



sutured tissues under conditions of insufficient blood circulation. Moreover, excessive activation of tissue fibrinolysis due to fibrin matrix lysis can lead to disorders of fixation of fibroblasts in the tissues of the anastomotic area and its insufficient healing.

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SURGICAL TREATMENT OF HASHIMOTO'S THYROIDITIS

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Long-term observations of TH patients became the motivation for this study. The analysis of the clinical course with local and extrathyroidal symptoms and the ineffectiveness of drug treatment suggested the idea of surgical treatment of this disease in order to eliminate the active autoimmune process in the body – autoimmune thyroiditis.

The aim of the study was to study the effect of thyroidectomy on the quality of life of patients with TH with extrathyroidal manifestations.

We examined 37 with TH patients underwent surgical treatment. The long-term results of treatment with an assessment of the quality of life were in patients 2 years after surgery. The treatment results were compared with the results of the patients who underwent drug treatment of hypothyroidism with thyroxine preparations with control of the TSH level within euthyroidism.

Studies have shown that thyroidectomy in patients with Hashimoto's thyroiditis with local and extrathyroidal symptoms against the background of drug euthyroidism can improve the quality of life in general and for each of the studied parameters in particular. The level of antibodies to thyroperoxidase after surgical treatment is reduced to almost physiologically significant indicators.

Finding out the reason for improving the quality of life and the role of reducing serum levels of antibodies to thyroid peroxidase is one of the directions for revealing the pathogenetic mechanisms of extrathyroidal complications of Hashimoto's thyroiditis.

So, the drug treatment of hypothyroidism based on Hashimoto's thyroiditis with local and extrathyroidal symptoms does not improve the quality of life of patients.

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FEATURES OF THE ENDOGENOUS UVEITIS PASSING AND ANALYSIS OF THEIR COMPLICATIONS ACCORDING TO THE MATERIALS OF THE EYE DEPARTMENT OF THE REGIONAL CLINICAL HOSPITAL

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Diseases of the vascular membrane of the eye is one of the actual problems of practical ophthalmology. According to research database, uveitis takes 33% of eyeball diseases. Common diseases (tuberculosis, toxoplasmosis, syphilis, rheumatism, viral infections, chlamydia) are often the cause of the vascular tract disease. Severe consequences of endogenous uveitis lead to blindness in every tenth patient. The reason for this is the difficulty of etiological diagnosis and insufficient effectiveness of treatment.

The aim of our study was to determine the incidence of endogenous uveitis in Chernivtsi region, risk factors for endogenous evasions, the spread of the disease in the region, and to assess the course of the disease and localization of inflammatory process, the effectiveness of conservative and surgical treatment of endogenous uveitis.

We analyzed 138 medical records of inpatients who were hospitalized and examined in 2019 for endogenous uveitis. Exogenous uveitis was observed in 39 patients (among them: -25 patients were treated as a result of injuries, 14 patients as a result of surgical interventions). Endogenous uveitis was detected in 99 patients. Prevalence among the population was: rural residents - 50%, urban residents - 50%. The prevalence in Chernivtsi region was as follows: Chernivtsi - 39, Vyzhnytskyi district - 9, Novoselytskyi district - 8, Hlybotskyi district - 6, Sokyryanskyi district - 2, Khotyn district - 14, Kelmenetskyi district - 3, Kitsman district - 6, Storozhynets district - 7, Zastavniivskyi district - 3, Hertsaiiv district - 1, Putilskyi district - 1.



Analysis of disease histories showed that uveitis of infectious etiology was - 35%, idiopathic - 4%, associated with systemic diseases - 12%, unexplained etiology - 47%. In patients of ocular department the accompanying pathology was revealed: deforming osteoarthritis - 1 patient, Bekhterev disease - 7 patients, vasomotor rhinitis - 1%, myositis of the lower rectus muscle - 1 patient, chronic tonsillitis - 4 patients, gout - 1 patient, sinusitis - 3 patients, unsanitized oral cavity - 7 patients.

According to the course of the disease, the primary process was in 52% of patients, exacerbation was observed in 48%. According to the localization of the inflammatory process, anterior uveitis was 76%, posterior uveitis - 11%, panuveitis - 10%, endophthalmitis - 3%.

Complications of uveitis: vitreous body opacity, retinal detachment, cataract, glaucoma. Patients with uveitis should be under the supervision of an ophthalmologist at the place of residence for timely detection and treatment of the disease consequences.

The analysis of restoration of visual functions is carried out: full restoration - 50%; partial recovery - 28%; without changes - 22%.

Analysis of the disease histories showed that the effects of endogenous uveitis lead to a significant vision decrease in every tenth patient. The cause of complications is the difficulty of etiological diagnosis and insufficient effectiveness of treatment. Uveitis is often an immunological reaction to the persistence of the microorganism in other organs and tissues of the body, moreover it could be no other clinical signs. Uveitis can accompany some diseases (Bekhterev disease, reactive arthritis, psoriasis, rheumatoid arthritis and others). These well-known associations do not speak to the specific nature of uveitis. It is often caused by the development of autoimmune processes. While examining patients, it is necessary to collect more carefully an anamnesis of diseases and concomitant pathology. Treatment of patients should be comprehensive, taking into account the associated pathology. Due to the fact that 50% of patients had recurrences, it is necessary to develop prophylactic measures to prevent recurrence of inflammatory processes.

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THE NEW METHOD DIAGNOSTIC 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 I - 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.

Informative diagnostics of different forms an acute pancreatitis and its complications is one of the most difficult problems in emergency abdominal surgery. Diagnostic probability of standard laboratory and instrumental methods does not exceed 80%, which in some cases leads to diagnostic pitfall. This makes actual problem search for new, informative diagnostic parameters.

The study involved 25 healthy donors (first group) and 61 patients, among which with acute destructive cholecystitis - 15 (second group), perforating gastroduodenal ulcers - 13 (third group), acute destructive pancreatitis - 33 (fourth group). In order to assess the informativeness of photoluminescent diagnostics was carried determination a luminescence spectra of venous blood plasma. Irradiation a monochromatic laser beam of blood plasma was performed. Laser radiation source was an argon laser LGN-503, which emits at a wavelength of 458 nm with a power of 200 mW. Statistical deviation in intensity measurements on a given apparatus were 2-3%. For decode the luminescence spectrum of human blood plasma as the reference radiation source used a temperature lamp TRSH 2850-3000.

Established that luminescence of human blood plasma was in the wavelength $\lambda = 460 - 800$ nm. Thus, in the fluorescence spectra of healthy people observed the characteristic maximum of intensity at wavelength $\lambda = 474-475$ nm. In patients maximum indicators of fluorescence capacity