

whereby significantly in malignant tissue ($P < 0.01$). This process can be explained FasL probability of participation in the program "death signal" to p53, which is part of the pathogenesis of activating apoptosis in response to any external stress. Increasing the number of immunoreactive cells expressing Ki67 in the area of lymphoid infiltration and destruction thyrocytes, evidence of follicular epithelial regeneration is as a compensatory-adaptive response of a body. In the study differentiated cancers DTC found a high frequency of expression of Ki-67 in the follicular (100%) and papillary (78.95%) thyroid cancer. First of all, the highest expression of the power of a marker characteristic of follicular thyroid cancer.

Severe Bcl-2 expression in lymphocytes prevents the entry of cells into apoptosis and prolongs cell survival. There was high expression of p53 protein in the nuclei and follicular lumens of the thyrocytes, could be explained by mutations in the gene p53, which allowed cells to find tolerance apoptotic action of effector immune system. In tumor tissue DTC noted the greatest increase expression levels of p53 and Ki-67 in paranodular cells compared with benign tissue and altered in patients NGAIT.

Thus, compared with known methods of differential diagnosis, the proposed study allows at a preoperative stage, with a high probability to differentiate NGAIT from DTC, by examining extracts from tissues of the thyroid gland, which, in turn, determines the volume of surgery and treatment program. NGAIT - nodular goiter combined with autoimmune thyroiditis, TG – thyroid gland, PCE – preoperative cytological examination, DTC - differentiated thyroid cancer.

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CHANGES IN THE PROPERTIES OF THE OPTICAL DENSITY OF VENOUS BLOOD PLASMA IN PATIENTS WITH INFLAMMATORY-DESTRUCTIVE INTRAABDOMINAL PATHOLOGY

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The necessity to make quick decisions, often based on a fairly small amount of data, is one of the peculiarities of diagnosis in emergency abdominal surgery. The use of informative methods of examination (computed tomography, magnetic resonance imaging) is often limited, sometimes impossible, due to the necessity of special training, the presence of certain contraindications, lack of appropriate technical support, etc. Therefore, the search of new informative means that diagnosis remains a topical issue today.

To evaluate the possibility of using the determination of the optical density of venous blood plasma for the diagnosis of acute inflammatory-destructive intra-abdominal pathology, 60 patients were examined. In patients administered to the hospital, venous blood was taken by puncture of the ulnar vein. The optical density of venous blood plasma was measured by an Agilent Cary 100/300 Series UV-Vis spectrophotometer. It was established that in the infrared spectrum there was a number of characteristic maxima of the values of the optical density of blood plasma, which were localized at wavelengths $\lambda = 310, 350, 430, 610, 670, \text{ and } 750 \text{ nm}$. Optical density rates varied, depending on the type of underlying disease and complications. In the case of inflammatory-destructive intra-abdominal processes, the optical density of venous blood plasma increased at wavelengths $\lambda = 470 - 755 \text{ nm}$. Changes in the parameters of optical density differed, depending on the characteristics of the underlying disease and complications and had common patterns in the perforation of hollow organs, abscesses, peritonitis, destructive uncomplicated diseases.

Thus, determination of optical density is a promising area for improving the diagnosis of acute surgical pathology of the abdominal cavity.