

**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
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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.

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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.

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case of increased invasiveness and metastasis, a high concentration of metalloproteinase is observed.

Results. In normal the prostate gland, the stromal mesh of collagen threads is loosely coiled, the fabric is smooth and even. In contrast, with adenocarcinoma of the prostate gland, the collagen threads are increased in diameter and there is no regularity in the spatial connections of the threads. The areas of collagen destruction are also observed. These data demonstrate that extracellular matrix remodeling is a key feature of reactive stroma in pancreatic cancer. Fibronectin, which promotes cell adhesion and migration, also plays an important role in pancreatic cancer. The level of fibronectin increases sharply with breast cancer.

At this time, there are several established ways of participation of the stromal component of the prostate gland in carcinogenesis. The primary focus of atypical cells is formed in stromal fibroblasts, which stimulate the proliferation of epithelial cells through growth factors. The primary focus of atypical cells is localized in the prostatic epithelium, which makes it more sensitive to the action of stromal growth factors. The primary focus of atypical cells is localized in epithelial cells, which begin to respond by proliferation to the direct stimulating effect of androgens.

Conclusion. Diagnosis of oncological pathology at the initial stages of development is a priority area of modern oncology. Further research into the role of reactive stroma in the development of pancreatic cancer will help to improve early diagnosis.

Knut R.P.

**MORPHOLOGICAL CHANGES OF HERNIA SAC
AND HERNIA-SURROUNDING TISSUES IN ELDERLY PATIENTS
SUFFERING FROM INGUINAL HERNIAS**

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Introduction. During last years the incidence of inguinal hernias in elderly people has grown significantly. The complications development in these patients after inguinal hernioplasty reached 6-18%. It can be explained by the fact that during surgery and postoperative period surgeons don't take into consideration all the aspects of complications pathogenesis in these patients.

The aim of the study. The purpose of the study was to evaluate the morphological changes of hernia sac and hernia-surrounding tissues in elderly patients with inguinal hernias.

Material and methods. For the research purpose we used biopsy specimens of hernia tissues of 24 patients (aged 60-83, on average 67.47 ± 2.54 yrs), obtained during the inguinal hernioplasty. We paid special attention to evaluation of the muscular tissue atrophy and development of cicatrize and inflammatory changes. For investigation we assessed such tissues as hernia sac, subcutaneous cellular and muscular tissues, and, in some cases, preperitoneal cellular fat. Fragments of tissues were fixed and processed in accordance to histological standards.

Results. We determined principal signs of chronic inflammation of the hernia sac in all 24 patients. In 8 (33.3%) patients we established isolated inflammation of hernia sac tissues, and in 10 (41.6%) patients it combined with chronic inflammatory changes of hernia-surrounding tissues. In 6 (25.0%) patients with the recurrent inguinal hernias the inflammatory changes of hernia sac and hernia-surrounding tissues were very pronounced and combined with their cicatrize changes. In all the patients we also established expressed atrophic changes of muscular tissue. The last can witness about the fact that the suture methods of hernioplasty can cause the further development of ischemia, atrophy and cicatrize changes in muscles of the anterior abdominal wall, leading to hernioplasty insufficiency. The use of "suture-free" techniques in elderly patients may greatly reduce inflammatory changes impact on healing, though they cannot provide a full protection.

Conclusions. The chronic inflammatory changes of hernia sac and hernia-surrounding tissues are the causes of complications development in post-hernioplasty period in elderly patients. The employment of antibacterial and anti-inflammatory remedies can be important component for postoperative complications prophylaxis in these subjects. Inflammatory and cicatrize changes after

the suture methods of hernioplasty cause ischemia, atrophic and cicatrize changes in muscles during postoperative period, making these methods of surgery in elderly patients not sufficiently effective.

Kozlovska I.M.

EXPERIENCE OF ABSORBENT WOUND-HEALING DRESSINGS USAGE IN PATIENTS WITH TROPHIC ULCERS

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Introduction. Trophic ulcers, especially amid ischemia, chronic lympho-venous insufficiency and in the presence of microbial contamination, resistance to antibiotic therapy, slow regenerative processes, have a low prospect of healing and require long-term hospital treatment, a large number of consumables, daily dressings. Therefore, this pathology still remains an important and relevant problem of a modern surgery.

The aim of the study. To improve the results of patients' treatment with trophic ulcers by using wound-healing sorbent dressings and comparing their effectiveness with conventional dressings.

Material and methods. The results of 47 patients with trophic ulcers who were treated in the Surgical Department No.1 of the Chernivtsi Emergency Hospital during 2021-2023 were studied. The cases were divided into two follow-up groups. The main group (n=24) included patients who used absorbent bandages in the treatment of trophic ulcers, and the comparative group (n=23) included patients to whom original gauze dressings were applied. The groups of patients were similar according to the age, condition and comorbidity of pathologies. We used absorbent dressings in the exudation, proliferation and regeneration phases of the wound process. The dressing was replaced once every 3 days when exudate was detected in the wound or once every 4-5 days during the regeneration stages.

Results. It was possible to reduce the duration of the exudation and proliferation phase significantly, accelerate the growth of granulation tissue and all stages of wound regeneration in the main group. Thus, the average duration of the exudation phase in the main group was 7.31 ± 0.73 days, and in the comparative group 13.58 ± 1.72 days, respectively, the average duration of the proliferation phase was 10.48 ± 1.42 against 20.08 ± 1.97 days. During the first dressings, it was already noticeable that thanks to the absorbent dressings, during the first treatment week, it was possible to stop the formation of exudate in the wound almost completely, to activate the growth of granulation tissue, and to reduce the depth and total area of the wound after the first 2-3 dressings. It was also possible to speed up and activate the marginal epithelization of the trophic ulcer from the second treatment week. Since dressings were performed once every 3-5 days, we reduced the frequency of painful and uncomfortable dressings for the patient, increased the workload of the medical staff, lowered the average treatment duration significantly and, accordingly, the cost of wound care in patients of the main group. It was also possible to minimize pain syndrome and injury to the wound surface during dressing changes, in contrast to patients who used gauze dressings. According to the visual-analog scale, the level of pain at admission did not differ significantly in both groups and was 6.92 ± 1.2 points, on the 3rd day in the main group 4.59 ± 0.8 points, in the comparative group 6.58 ± 1.1 points, on the 6th day – 3.31 ± 0.7 points and 5.72 ± 0.9 points, on the 9th day – 1.05 ± 0.3 points and 4.36 ± 0.7 points, respectively. The average duration of inpatient treatment in the main group was 20.36 ± 1.73 days, in the comparative group – 38.08 ± 2.24 days.

Conclusions. The use of modern absorbent dressings is justified and recommended for the treatment of trophic ulcers of any etiology economically and clinically, as it shortens all the terms of the wound process significantly, accelerates the transition to each subsequent phase of the wound process, shortens the duration of treatment several times and improves the healing efficiency of trophic ulcers markedly.