

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



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proteases and reduced activity of growth factors. Considering the above, the modern methods of treating chronic wounds that restore all the listed pathogenetic factors of long-term non-healing of such wounds are promising today.

The aim of the study was to speed up the wound cleaning stages and the demarcation wall formation, to activate the growth of granulation tissue and, accordingly, to shorten the treatment time of chronic wounds, thanks to their high-quality and effective cleaning.

Material and methods. 75 patients with purulent-necrotic wounds were treated in the 1st surgical department during 2019-2022. As the main obstacles to the healing of such wounds and their readiness for granulation and epithelialization are fibrin layering and necrotic processes in the wound, as well as microbial contamination, we suggested the use of wet fermentation and lysis of non-viable tissues. The main group included 38 patients who used the "wet chamber" method with a complex of hydrocolloid ointments and solutions to treat wounds to maintain a constant moist environment in the wound. To ensure the effect of a wet environment, an activated wound dressing was used. Dressings were applied once every 3 days. In the control group (37 patients) standard dressings were applied.

Results. At the time of the second-third dressing there was a sharp change in the condition of the wound - the bottom of the wound was practically cleared of fibrin and necrosis layers, also after three to four dressings its bottom began to be filled with well-mature granulation tissue, along the perimeter there was the appearance of marginal epithelialization. The average period of complete cleansing and preparation of the wound for healing in the main group was 14.17 ± 1.39 days, in the comparison group - 25.92 ± 1.52 days ($p < 0.05$). Granulation tissue appeared in the wound during 6.05 ± 0.38 days, which is probably faster than in the comparison group - 15.27 ± 0.83 ($p < 0.05$). That is, when applying a "wet chamber" it was possible to quickly and without necrectomy clean the wound defects by 1.83 times and accelerate the growth of granulations by 2.53 times. Therefore, comprehensive treatment of chronic wounds with the use of "wet chamber" has a significant advantages over traditional methods.

Conclusion. The method of the wet lysis significantly accelerates the wound cleansing period, accelerates and stimulates the formation of granulation tissue of the wound, increases the reparative potential of the wound, increases the frequency of healing.

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FEATURES OF COMBINED CRANIOCEREBRAL INJURY AND DAMAGE TO THE CHEST ORGANS

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Introduction. In the last decade, there has been a trend towards an increase in the frequency, severity of complications, and mortality from both isolated and combined traumatic brain injury (TBI). The main cause of combined craniocerebral injuries is car accidents - up to 60% of cases, accidental / intentional domestic injuries - up to 30% and industrial injuries - about 10%.

The aim of the study was to study the characteristics of the clinic and the course of a combined craniocerebral injury with damage to the chest organs.

Materials and methods. An analysis of the clinic, diagnosis and treatment of 162 patients with combined head and chest injuries who were treated in the neurosurgery clinic during 2016-2021 was carried out.

Results. An analysis of the clinic, diagnosis and treatment of 162 patients with combined head and chest injuries who were treated in the neurosurgery clinic during 2016-2021 was carried out. It was established that there were 138 men, 24 women, the majority of whom were middle-aged – 20-49 years old. The cause of injury in 86 cases was road accidents, a fall from heights – in 60 cases, domestic injuries – in 16 cases. In motor vehicle accidents, brain concussion combined with rib fracture was noted in 24 patients, skull fracture, brain contusion, and rib fractures were diagnosed in 54, and among the last group, compression of the brain by epidural or subdural

hematoma was observed in 12. Rib fractures were complicated by pleural damage and the development of hemopneumothorax in 16 patients. When falling from a height, brain concussion combined with fractured ribs occurred in 38 cases, skull fracture, contusion of the brain with fractured ribs, sternum occurred in 22 cases, and compression of the brain by subdural hematoma occurred in 4 cases. In this traumatism, multiple rib fractures prevailed, which were complicated by hemopneumothorax in 10 patients. In case of household injuries, 12 patients had concussions, and 4 of them had concussions, which were combined with a fracture of 1-2 ribs, without complications.

Conclusions. So, with a combined injury of the brain and thoracic organs, middle-aged men are mainly affected, more severe brain damage is observed in car accidents, and the damage of thoracic organs - in falls from a height. In a comparative analysis of the clinical course of patients with combined and isolated TBI, the longer time of regression of general brain and focal symptoms of CNS damage with combined trauma attracts attention.

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THE PECULIARITIES OF THE DIFFERENTIAL DIAGNOSTICS OF TRANSIENT SYNOVITIS IN CHILDREN

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Introduction. The significance of this research has been stipulated by the fact that transient synovitis is rather frequent in the form of a short-term non-specific inflammation of the synovial membrane of hip or knee joints in children (most often, in boys). The development of the process often results from a minor injury or a disease with a low subfebrile temperature, for example, bacterial diseases of the respiratory tract and oral cavity (tonsillitis, pharyngitis).

The aim of the study. Transient synovitis of the joints occurs quite often in children; however, the pathogenesis of this disease is not sufficiently investigated. Mostly, synovitis develops in children from one and a half years of age and up to the period of puberty.

Materials and methods. The purpose of this research was to determine the basic differences in diagnostic criteria of transient synovitis on the basis of 267 cases.

From 2019 to 2021, 210 children (122 boys and 88 girls) with a diagnosis of coxitis have been treated in the Pediatric Traumatology Department of the Chernivtsi Emergency Hospital. Their average age was $5,0 \pm 2,7$ years old. Based on the treatment, four clinical groups of the patients have been distinguished. The first clinical group included children with no particular changes in laboratory-instrumental indicators after the examination. Consequently, they were diagnosed with transient synovitis. The second clinical group included 12 children who were diagnosed with juvenile rheumatoid arthritis. The third group consisted of 10 children with Perthes disease. The fourth clinical group was composed of 46 children with juvenile epiphysiolysis, hematogenous osteomyelitis and tumors.

Results. According to observations, transient synovitis has an acute onset and rapid development. Pain appears in the morning, active and passive movements in the joint are limited, which resembles the symptoms of juvenile rheumatoid arthritis. A child finds it difficult to move the joint. What is more, he/she often tries to fix the leg in a gentle position. The limb is in a position of flexion, adduction and internal rotation, while the child resists any attempts at passive movements due to muscle spasm. This process is usually one-way, although occasionally it can be two-way. Children with transient synovitis usually limp and feel pain in the joint during palpation. They have either normal or slightly elevated temperature. As a rule, the duration of the disease is 10-12 days. However, since the pathogenesis of this disease is not sufficiently studied, thorough diagnostics is necessary before prescribing treatment. Differentiation helps identify a previous illness with a subfebrile temperature in the patient's anamnesis. It is important that when assessing the results of the laboratory examination, the reoccur complete absence of any changes in both general and biochemical blood tests. Besides, the acute phase indicators remain also intact – C-reactive protein, antistreptolysin-O, sialic acids and others. This allows excluding a large number of possible inflammatory and destructive diseases of the joints. An X-ray can visualize the expansion