



tissue and rapid epithelialization of the wound, increases the reparative potential of the wound, increases the frequency of healing.

**Kulachek Y.V.**

**PREVENTION OF PURULENT COMPLICATIONS IN SURGICAL TREATMENT OF  
ABDOMINAL TRAUMA**

*Department of Surgery № 2*

*Bukovinian State Medical University*

According to the world literature, intra-abdominal infection develops in 10.8% of victims with blunt abdominal trauma, namely: peritonitis - 51.9%, intra-abdominal abscesses - 42%. The microflora, which is determined in 77.8% of victims with complications, is represented by aerobes. The most common pathogens of post-traumatic peritonitis are *Esherichia coli* (43.3%), *Staphylococcus aureus* (18.9%), *Klebsiella pneumonia* (14.4%) and *Enterococcus faecalis* (56%).

The mandate of comprehensive treatment of such patients is early diagnosis of abdominal injuries, elimination of the source of intra-abdominal infection, effective rehabilitation of the peritoneal cavity and its drainage, specific antibacterial therapy, intensive detoxification and symptomatic therapy.

The clinical part of the work included examination and treatment of victims at the hospital stage of treatment. All the patients were divided into two groups: the main - 30 patients (8 with splenic injury, 9 - liver, 8 - small intestine, 5 small mesentery) and control - 27 patients. The groups of victims were representative by all the criteria. All the victims underwent surgery: elimination of the consequences of trauma to the abdominal cavity, rehabilitation and drainage of the peritoneal cavity by traditional methods. Patients in the control group were treated according to generally accepted methods.

Treatment of patients of the main group was performed using our own developments. Surgical treatment was performed with active peritoneal drainage using the author's flow-aspiration device using an antiseptic octenisept, which provides multi-purpose and broad functional treatment of postoperative wound cavities, as well as allows a widespread use in medical practice in performing medical procedures. Octenisept physicochemical properties are: it is a clear liquid in 100 ml which containing octenidine dihydrochloride 0.1 g, 2-phenoxyethanol 2 g, excipients: (3-coconut-fatty acid amidopropyl) -dimethyl-ammonium acetate, D-gluconate glycerin, sodium hydroxide, purified water. The drug is diluted with distilled water 1: 3 and used twice a day through the apparatus for irrigation of the peritoneal cavity. In both groups of patients loraxone was administered for antibacterial therapy.

Intensive care of patients with abdominal trauma in the postoperative period included crystalloids, gelofusin, amino acids for parenteral nutrition, fat emulsions.

The results of the study of the main clinical aspects of abdominal trauma, taking into account the biomechanics of primary injuries and their localization showed that the proportion of post-traumatic purulent complications in abdominal injuries in the control group was 27.8%.

The use of the suggested treatment of complications of the peritoneal cavity with aspiration-flow drainage and antiseptics octenisept in traumatic injuries of the abdominal cavity during surgery and in the postoperative period allowed obtaining positive results and reducing the number of postoperative complications from 27,0% to 18,7 %, i.e. 1.2 times, and the level of postoperative mortality 35.0% to 27.8%, i.e. 1.3 times.

**Marchuk O.F.**

**PECULIARITIES OF USING ULTRASOUND INVESTIGATION OF THE HIP JOINT IN  
THE DIAGNOSIS OF COXITES IN CHILDREN**

*Department of Traumatology and Orthopaedics*

*Bukovinian State Medical University*

Coxitis may have various etiological factors and the following clinical manifestations at its initial stages: pain in the hip joint while moving, limited functional ability of the lower limb, fever,