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Матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м. Чернівці, 11, 13, 18 лютого 2019 р.) – Чернівці: Медуніверситет, 2019. – 544 с. іл.

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У збірнику представлені матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м.Чернівці, 11, 13, 18 лютого 2019 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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мейбомієвих залоз. Компрес проводили за допомогою ватних очних дисків, що занурюють у гарячу воду, відтискають та накладають на закриті повіки на 1-2 хвилини.

Самомасаж проводиться після нанесення на зону росту вій очищуючого індиферентного очного гелю чи сльозозамінника на гелевій основі, що сприяє очищенню поверхні повік від токсичних агентів, лусочок, кірочок, та зволожує поверхню повік. Гель слід нанести на ватну палочку та круговими рухами очищати край повіки біля зони росту вій.

Запропонований нами новий комбінований метод лікування демодекозного блефариту шляхом послідовного нанесення на шкіру повік специфічних медикаментозних препаратів Спрегалю чи гелю «Stop demodex» та подальшого проведення дарсонвалізації повік є простим у використанні, доступним і ефективним способом лікування демодекозу.

Щоденне дотримання терапевтичної гігієни повік (самомасаж з очищуючим гелем після теплих компресів) дозволяє значно зменшити вірогідність загострення демодекозного блефарокон'юнктивіту.

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SOME GENETIC ASPECTS OF ACUTE PANCREATITIS

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One of the fundamental such mechanisms is the neutralizing effect of the secretory pancreatic trypsin inhibitor (the serine protease inhibitor of Kazal's type 1 - SPINK1). This particular peptide is composed of 56 amino acids and plays the role of an irreversible links between the trypsin serine and the lysine of its active center. SPINK1 is able to neutralize up to 20% of the total amount of trypsin, which is formed in the acinar cell.

The research involved 37 persons with different forms of acute pancreatitis. Among them: 25 (67.6%) men and 12 (34.2%) women. The mean age of the patients made up 48 ± 14,4 years. The patients were divided into 2 groups. The first group was made up of 17 patients with acute edematous pancreatitis. The second group comprised 20 patients with acute necrotizing pancreatitis.

The presence of the favourable "wild - type" N - allele ("wild - type", Wt) - 73,0% (27) of the persons was detected in the majority of the subjects. The pathological "mutant" S – variant was identified in 27,0% (10) of the persons. Hereat, there were 45.9% (17) of the cases of homozygous carriers of the "wild" NN - genotype (N34), NS - heterozygotes (N34S) - 51,4% (19) of the cases. One (2,7%) patient was a homozygous carrier of the mutant S - allele (SS - genotype, 34S). A distribution of the genotypes according to the polymorphic N34S variant of the SPINK1 gene among the examinees corresponded to expected Hardy – Weinberg's equilibrium ($p > 0,05$).

On distributing all the patients according to the etiological agent it was found out that the frequency of the NN - and NS - genotypes in patients with biliary pancreatitis made up 52,6% (10) and 47,7% (9), respectively and did not differ statistically from that in patients with pancreatitis of nonbiliary genesis – 33,3% (6) and 61,1% (11) respectively ($\chi2 = 0,003$, $p = 0,95$ and $\chi2 = 0,68$, $p = 0,4$ respectively).

While analyzing the group of patients with acute edematous biliary pancreatitis, it was established that the homozygous carriers of the favourable "wild" N - allele and heterozygotes occurred with the same frequency - 50% (5) and 50% (5), respectively.

In patients with acute destructive pancreatitis of biliary and nonbiliary genesis the frequency of detecting genotypes NN - (N34) and NS - (N34S) did not differ significantly: 55,5% (5) and 44,5% (4) versus 45,5% (5) and 45,5% (5) respectively ($\chi2 = 0,001$, $p = 0,97$ and $\chi2 = 0,114$, $p = 0,74$ respectively).

The homozygous mutation SS - genotype was detected in one person of the said group. It should be noted at that the initiation of the disease was associated with the nonbiliary factor in a female patient with the SS - genotype. The course of the disease was characterized by particular "aggressiveness" with the development of acute suppurative subtotal pancreatonecrosis which became complicated by the formation of abscesses of the omental bursa and the right

subdiaphragmatic space, retroperitoneal phlegmon, external pancreatic and duodenal fistulae, left - side exudative pleuresy and toxicobacterial shock. The length of the hospital stay of the patient made up 118 bed days 10 step – by - step surgical interferences, having been performed during this period. The development of the painful form of chronic pancreatitis with a predisposition to frequent recurrence was certified in the said patient in the process of a follow - up. Taking into account the adduced analysis of the patient's case history with the SS-genotype, as well as the nonbiliary and nonalcoholic etiology of the disease, it is rightful, to our way of thinking, to consider, that one of the principal causes of such a severe clinical course of acute pancreatitis in a specific case was its hereditary character.

Thus, the frequency of the NN - and NS - genotypes of the SPINK1 gene in the patients examined by us, did not differ significantly in patients with various forms of acute pancreatitis. The carriage of the unfavourable SS - genotype, in our opinion, may be a contributory factor for the onset of the disease and a potentiation of its further progression, as well as a prognostic marker of a severe clinical course of acute pancreatitis with the development of necrotic lesions of the pancreas.

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OUR APPROACHES TO ADHESIVE BOWEL OBSTRUCTION TREATMENT

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The growth of the number of planned and urgent surgical interventions, even with the use of advanced technologies, is accompanied by an increase of postoperative complications frequency. The significant part of these complications is Adhesive bowel obstruction. Unpredictable occurrence of this complication prompts to research the regularities of adhesions formation in the postoperative period, mechanisms of its occurrence and influence on the course of postoperative periods.

We've analyzed the course of the postoperative period with the uncomplicated variant in comparison with the development of Acute Adhesive bowel obstruction after surgical procedures in 78 patients. Complex monitoring of clinical, laboratory, genetic and instrumental parameters, which are characterizing metabolic and functional changes that occure in the postoperative period, was performed.

The laboratory studies covered the main mechanisms of regeneration processes. The genetic determination of these processes was evaluated by the detection frequency of different gene variants that encode this function. We used the method of portable phonoenterography for the intestinal contractile ability evaluation, which allows to determine the quantitative parameters of the peristalsis before the interventions and in different time points of postoperative period.

It was established that any surgical intervention into the peritoneal cavity initiates the launch of complex multilevel sequential regeneration processes, the severity and nature of which depends on many factors. The leading ones are the severity degree of mesothelium damage, which is significantly different in laparoscopic and laparotomic interventions; activity and expressivity of structures secondary damage mechanisms; the nature of adaptive responses that are aimed at recovery of the functional capacity of structures and organs; the presence of factors that support or initiate the damage mechanisms; the presence of predictors of function disorders of the different organs and systems that have genetic determinism. The qualitative and quantitative assessment of these processes has become the basis for criteria developing for prediction of postoperative complications. The algorithm of its prevention is developed, which is based on early targeted correction of damage and regeneration mechanisms, the adequacy of which is evaluated by laboratory and instrumental monitoring of these processes.

The treatment tactics of such patients includes probability assessment of excessive formation of the adhesions, the severity of the damage mechanisms and its predicted increase, the nature of the regenerative processes, in the first place of which the tightness of the stitches line.