

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
присвяченої 80-річчю БДМУ
05, 07, 12 лютого 2024 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,
які проводитимуться у 2024 році № 3700679

Чернівці – 2024

УДК 001:378.12(477.85)

ББК 72:74.58

М 34

Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

Загальна редакція: професор Геруш І.В., професорка Грицюк М.І., професор Безрук В.В.

Наукові рецензенти:

професор Братенко М.К.

професор Булик Р.Є.

професор Гринчук Ф.В.

професор Давиденко І.С.

професор Дейнека С.Є.

професорка Денисенко О.І.

професор Заморський І.І.

професорка Колоскова О.К.

професор Коновчук В.М.

професор Пенішкевич Я.І.

професорка Хухліна О.С.

професор Слободян О.М.

професорка Ткачук С.С.

професорка Годоріко Л.Д.

професор Юзько О.М.

професорка Годованець О.І.

ISBN 978-617-519-077-7

© Буковинський державний медичний
університет, 2024

дихальну систему у обстежених пацієнтів сприяло бронхоспазму та супроводжувалося вираженою гіперсекрецією бронхіального слизу. Аналізуючи результат обчислення коефіцієнту Хільдебранта можна говорити про нормальні міжсистемні співвідношення у всіх групах обстежених пацієнтів.

Висновки. Переважання тону парасимпатичної вегетативної нервової системи у обстежених пацієнтів, хворих на БА, тісно пов'язане зі зростанням тяжкості захворювання та призводить до вегетативного дисбалансу, гіперреактивності бронхів, бронхоспазму та бронхообструкції, що може призводити до прогресування хвороби.

СЕКЦІЯ 8 АКТУАЛЬНІ ПИТАННЯ ХІРУРГІЇ ТА ДИТЯЧОЇ ХІРУРГІЇ, ОТОЛАРИНГОЛОГІЇ ТА ОФТАЛЬМОЛОГІЇ

Bilookyi O.V.

POSTOPERATIVE RECURRENT GOITER. MORPHOLOGICAL STRUCTURE OF THIS DISEASE, REPEATED OPERATIONS ON THE THYROID GLAND PRIMARY TREATMENT

Department of Surgery № 1

Bukovinian State Medical University

Introduction. Postoperative recurrent goiter is one of the possible unfavorable outcomes after thyroid surgery. A number of surgeons classify thyroid disease recurrence based on the timing of its occurrence. Other doctors distinguish between "false" and "true" goiter recurrence, based on the time of recurrence after the initial thyroid surgery. In this regard, the doctor has to deal more often in his practice with goiter recurrence after surgical treatment, the frequency of which ranges from 2.1% to 39%, which leads to repeated operations with a high risk of postoperative complications. "True" recurrences occur in a year and are caused by the influence of various pathogenetic factors on the remnants of the preserved "unchanged" tissue (thyroid gland). "False" recurrences are those that occur within a year after surgery and are associated with non-radical primary surgery.

The aim of the study. According to the literature, from 0.3% to 80% of patients with nodular goiter undergo reoperation due to recurrence of the disease. Postoperative recurrent goiter is one of the most pressing problems of endocrine surgery, as the growing number of thyroid diseases lead to an increase in the number of primary surgical interventions.

The aim of our study was to analyze the long-term results of surgical treatment of patients with nodular goiter and to compare the morphological structure of recurrent goiter in primary and repeated thyroid surgery.

Material and methods. The material of the study was 60 recurrent goiter specimens removed during surgery after standard preparation and staining of paraffin sections with hematoxylin-eosin or nitrofuchsin by Van Gieson. The specimens were examined by light microscopy. Verification of histological diagnoses was performed using pathological methods based on the criteria of the generally accepted classification of thyroid tumors by the World Health Organization.

Disease recurrence in one lobe after thyroid resection occurred in 12 patients, in both - in 34. The interval between the first surgery and repeated intervention for recurrence of nodular euthyroidism ranged from 1 to 38 years. All the patients were female and at the time of reoperation their age ranged from 32 to 65 years.

Results. According to our data, 76.66% of disease recurrence cases developed more often after surgery for multinodular goiter and depended not on preoperative and intraoperative diagnosis of multinodular goiter, but on the volume of surgery. Thus, the recurrence of nodular goiter is associated with the volume of the operation performed, which occurs mainly in patients with subclinical forms of postoperative hypothyroidism and in half of the observations in the presence of lymphoid infiltration of the I-IV degree.

After hemithyroidectomy, recurrence was noted in the unoperated lobe - 16 patients. In the operated lobe, relapse occurred in 2 patients. In the thyroid residue of 46 patients, both during the primary and repeated operations, the following were found: medium-sized adenoma and adenomatous goiter with macrofollicular structure; in 14 patients macro-microfollicular colloidal goiter was found during the first operation, and during the next one, a new thyroid pathology was detected.

Conclusions. The potential reason for the recurrence of the primary disease can be considered insufficient amount of surgical intervention, while the recurrence of a new disease indicates the presence of changes in the macroscopically unchanged tissue of the thyroid remnant, which were not noticed during the initial intervention.

Grynychuk F.F.

NEW PROSPECTIVES OF INTESTINAL VIABILITY DETERMINING

Department of Surgery № 1

Bukovinian State Medical University

Introduction. Intestinal viability must be determined in acute mesenteric ischemia, strangulated hernias, acute intestine obstruction, etc. The main method of the intestinal viability determining is the visual one. But this method is subjective and not reliable enough. There are a lot of methods to determine objectively. Most of them determine the intensity of blood circulation in the wall of the intestines. But disruptions in blood circulation are not informative enough, since necrosis of the intestines begins in the mucous membrane. Known methods of intestinal viability determining do not detect necrosis of the mucous membrane. So, the search for an effective method of intestinal viability determining is actual.

The aim of the study. To develop an informative method for the intestinal viability determining.

Material and methods. 30 white rats, 10 of which were the control group. Laparotomy was performed on the animals. A loop of the middle part of the small intestine with the mesentery was ligated in 10 rats. A loop of the middle part of the large intestine with the mesentery was ligated in 10 rats. The width of the laser rays scattering zone (WSZ) was measured on the afferent loops (AL), efferent loops (EL) and ligated loop (LL) of the intestines in 6 hours after ligation. Sections of the intestines were taken for histological examination after measuring the WSZ. The data obtained by measurements in the control group in different parts (initial, middle, distal) of the small and large intestines were the control. Laser LEDs with radiation wavelengths $\lambda=0.63 \mu\text{m}$ and $\lambda=0.4 \mu\text{m}$ were used for irradiation. Testing of the law of distribution of samples for normality was carried out using the Shapiro-Wilk test. To test the hypothesis of equality of means, the Wilcoxon test was used.

Results. Histological examinations in the control group showed no disorders in the intestinal structure. Histological examinations in the AL of each intestine showed morphological disorders without signs of necrosis (dystrophy, edema). Histological examinations in the EL of each intestine showed minor disorders (fullness of venous vessels). Histological examinations in the LL of each intestine showed necrosis. It was found that the WSZ on the intestinal walls increases as a result of a deviation of the intestinal viability. The increase of the WSZ indicates a viability deviation of the intestinal walls. But absolute WSZ indicators cannot be used for viability determining. Numerous factors affect the width of the scattering zone: local characteristics, individual characteristics, species characteristics, etc. So, it is advisable to use relative indicators. This can neutralize the effect of the such factors. We used the ratio of WSZ at wavelengths $\lambda=0.63/\lambda=0.4 \mu\text{m}$ for this purpose. The ratio of WSZ indicators in the small (1.58 ± 0.08 units) and large (1.61 ± 0.07 units) intestines did not differ significantly ($p > 0.05$) in the control group. The ratio of WSZ indicators in AL of the small (1.43 ± 0.05) and large intestines (1.39 ± 0.03 units) were not significantly different ($p > 0.05$), but were significantly different from ratio indicators of control group ($p < 0.05$). The ratio of WSZ indicators in EL of the small (1.54 ± 0.06 units) and large (1.67 ± 0.07 units) intestines were also not significantly different ($p > 0.05$) and did not differ significantly from the ratio indicators of