Bukovinian State Medical University»

Considering the tendency towards an increase in the incidence of diabetes mellitus in the world, the number of patients with complicated forms of diabetic foot syndrome (DFS) who dominate among the causes of disability and disability is increasing. With DFS wound healing is difficult due to a large area or depth of the wound, the presence of infection in the wound, impaired regeneration against the ground of diabetic polyneuropathy and angiopathy, and localization of the wound in a "problem area" that is chronically injured while walking. Effective treatment of such patients is possible only by applying an integrated approach based on the principles of timeliness, adequacy, consistency and pathogenetic validity.

The objective was to improve the results of treatment of complicated forms of DFS by applying the complex method of VAC-associated therapy.

In the period 2016-2018, 63 patients with different forms of DFS II-IV stage were examined and treated by Meggitt-Wagner method without critical lower extremity ischemia, with chronic infected wounds that were not healed for more than 4 weeks and have previously received local treatment. All patients were divided into 2 groups. The main group (MG) included 32 patients (50.79%). VAC-therapy with octenisept gel pre-treatment and application of the sorbent-antibiotic composition were used. Comparison group (CG) – 31 patients (49.21%), where methods of treatment of a wound process according to standards and protocols of management of patients with DFS were applied.

After 5 days of treatment, a significant increase in local blood flow of the wounds was determined in the MG – from 27-31 to 52-54 mm Hg ($p < 0.01$) while in the CG blood flow was at the level of 29-34 mm Hg. After 10 days of treatment, the local blood flow was 68-71 mm Hg in MG and 44-47 mm Hg in the CG. In MG granulation tissue was developed an average of 4.93 ± 0.64 days, which is probably faster than in CG – 9.42 ± 0.81 ($p < 0.05$). In CG complete purification of wounds from purulent exudates and the appearance of granulation was detected not earlier than 8-10 days.

Using VAC-associated dressings the reduction of the wound size up to 4-5 days was from 6 to 8%, to the 10-th day – from 17 to 28%, to the 15-th day – from 37 to 54%. In the alternation phase and exudation (up to 10 days), the size of the wound was reduced and the growth of granulation tissue was slower, and after the treatment of the wound active growth of the granulation tissue was observed. Using standard therapy, a decrease in the size of the ulcer was observed from the 10-th day of treatment – from 7 to 10%, and from the 15-th day – from 12 to 19%.