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

# М А Т Е Р І А Л И

**106-ї підсумкової науково-практичної конференції**
**з міжнародною участю**
**професорсько-викладацького колективу**
**БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ**
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.



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**Results**. Histological examinations in the control groups showed no peritoneum structure disorders. Histological examinations in 6 h since peritonitis was simulated showed signs of serous peritoneum inflammation. Histological examinations in 12,24 end 48 h since peritonitis was simulated showed signs of purulent peritoneum inflammation.

WSZ of the laser beams with a wavelength of λ=0.63 μm WSZ increased statistically significantly in 6 h since the simulation of peritonitis. In 12, 24, 48 h, SHR also increased statistically significantly. The same was found during the measurement of WSZ the laser beams with a wavelength of λ=0.4 μm.

This indicates that in case of acute peritonitis, WSZ of the laser beams in the peritoneum increases. The WSZ indicators parameters increase as its morphological changes increase.

However, the parameters of absolute WSZ indicators have significant individual variability. This is also confirmed by the distribution of WSZ indicator parameters, which was different from normal. Therefore, we investigated the changes in the relative WSZ indicators. For this purpose, we applied the determination of the WSZ ratios of laser beams with different wavelengths.

It was established that in the control the WSZ ratio of the laser beam with a wavelength of λ=0.63 μm and the parameters of the laser beam with a wavelength of λ=0.4 μm is 1.97±0.05 units. In 6 h since acute peritonitis was simulated, the ratio indicators increased statistically significantly by more than 2 units. Later, in 12, 24, and 48 h, the parameters of the ratio indicators increased, and each time statistically significantly exceeded the control data. The distribution of these relative indicators did not differ from normal, indicating a reduction in the influence of individual variability.

So, according to the data of the experimental study, the indicators of the WSZ ratio can be used as a sufficiently accurate criterion for the presence of the inflammatory process of the parietal peritoneum. Parameters of the indicator less than 2 units indicate the absence of acute peritonitis. An increase in the parameters of the indicator over 2.4 units indicates acute peritonitis. The obtained data indicate the possibility of approbation of such indicators in patients.

**Conclusions**. In the experiment, the parameters of the WSZ ratio indicators of the laser beam with a wavelength of λ=0.63 μm and the laser beam with a wavelength of λ=0.4 μm are less than 2 units, indicating the absence of acute peritonitis. Parameters of the WSZ ratio over 2.4 points indicate acute peritonitis.

**Grynchuk F.V.**

## COMORBIDITY IN PATIENTS WITH ACUTE PERITONITIS

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**Introduction.** Comorbidity significantly affects the treatment results of patients with acute peritonitis. In such patients, the number of complications increases, and accordingly, the number of unsatisfactory treatment outcomes increases. Therefore, research into the pathogenesis of comorbidity and the development of new ways of diagnosis and treatment are required.

**The aim of the study.** To improve the diagnosis and management of patients with comorbidity with acute peritonitis.

**Material and methods.** 438 patients, 160 white rats. Clinical, biochemical, histological, microbiological, immunological, and statistical methods.

**Results.** A comparative evaluation of clinical displays and postoperative course of acute inflammatory destructive diseases of the abdominal cavity, complicated by peritonitis has been conducted in patients with a concomitant pathology. Common clinical features of comorbidity is shown to be the increased number of patients with the suppressed and atypical symptoms, increased severity of their condition, slowing the regression of the inflammatory process. A complex comparative assessment of dynamics microbial contamination of the abdominal cavity, microbiocenosis of the small and large intestines, activity of proteolytic, fibrinolytic, cytokine, immune and redox systems is carried out in the experiment. Common regularities of the comorbidity development are revealed.

With a help of experimental and clinical data comprehensive evaluation the pathogenetic basis of changes in the course of acute surgical pathology is revealed in patients with comorbidity. The interrelated burden syndrome is proved to be the basis of change. The mechanisms of syndrome are revealed that is potentiation of the unidirectional damage, a combination of multidirectional damage, regulatory dysfunction. The stages of its development are discovered.

On the basis of revealed pathogenetic and clinical features a new classification is developed, which involves the selection of 4 comorbidity classes. The new ways of spectrophotometric and photoluminescence diagnostics are developed. A management tactic is developed within comorbidity, which provides a differentiated choice of the activities amount at all stages of treatment, considering the classes of comorbidity. The indications are extended before pre-op preparation. To adequately assess the prevalence of peritonitis, a method has been developed. For a reasonable choice of the amount of surgery and place of giving intestinal stitches a way of determining viability is developed. To increase the connection zone reliability of the hollow organs of the digestive system continuous-nod penetrating and single-row stitches are developed. For the protection and fixing the stitch lines on hollow organs of the digestive system local influence methods have been developed, which allow to regulate the course of the regeneration processes. The indications are extended for the use of programmed repeated debridement of peritoneal cavity. The technique of the temporary closure of the wound is proven in the case of programmed peritoneal cavity debridement. The advanced techniques of carrying out of the peritoneal cavity debridement are developed. A way of the prolonged peritoneal cavity debridement is developed by using tested drainage devices, which allows us to accelerate the regression of the inflammation, reduce the number of re-interventions and treatment duration. For prevention of wound complications when performing a re-programmed peritoneal cavity debridement, a method of closing the wound using vulnerosorption is developed. A perioperative complex of a medical treatment is modified. The methods of medical saturation in blood of the portal hepatic vein are to be proposed.

**Conclusions.** The use of improved management tactics made it possible to reduce the number of complications by 2-15%, mortality by 7-11%.

**Hyrla Ya.V.**

## KEY ANATOMICAL LANDMARKS FOR IDENTIFYING THE RECURRENT LARYNGEAL NERVE LOCATION DURING EXTRAFASCIAL THYROIDECTOMY

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**Introduction.** Zuckerkandl's tubercle (ZT) refers to the posterior extension of the lateral lobes that consists solely of thyroid tissue. Near this tubercle, the superior parathyroid gland is positioned on the posterior surface of the thyroid gland. Below these two structures lies the recurrent laryngeal nerve (RLN), which approaches the larynx behind the cricothyroid joint and beneath the inferior constrictor muscle.

**The aim of the study** is to establish the main anatomical landmarks and structures for determining the probable location of the RLN for its safe and effective identifying and preserving.

**Material and methods.** A prospective study for identifying RLN in cases of thyroid surgery using relationship with superior parathyroid gland and ZT was conducted on 28 thyroidectomy patients Chernivtsi Regional Hospital between August 2022 and February 2024.

Patients were evaluated clinically, by FNAC (Fine Needle Aspiration Cytology) and by ultrasonography or neck computed tomography (CT) scans. Preoperative vocal cord movement status was evaluated in every patient by translaryngeal ultrasonography (TLUS). Total thyroidectomy are our procedures for the treatment of benign and neoplastic diseases of the thyroid. All operations were performed by a single surgeon in order to provide a standard dissection. Postoperative vocal cord movement status was evaluated in every patient by TLUS immediately after surgery and every monthly for 6 months thereafter.