

**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

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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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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

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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%.



The dynamics of the amount of microflora in the wound MG showed that the initial level of wound contamination was 8.4 ± 0.14 Lg CFU/g tissue, 5 days – 2.8 ± 0.21 Lg CFU/g tissues, 10 days – pathological microflora in the wound was absent. The baseline index of wound contamination was not significantly different in CG – 8.1 ± 0.17 Lg CFU/g ($p > 0.05$). But on 5 and 10 days in CG the rates were significantly higher – 6.2 ± 0.18 Lg CFU/g ($p < 0.01$) and 3.8 ± 0.19 Lg CFU/g ($p < 0.01$) accordingly.

The use of a comprehensive VAC-therapy contributed to a significant increase in local blood flow of the wound, accelerated decontamination of wound tissues, early cleansing of pathogenic microflora, layers of fibrin and necrosis from the products of exudation and disintegration of tissues, disappearance of local inflammatory reactions, diminution of local inflammatory reactions of the wound process and stimulated reparative processes, growth of the granulation wound, accelerated the marginal epithelialization, which enables to precede with to the next stage of treatment in shorter terms.

Kulachek Y.V.

PREDICTION AND PRECONDITIONS OF A COMPLICATED COURSE OF TRAUMATIC INJURY OF THE SMALL INTESTINE

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Small intestine injury remains an important and urgent issue of surgery, because it constitutes a large percentage of cases in the structure of injury and development of complications in the postoperative period. Damage of the small intestine in abdominal trauma is 3,7-15,9% of cases and mortality can reach 18%. Complications after small intestine injury can reach 7,8-22%.

The study included 30 victims with small intestine (ISS>16 points) injuries, including 19 men (63.3%) and 11 women (36.7%). The average age was 46 ± 8 years. All the patients were operated on. For the prognosis of post-traumatic postoperative period an algorithm was used consisting of the following factors: degree of shock on admission, scoring assessment on the scale APACHE II, MODS, ISS, duration of surgery, Algover index, the development of multiple organ failure, existing comorbidities.

Special places in the structure of social problems are traumatic injury, especially polytrauma. This is explained by many factors, among which a special place belongs to age and gender features. A steady increase in mortality should be noted here, which is 26% depending on the severity of the injury, and mainly 80% are men. A particularly adverse course of traumatic small intestine injury occurs among the elderly. Benchmarks of immunological changes were determined in small intestine victims with mild to moderate severity: phagocytosis index $64,27 \pm 2,19\%$, the number of phagocytic cells $3,42 \pm 0,17$, completeness phagocytosis index $1,13 \pm 0,05$, 71 CIC $33 \pm 3,46$ units. Nonspecific immune defense was determined not only to confirm the effectiveness of the suggested algorithm, but also for the analysis of complications depending on the amount and character of damage. Thus, for the damaged small intestine the indicators of phagocytosis and CIC had the following character. In complicated traumatic small intestine injury increase in long (more than 72 hours) of middle mass molecules was observed, and multiorgan failure in the postoperative period was registered. Unfavorable factor was the increase in the average molecular weight of more than 210 conventional units over 3 days in patients with small intestine injury and the development of multiple organ failure was complicated course in 60.5% of cases. In addition, with prolonged duration of multiple organ failure syndrome (more than 48 hours) changes in nonspecific level of immune defense were observed: phagocytic index decreased by (17.9%) and was in the control group ($51,88 \pm 2,42$), the second main group ($46,51 \pm 3,68$). Considering not only performance of MODS scale but also clinical data and wound process, we discovered interdependent evidence that these processes not only lead to the emergence of each other, but also can provoke the development of infectious complications due to a significant reduction in resistance of the organism on the whole.