



The IAP level of the animal of the first subgroup was 20 smH₂O (14.7 mmHg), and the second - 40 smH₂O (29.4 mmHg).

The comparison group consisted of 48 animals who had an empty condom inserted into the abdominal cavity after laparotomy.

The mechanical strength of the postoperative scar of the laparotomy wound was determined by the method introduced by GV Petrovich (2010) on the 1st, 3rd, and 5th days after the creation of IAH, by measuring the level of IAH at the time of rupture of the postoperative scar of the laparotomy wound.

The results of the study indicate that the created IAH negatively affects the strength of the postoperative scar. Thus, a steady increase in IAP to 20 smH₂O leads to a decrease in the mechanical strength of the postoperative scar, but the latter on the 7th day of observation returns to normal because the difference with the comparison group at this time is unlikely. It should be noted that the strength of the postoperative scar depends on the level of IAP, as the growth of the latter to 40 smH₂O leads to significantly lower values against other experimental groups, except for the first subgroup of the main group on the 1st day of observation, where this difference is unlikely. It should be added that the dynamics of growth of mechanical strength of the postoperative scar, throughout the study period, is unlikely at increased IAP to 40 smH₂O.

Therefore, the created IAH leads to a decrease in the mechanical strength of the postoperative scar of the laparotomy wound. The degree of a negative impact of IAH on the strength of the postoperative scar is inversely proportional to the level of IAH.

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THE ROLE OF INTRA-ABDOMINAL HYPERTENSION IN DEVELOPMENT POSTOPERATIVE EVENTRATION IN CANCER PATIENTS

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Despite the development of modern surgery, postoperative eventration continues to be one of the most dangerous complications, especially in patients with malignant neoplasms of the abdominal cavity, where there are phenomena of secondary immunodeficiency, cachexia, anemia, etc.

One of the many factors that directly lead to postoperative eventration is an acute increase in intra-abdominal pressure (IAP), which is quite common in cancer patients in the early postoperative period.

One of the most accurate predictors of visceral perfusion is the level of abdominal perfusion pressure (APP). According to the literature, the level of APP below 60 mmHg is directly correlated with the survival of patients with intra-abdominal hypertension.

The study of the frequency of postoperative eventration, depending on the level of intra-abdominal and abdominal perfusion pressure in patients with oncological pathology of the abdominal cavity, will determine the role of the latter in the development of this postoperative complication.

Therefore, the research is aimed to study the frequency of postoperative eventration in patients with malignant neoplasms of the abdominal cavity, depending on the level of intra-abdominal and abdominal perfusion pressure.

We examined 122 operated patients with malignant neoplasms of the abdominal cavity, who underwent median laparotomy.

Depending on the average level of IAP, patients were divided into three groups. The first group consisted of 57 (46.7%) individuals with a mean IAP level below 12 mmHg. The second group consisted of 40 (32.8%) with an average level of IAP - 12 - 17 mmHg. The third group consisted of 25 (20.5%), in which the average level of IAP was more than 18 mmHg.

Depending on the average level of abdominal perfusion pressure (APP), the first group consisted of 48 (39.3%) individuals with an average APP level of more than 90 mmHg. The second group consisted of 43 (35.3%) with an average level of APP - 89 - 56 mmHg. The third group



consisted of 31 (25.4%), in which the average level of APP was less than 55 mmHg.

IAP and APP were determined at intervals of 3 times a day for 12 days in the early postoperative period.

The average level of IAP and APP was calculated by dividing the sum of the above values obtained during the first 12 days of the early postoperative period divided by the number of observations.

The results of the study indicate a probable difference in the frequency of postoperative eventration in groups of patients with higher levels of IAP and lower levels of APP, respectively (2nd and 3rd experimental groups). This proves a certain relationship between the levels of IAP, APP, and the frequency of postoperative eventration.

Thus, a long-term increase in the level of IAP and, accordingly, the decrease in the level of APP in the early postoperative period, ie intra-abdominal hypertension, is a factor promoting development of postoperative eventration and one of the markers of its prediction.

The frequency of postoperative eventration directly depends on the levels of intra-abdominal and abdominal perfusion pressures in the early postoperative period, which allows us to consider the latter as one of the factors in the development of this complication and markers of its prognosis.

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SPECTROPOLARIMETRIC ASSESSMENT OF THE CERVICAL CANAL CONNECTIVE TISSUE IN DIAGNOSTICS AND PROGNOSIS OF BENIGN AND MALIGNANT PROCESSES OF THE ENDOMETRIUM

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Early diagnosis of pathological processes of endometrium and cervix is an urgent problem in gynecology, which requires new non-standard approaches. Most gynecological diseases, including endometrium, are combined with the pathology of the cervix. In addition, due to the availability of cytological and histological studies, the cervix is a convenient model for studying various pathological conditions, not only endo- and exocervix, but also endometrium. Physiological and pathological changes associated with age, menstrual cycle, pregnancy, and menopause are observed both from the multilayered flat epithelium of exocervix, prismatic epithelium of the cervical canal and endometrium.

The purpose of the study was to determine the histochemical and laser criteria for diagnosis of background, precancerous and endometrial cancer by the state of the cervical canal wall. The given data on the state of connective tissue in the endocervix can distinguish three differential prognostic possibilities: 1) prediction of the condition of the connective tissue of the endocervix of the normal endometrium without the possibility of differentiating the phases of the ovarian cycle; 2) prediction of the endocervix endotracheal connective tissue state of the endometrium as a separate process; 3) prediction for the condition of the connective tissue of the endocervix of the processes of expressed proliferation of the typical (glandular hyperplasia and glandular polyps) or atypical (adenocarcinoma) glandular first endometrial epithelial differentiation without the possibility of these processes among them. The stroke-scrape of the epithelium of the cervical canal (endocervix) allows the condition of the connective tissue to diagnose the processes of pronounced proliferation of the typical (hyperplasia, polyp) and atypical (adenocarcinoma) epithelium of the endometrium without the possibility of differentiating these processes among themselves.

The gold standard for the diagnosis of pathological conditions of the endometrium remains hysteroscopy with separate diagnostic excision of the walls of the cavity of the uterus and the cervical canal. But the main attention is paid to the endometrium, and the state of the epithelium of the cervical canal is not sufficiently evaluated, in the cervical epithelium there are pathological processes associated with hyperplastic conditions and similar atypical endometrium to those seen in the endometrium.

Taking into account a certain affinity of the structure of the cervix and the uterine body (the prismatic epithelium of the cervical canal continues in the same - the functional layer of the