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**DIFFERENTIATED APPROACH TO THE TREATMENT OF ACUTE PERITONITIS**

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Acute peritonitis is one of the most crucial problems of surgery. Eloquent evidence of this is the mortality rate, which, in common forms, reaches 70%.

The aim of the study was to increase the effectiveness of treatment of patients with acute peritonitis through a comprehensive analysis of the leading mechanisms of its progression and the development of sound diagnostic and treatment measures on this basis. A retrospective analysis consisted of medical records of 169 patients, 79 of whom had postoperative complications. The analysis of variance of clinical and laboratory parameters was performed. Taking into account the results, a two-stage prognostic scale was developed. At the first stage, before the operation, indicators were selected according to the scale, that corresponded to a certain number of points. Patients were preliminarily divided into groups of normal, increased, medium and high risk of postoperative complications. This allowed us to apply measures to prevent complications at the stage of preoperative preparation.

The final risk determination was performed taking into account the data of intraoperative audit and laboratory tests, which were contained in the scale at the second stage of forecasting. Patients were divided according to risk groups.

It is essential to be guided by standard indications in patients of group of usual and increased risk for definition of indications to preoperative preparation and its volume.

The conducted research and informativeness of the prognostic scale allowed us to offer an algorithm that reflected the main stages of diagnostic and treatment measures. Its application allowed to differentiate the required amount of measures at all stages of treatment on the basis of a reasonable selection of risk groups.

The application of the developed set of measures makes it possible to prevent suppuration of the postoperative wound, to avoid intra-abdominal complications in patients with diffuse peritonitis. to reduce mortality in patients with diffuse and general peritonitis by 9%, to reduce the incidence of residual intra-abdominal infiltrates in almost 19%, to reduce the length of residence of patients with peritonitis in the hospital by an average of 2.5 days.

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**THE PREDICTORS OF THE GASTRODUODENAL ULCEROUS REBLEEDING**

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Nowadays, the gastroduodenal ulcerous rebleeding remains an actual problem. The frequency of recurrent ulcerous bleeding remains high, which demands further research of its prognosis and treatment methods. The aim of investigation was to analyse the risk factors for ulcerous rebleeding. 203 patients were examined. Clinical, anthropometric, biochemical, genetic, optical, histological methods of examination were used.

In most cases ulcerous defects were localized in the duodenum - 127 cases (62,3%). Gastric ulcer was diagnosed in 68 patients (33.3%). Gastroduodenal ulcer occurred in 9 patients (4,4%). The lack of ulcer history occurred in most cases (109 patients (53,4%). 10 patients (4,9%) had the ulcerative history up to 1 year, 21 patients (10,3%) - up to 1-3 years, 16 people (7.8%) suffered from peptic ulcer disease from 5 to 10 years. 39 patients (19,2%) had the ulcerous history of more than 10 years. We conducted injections around the ulcer for endoscopic haemostasis. For this we used saline sodium chloride with adrenaline in the ratio of 1:10. The relapsed rate in this case was, depending on the location and other factors, 2-5%. In case of the haemostasis achievement failure by endoscopic way, a surgery was performed.